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ORIGINAL PAPER

Ways of Seeing: An Early Childhood Integrated Therapeutic Approach for Parents and Babies

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Abstract This paper describes the use of a multisensory psychotherapeutic treatment approach that supports the primary attachment relationship. This program, called Ways of Seeing, is based on dance/movement therapy principles that incorporate dance, movement, music, creative expression, and Laban nonverbal movement analysis to facilitate healing and change. This method is discussed within the context of attachment system theory and research, trauma, and painful early childhood experiences. Implicit knowledge, intersubjective motivations, early infancy memory, embodied attunement, and dyadic nonverbal therapeutic video-analysis support the psychotherapeutic approach. The Ways of Seeing method is exemplified through the presentation of a videotaped mother–infant dyad involving a preverbal and newly verbal child who has experienced a series of innate environmental stressors. These stressors include medical intervention in the NICU at birth, a mother who suffered from post partum depression, and complex extended family dynamics.

Keywords Attachment · Parent–infant psychotherapy · Dance/movement therapy

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Observing the nonverbal exchange of a mother and infant engaged in interaction is a growing focus in the field of infant mental health (Stern 1985, 2004, 2008; Brazelton and Cramer 1990). In recent years, this relationship was frequently analyzed using the principles of attachment theory first proposed by Bowlby (Brisch 2004; Bowlby 1958, 1969/1982; Cassidy and Mohr 2001). Bowlby's detailed observations of the mother-infant interaction led to his interest in understanding how and why an infant develops an attachment to his mother (Cassidy and Mohr 2001; Brisch 2004). His observations led him to describe the parent–infant attachment relationship as an interdependent regulatory system (Bowlby 1969/1982). Bowlby determined that the mother's ability to respond to her infant in a consistent and reliable manner had the ability to reduce the infant's distress and regulate his emotions (Brisch 2004). The attachment system includes episodes of close proximity seeking behavior by the baby towards his mother in perceived times of danger or discomfort and exploratory behavior away from mother with mother acting as a secure base (Bowlby 1958, 1969/1982; Brisch 2004).

We now know that the dynamics of this proximity seeking and explorative relationship develop through an unfolding exchange between caregiver and infant that is mutually created on the nonverbal level involving both self-regulatory and interactive or co-regulatory processes (Beebe and Lachmann 2002; Beebe et al. 1997). Beebe and Lachmann (2002) emphasize that each dyadic member's self-regulatory capacity affects the quality of the dyadic regulation. The dynamic spontaneous interactions between caregivers and infants, which are primarily nonverbal, create mental representations that organize the experience (Beebe and Lachmann 2002; Beebe et al. 1997; Bowlby 1981).

Beebe and Lachmann (2002) emphasize the bidirectional nature of this co-constructed exchange during the

preverbal first year of life. Their research suggests that repeated interactions between the infant and mother develop into "patterns of expectancies" (p. 212) during the first year that are generalized and encoded as presymbolic representations. These generalized representations influence both how the infant comes to know his primary attachment figure, and the nature of that attachment relationship. They become the core elements in the future development of symbolic forms of self- and object representation (Beebe and Lachmann 2002).

The Beebe and Lachmann (2002) model hypothesizes that, during this first year, presymbolic representation and communication occurs through implicit ways of processing. They state that implicit processing happens out of verbal conscious awareness. This processing is procedural, influenced by the "moment-by-moment" (Beebe and Lachmann, p. 141) dynamic exchange between primary caregiver and infant. Stern (2008) describes implicit knowledge as nonverbal, nonsymbolic and nonconscious. He emphasizes that it is tied to, but independent of, verbal language, creating representations and expectations in a "different code from the symbolic code" (Beebe and Lachmann 2002, p. 183). Citing recent research studying the relationship between the verbal to nonverbal, Stern (2004) states that implicit knowledge includes information acquired through experiences on a body level (Beebe and Lachmann 2002). Stern (2004) also notes that implicit knowledge is not limited to nonverbal communication, body movement and body sensation but also includes affects and words.

Current infancy memory research supports this discussion about the role of the body in nonverbal experience. The work of Gaensbauer (2004) illustrates that early experiences form memories that become registered and organized through somatic, sensory, kinesthetic and nonverbal modalities. Gaensbauer (2004) describes this early form of infancy memory as occurring through multifaceted, multisensory modalities represented through the formation of "perceptual-cognitive-affective-sensory-motor schemata" (p. 30). Beebe and Lachmann (2002) also highlight the nonverbal implicit characteristics of infant perception and early memory in their discussion of the nature of the infant's early representational capacity. They state that the infant is able to detect "temporal, spatial, affective, and associated arousal features" (p. 68) in the moment-by-moment dyadic relational exchange. These nonverbal qualitative features comprise the expectant action sequences.

Bowlby (1969/1982) and Ainsworth (1978) emphasize the importance and communicative power of the nonverbal aspects of the mother–infant relationship. Bowlby underscores the role facial expressions, posture, tone of voice, the tempo of the actions and mutually created active exchanges play in the development of the primary relationship. Ainsworth (1978) describes a primary factor in the development of a secure attachment relationship is the mother's sensitivity and accurate reading of the baby's cues and signals, and her ability to provide appropriate, consistent and contingent responses.

Ways of Seeing and Dance/Movement Therapy

This selective review of attachment theory and research sets the tone for the presentation of a method of parent–infant psychotherapeutic intervention greatly dependent on observing nonverbal cues to decipher the quality of the attachment relationship. As will be explained through the case material, this method called Ways of Seeing uses implicit ways of knowing, nonverbal exchange and body movement-oriented experiences as primary modes to gather information and communicate. The Ways of Seeing psychotherapeutic program utilizes nonverbal movement analysis, dance, movement, play and parent–child interactions as tools for both the assessment of the parent–infant attachment relationship as well as intervention.

Theoretical Influences of the Ways of Seeing Treatment Program

Ways of Seeing is based on infant mental health research, the principles of dance/movement therapy and a nonverbal analysis system called Laban movement analysis (Bartenieff and Lewis 1980; Laban 1975, 1976; Laban and Lawrence 1974; Tortora 2004, 2006). The field of dance/movement therapy as psychotherapeutic practice has been in existence since the 1940's (Levy 2005). The national American Dance/Movement Association (ADTA) was established in 1966. Classified as a creative arts therapy along with music, art, drama and poetry therapies, dance/movement therapy utilizes a specific artistic modality as a tool for psychological exploration, expression and healing. Structured within the context of the traditional therapeutic relationship, creative arts modalities can address feelings and experiences that may be difficult to express through verbal means (Levy 2005). The creative arts therapist supports the patient to bring to conscious awareness the deeper, often metaphoric meaning expressed through the art form being explored. In dance/movement therapy, the body, the body in motion, and keen analysis of nonverbal behavior are the core modes of self-expression and therapeutic intervention (Levy 2005; Tortora 2004, 2006).

Many dance/movement therapists use the Laban movement analysis (LMA) system (Bartenieff and Lewis 1980; Laban 1975, 1976; Laban and Lawrence 1974; Tortora 2004, 2006) to understand nonverbal movement behavior. This system provides an organized method to describe in

detail the quality of a nonverbal action. This methodology reveals not only what each nonverbal action is, but also how it is performed. In dyadic exchanges, individuals demonstrate particular interactional style within the relationship which is valuable information for movement therapists (Bartenieff and Lewis 1980; Laban 1975, 1976; Laban and Lawrence 1974; Tortora 2004, 2006).

Although these therapeutic creative arts methods experience widespread use, they lack published empirical evidence (Haen 2009; Johnson 2009). For this reason, this paper reviews literature from related fields that support the role of nonverbal dyadic experience and implicit knowledge.

The Role of Multisensory Processing and Nonverbal Experience

The role of multisensory processing in early childhood development greatly informs the Ways of Seeing intervention method. It is through multisensory awareness that the young infant processes internal sensations to create a sense of regulation and homeostasis (Greenspan 1992; Greenspan and Wieder 1993). Through the multisensory system, the infant takes in information from the outside world, using verbal and nonverbal means to express and respond to this experience (Tortora 2006). Through these multisensory experiences, the infant begins to develop knowledge and expectations about how the world works, internally registering experiences with significant caregivers over time (Stern 1985).

The primary relationship between infant and mother has a regulatory effect on the social, emotional and neurophysiological aspects of the developing infant (Hofer 1981, 1995, 2000, 2002, 2003). Hofer's (1981, 1995, 2000, 2002, 2003) research highlights specific aspects of the mother's behaviors that enhance the infant's neurophysiological and psychological development. This research asserts that the quality and style of the mother's nonverbal caretaking behaviors affects the infant's capacity to maintain emotion regulation. Hofer discusses these nonverbal behaviors as "hidden regulators" (Hofer 1995, p. 203) within the ongoing dyadic relationship. These regulating behaviors include multisensory, biological and nonverbal interactions including touch, warmth, smell, physical proximity and the sensing of position and movement of the limbs and body in space (Hofer 1995, 2000, 2002, 2003).

Multisensory regulation plays a paramount role in supporting the healthy development of the infant and young child. It is the regulation of internal sensations balanced with the ability to regulate how information from the outside world is taken in and processed that enables the growing child to decipher, learn, respond, and create relationships with his surroundings. These relationships include interpersonal/social and intrapersonal/emotional interactions. In turn, how the child learns to navigate her body in the physical world, and how the child cognitively processes and comes to understand the intricate aspects of existing and communicating in her culture and surroundings affect how the child will create relationships (Tortora 2006).

Early Traumatic and Painful Experiences in Infancy

Young children that endure overwhelming events may show keen sensitivities to multisensory stimulations that relate or remind them of the painful or traumatic event. In such a case the child's nervous system shifts into a fright—flight—freeze state (Porges 2004), which may also include a change in the child's adrenocortical activity (Gunner and Cheatham 2003). Porges (1993, 2004) discusses the need to create an environment that provides a baseline level of perceived neurological safety, which he has coined "neuroception" (p. 19), to support the developing infant and young child's optimum functioning.

Van der Kolk (1994) provides a historical overview of the history of researchers and theorists who have acknowledged biological stress responses to trauma. This review includes the effects intense emotional reactions have on creating traumatic experiences, how these experiences are stored as visceral sensations of anxiety and panic that can create physiological changes, and a detailed explanation of trauma as it affects memory and the limbic system. Van der Kolk's work focuses on the effects of trauma on the body, using body experience as a key method to treating trauma (Courtois et al. 2009; van der Kolk 1994; Van der Kolk et al. 1996). Many current trauma treatment methods utilize body experience, multisensory and sensorimotor techniques (Ogden et al. 2006; Siegel 2002). These methods, which place the role of bodily-felt experience in the forefront of intervention, have changed the way traumatic reactions are now treated. This is an important shift in trauma treatment. "The body, for a host of reasons, has been left out of the "talking cure"" (Ogden et al. 2006, p. xxvii).

The Body, Play, Trauma and Attachment Theory

Van der Kolk (2006) sites Ogden's sensorimotor psychotherapeutic treatment method for trauma as the first to incorporate body-oriented treatment methods, neuroscience, and attachment theory (Ogden et al. 2006). In explanation of sensorimotor psychotherapy, Ogden et al. (2006) discuss the role of play in the developing mother

and infant attachment relationship as it influences affect-regulation. They elaborate on Panksepp's (1998) emphasis on the importance of play, including the physical "rough-and-tumble play" (Ogden et al. 2006, p. 118) of young children (and animals) to support the infant's developing sense of self, sociability and social bonding. Again citing Panksepp (1998), Ogden et al. (2006) discuss the joyous carefree nature of play as its own action system, relating it as well as differentiating it from the exploration behavior of the attachment system. They state that a key element of play is its ability to pair pleasure with increased arousal, as well as stimulate laughter. Panksepp (1998) asserts that play enhances attachment and social connections. Importantly, fearful and uncomfortable feelings hinder a person's ability to play. Ogden et al. describe these feelings leading to problematic behaviors which include freezing, tension, agitated movement, collapse, and inability to relax within the spontaneity of play (Ogden et al. 2006). One aspect of sensorimotor psychotherapy includes tracking the traumatized individual's play actions, observing such nonverbal elements as the early emergence of a smile or a spontaneous action (Ogden et al. 2006). Intervention can then focus on expanding these playful experiences over time.

Ways of Seeing Theoretical Principles

The Ways of Seeing treatment program incorporates the knowledge of the important roles of multisensory, sensorimotor experience and play in early childhood development to support children enduring painful/ traumatic experiences. The Ways of Seeing program (Tortora 2004, 2006) is rooted in early childhood development and the multisensory perspective discussed above. Ways of Seeing is relationship based, with the strength of the emotional bond being paramount.

Sense of Body

A key concept of the Ways of Seeing program is a sense of body (Tortora 2004, 2006), which emphasizes the role somatic and nonverbal early childhood experiences have in children's development. This concept relates to the infant's experience of her own body, interpersonal relationships and the emergence of individuality. The sense of body concept is based on the notion that our earliest experiences occur through the body and are initially registered on a somatic, kinesthetic, and sensorial level. Body-oriented experiences influence all levels of development, shaping how an infant makes sense of the world. How the infant perceives her surroundings influences how she acts upon her experiences. How she acts upon her experiences will influence how she develops her growing concepts of self. It is through sensing the infant's own body during nonverbal communicative actions with others, that the infant first begins the dance of relating (Tortora 2006).

This sense of body concept also informs intersubjective knowledge, for movement action and perception are rooted in neurophysiological experience. This perception action link shapes cognition and is "inextricably implicated in social and emotional development" (Lockman and Thelen 1993, p. 958). Trevarthen originally discusses intersubjectivity as a "mental structure underlying perception and action" (Trevarthen 1980, p. 325) that motivates the infant to seek reciprocal communicative and social engagement with her partner. He states that such precocious interpersonal understanding demonstrates that the infant possesses a cooperative social function from the beginning of life. Intersubjective experience enables one to be in a shared psychological field, embraced in the thoughts and feelings of another person; Intersubjectivity is rooted in nonverbal, body-based, experiential ways of perceiving the feelings of self and other (Stern 2004, 2008).

The sense of body concept also relates to implicit ways that the infant comes to know herself and significant others. This implicit way of knowing influences the development of mental representations of self and other (Tortora 2006). As discussed earlier, knowledge that is implicit is nonverbal, nonsymbolic and nonconscious (Stern 2004, 2008). It is derived from experiential knowing that is body-based, creating its own symbolic representations. These representations, which inform language, exist separate from language and continue to exist even with language development (Bucci 1994). These body-based concepts include affects, nonverbal concepts, expectations and representations (Stern 2008).

Through these nonverbal ways of knowing and learning about the world, motivated by an innate, primary intersubjectivity, the infant and parent begin to develop contingent responses within their nonverbal relational dialogue. Contingent affectively matched or complimentary interactive social exchanges between parent and infant support the development of a strong attachment (Papousek 2007). Through these positive experiences, the infant begins to expect this affective exchange and a sense of self-efficacy develops. The sense of body concept informs this sense of self-efficacy for early experiences are first explored through sensorial, kinesthetic non-verbal ways of processing. Careful attention to specific qualities of the communicative exchange reveal if and how each dyadic member is experiencing a contingent or non-contingent response to their individual efforts to create emotional relatedness.

Qualitative Nonverbal Observation of Personal Movement Styles

Observing nonverbal qualitative cues and styles of the infant and parent-infant dyad is an integral part of the Ways of Seeing program. It provides a window into the mover's implicit and intersubjective experiences. The infant's unique nonverbal style is observed individually as well as within the context of the parent-child relationship to determine self-regulatory and dyadic co-regulatory patterns. There are specific categories the Ways of Seeing therapist uses when observing the nonverbal behavior of the dyad to determine how the baby is processing her experience of self and other (Tortora 2006). This information provides insight into nature of the developing attachment relationship. The categories emphasize how the child is using self-regulatory skill during social interactions with an adult. The elements in these categories focus on the specific way the child shifts through different affective states. It is important to underscore that these elements are not used to pass judgment on the child or parent's style of behavior, but rather to ascertain what each person is experiencing through their body-based experience. The information obtained from these observations is then used to develop interactive movement-based activities to support the social and emotional relationship.

These elements reveal how the child embodies or cycles through different affect states during dyadic interactions (Tortora 2006). These states include being calm and attentive, actively participating, becoming excited, or over stimulated. The therapist observes whether and how the child self-soothes by shifting back to a state of calm or focused attention. As the child cycles through these states, the therapist attends to whether the child elicits or rejects engagement with his partner.

Eight nonverbal categories guide the observations of parent-child interaction. These categories are also observed when the therapist is engaging in dyadic interaction with the child. The information gleaned from these observations reflects how well each member of the couple affectively attunes to each other on a nonverbal multisensory level. Attunement is observed during spontaneous interactions. When viewed within the context of the attachment relationship, the overall picture these elements create provides insights into the nonverbal qualities that make up the attachment pattern. The acronym D.A.N.C.E. summarizes these categories: Dyadic, Attachment-based, Nonverbal, Communicative, and Expressions. The therapist carefully assesses each of the categories below.

Quality of Eye Gaze

The therapist notes frequency of eye contact and style of the gaze between the parent and child. This includes if, how, and when eye contact is made and how long the eye contact is maintained. The quality of the eye gaze includes the intensity of gaze, frozen or transfixed gaze, wandering or avoidant gaze, fluidity of the gaze, and whether the gaze matches or compliments the flow of the head and other body parts oriented toward the partner.

Facial Expressivity

The quality and quantity of facial expressions are observed, noting how and if the facial expression supports or compliments the overall behaviors of the individual as well as the feeling tone it presents to the partner.

Use of Space

The therapist pays specific attention to the spatial pathways created as each person moves toward and away from each other. For example, does the mover walk directly to the partner, wander toward and then away making an indirect path, or create a circle around her? Where does the mover place herself spatially in relation to her partner? How frequently does the mover come near the partner? How close does the mover actually come?

Quality and Frequency of Touch and/or Physical Contact

This category includes the amount of physical contact that occurs and is initiated by each person as well as the quality of the touch. One person may reach her hands or extend her feet toward her partner or she may lean her whole body touching her partner. She may touch the partner with tension, strength, gently brush herself against her partner, or seem to be melting into the partner through passive weight.

Body Shapes

This category relates to the quality of touch in that it identifies the actual shapes each person creates in their body in relation to their partner. It includes the quality of co-ordination between individual areas of the body and the shapes the whole body creates through postures and movements. For example, each person may shape his body in such a way that he molds around his partner, like two complimentary puzzle pieces. One person may hold her body quite straight creating a distinct separation from her partner, exuding a clear independent presence. If both

partners present their bodies in this distinctive manner when close to each other, they will maintain their own body weight rather than leaning into each other. In contrast, one member of the dyad may soften her body weight so much that she completely takes on her partner's shape, dissolving her own personal body boundaries and appearing as if she is melting into her partner.

Tempo of Nonverbal Movement Style

The therapist notes the overall rhythm of each person's actions, paying attention to the compatibility of his or her tempo. Does the couple create a sense of synchrony or complimentary rhythm as they interact?

Vocal Patterns

Similar to the observations of the nonverbal tempo above, the therapist considers the patterns of the vocalizations between the adult and child to look for compatibility between patterns. The therapist observes the tone and tempo of the vocalizations to detect if these utterances support, compliment or juxtapose the nonverbal movement style of the individual.

Nonverbal Behavior and Regulation

The therapist pays keen attention to how each mover's interactional nonverbal behaviors support self- regulation both affectively and through multisensory processing. Is the mover able to sustain an arousal level that maintains homeostasis while engaging with her partner? From an interpersonal perspective, does the nonverbal exchange in the dyadic relationship support co-regulatory behaviors? How may these behaviors influence neurophysiological development and the attachment relationship?

Self-Observation Through Embodied Attunement

The physical nature of this method also requires the therapist to actively engage with the parent and child. The therapist pays attention to her own emotional and bodily reactions, noting how these responses may be influencing the therapeutic environment. This specific self-observation system is in essence an experientially-based countertransference process.[1] The therapist stays sensitively aware of the nonverbal experience by attuning to her reactions on a very kinesthetic level. She attends to her inner thoughts, emotional responses and bodily reactions as a way to empathically resonate with the patient. This careful way of listening to inner sensations and reactions creates a co-regulated container for the patient's experience. Fogel (2009) uses the term embodied attunement to describe this form of kinesthetic attunement. This self-observation technique as well as the Ways of Seeing method is exemplified in the case described below.

Ways of Seeing Treatment Structure

The Ways of Seeing program structures sessions based on the presenting needs of the family. Weekly sessions include dyadic sessions with the parent or parents and their young child. These sessions are often videotaped to allow the therapist to analyze the nonverbal material in the session systematically. The tapes are also used for video feedback sessions with the parents, individually or as a couple. Individual child and individual parent sessions are conducted on a weekly or as needed basis. In parent sessions, elements and themes that have come up during the child's session are discussed more deeply and reviewed through videotape. An integral aspect of the parent program includes working psychotherapeutically with parents to explore the role mental representations of their own parental relationships may have on their current parenting style. Defining these factors provide opportunities to find new ways to parent their child, separating their personal childhood experiences from their child's. This approach builds parents' sense of efficacy in their parenting abilities, helping to reduce their stress and anxiety about their child's condition or behaviors.

Activities in the Ways of Seeing Session

The Ways of Seeing program uses activities that are physically oriented and guided by the D.A.N.C.E. nonverbal observational elements to address the factors that constitute the parent and child's attachment system. Activities are multisensory-based and include: music, song, movement/dance, play, breath awareness, and relaxation methods (Tortora 2004, 2006). When the presenting symptoms include traumatic or painful experiences, trauma techniques such as systematic desensitization (Solter 2007) are also used. When trauma techniques are used, the individual is carefully exposed to fear-evoking stimulus that is paired with a supportive emotional state (Solter 2007). For children reworking traumatic or stressful experiences, these techniques strive to improve emotional self-expression and stability.

[1] A fuller explanation of this self-observation system that goes beyond the scope of this paper, can be found in Tortora 2006.

Case Presentation[2]

Aged 16 months, Jessica is brought by her parents to attend the creative dance wellness program I offer to the community for typically developing babies and their parents. The parents have noticed that Jessica is not as physically active as her peers and seems to lack curiosity to develop motor skills. She is especially avoidant of going through the tunnel at the local park. They think she might benefit from a dance and music class that encourages physical self-exploration in a small nurturing environment. They also feel that Jessica is anxious. Dad states that he wants Jessica to enjoy life more and to be more relaxed. She cries easily, does not sleep well, and clings to Dad. Both parents speak of a difficult birth experience. Jessica spent 2 days in the neonate intensive care unit (NICU), during which time she was "probed, prodded, and contained." Mom mentions post-partum depression and Dad speaks of a traumatic event that occurred in his extended family that caused them to uproot themselves to move closer to relatives. Based on these issues, I suggest that it might be best for Jessica to attend private dance/movement psychotherapy sessions before placing her in the larger group setting.

I learn more about Jessica's history in our first session. Jessica had colic from the first few weeks after birth to ~3 months. She is very sensitive, especially before sleep, and appears sensitive to lights and loud noises. Her metabolism is fast, with a diagnosis of Failure to Thrive suggested but never completely confirmed during her first year of life. From 6 to 12-months-old, Jessica was happier, but very vocal when upset, and continues to be sensitive to change. She walked at 10 months but did not crawl. At 16 months, she still has not crawled, is fearful of physical transitions and cannot shift unassisted from sitting to standing.

Videotaped Session A: Dad and Jessica

Jessica and Dad sit on the floor. Jessica is inclined with legs stretched out sucking her fingers and moaning within the cradle of Dad's body. With his left leg folded under his right and his left arm resting on his knee, Dad shapes his body around Jessica, forming a soft cushion for Jessica to lean into. In his tender gentle manner Dad explains, "She often has an expression of deep sorrow…like Greek theatre." Jessica moans again. Matching the quiet solemn atmosphere created by this scene, ever so slightly I lean toward them and softly say, "You look worried." Jessica moans louder and shifts deeper into Dad's chest. Dad caresses Jessica's head with his right hand, kissing her forehead and curving his shoulders creating a more hallow pocket for Jessica. They pause in this embrace. As the session continues, Jessica appears wary of leaving her Dad's side. At times, she engages with me and the toys in the room but easily becomes anxious again. Jessica is rarely more than arm's distance away from Dad.

Videotaped Session B: Mom and Jessica

At a subsequent session, Jessica and Mom enter the room. Jessica is standing next to a low wall as Mom sits on the floor about fifteen feet from Jessica. Mom's arms hug her knees, held close to her torso. Gently holding on to the wall, Jessica delights in pointing to objects in the room. I assist her in naming them. As she repeats my verbalizations, she intersperses a playful sound by clicking her tongue to the roof of her mouth: "Mamama…click, click, click…camera, Mama, ball, Jessica…" "Where's Jessica?" I ask. She points to herself and then "Mama." Next she points to me, then back to herself, to me, and then Mama again, as I say "Suzi… Jessica…Suzi… Jessica… Mama!" following her gestural directives. Throughout the session, Jessica approaches Mom, then stops or walks away right before they make contact. Mom watches, quietly sitting on the floor, often holding her legs or grasping her hands, smiling or with a neutral expression.

Discussion of Videotaped Sessions A and B

These vignettes describe two different pictures of a 16-month-old with her primary caregivers. With Dad in session A, we see a child described by Dad as a tragic Greek character. This child is often in distress, appearing emotionally fragile and hesitant to explore her new environment. In session B, the distance between Jessica and her mother is striking. Jessica stands alone near a low wall pointing to each of us as she states our names with an inquisitive smile, delighting in the naming game.

What do Jessica's actions tell us about her experience with each of her parents? The nonverbal components of the above descriptions can elicit images, theories and concepts in our inquiry into the psychodynamic structures that may define this family's architecture. Could it be that Jessica feels more anxious or vigilant with Dad? Is she more secure or more resistant with Mom? Or do these vignettes reveal that Jessica became more comfortable in the room by the time of her visit with Mom? Analysis of the nonverbal behaviors placed within the context of Jessica's presenting difficulties reveals the answers to these questions.

[2] Identifying features of this family have been changed to maintain confidentiality.

Session A: Nonverbal Video Analysis, Embodied Attunement and Intervention

In session A, Jessica appears fearful of leaving her Dad's side. She does not explore the space alone. During the first 30 min of the session, she moans, cries or appears quite agitated, clinging to her Dad. Often she folds her upper body over her lower body creating a concavity in her chest as she sits between Dad's legs. It appears as if her head is too heavy for her to lift up. Her limp body seems to merge into her Dad's soft body shaped around his daughter.

I feel a sense of deep anguish as I watch this young girl, so unsettled in her body, as she seeks comfort in the safe softness of her Dad's embrace. But despite her Dad's supportive actions, this child is uncomfortable. Dad describes how emotional Jessica is as Jessica softly whimpers, barely moving as she looks out at me from the nest of her Dad's body. In an effort to attune to her still state, I tone down my actions. My breath feels slow and cautious, my gestures are small as I ever so slightly lean my body toward her and whisper, "You are worried." These gentle actions cause Jessica to exclaim louder, turning her body into her Dad's in an effort to shut me out. Dad caresses her head with his hand. Despite my efforts at attunement, my actions create an immediate emotion regulatory shift in Jessica. Such quick shifts into distress persist for the remainder of the session. Each time, Dad is at Jessica's side, offering physical contact though his gestures or shaping his body around Jessica.

On a body and movement level, I note the lack of coordinated differentiation and articulation in Jessica's torso, head and limbs. She seems to get stuck in her actions, pausing in motion with her head hanging down. She does not navigate the room but rather stays within the immediate space surrounding her Dad. This stuck feeling seems to concern more than just her physical limitations, for her affective responses are so immediate and she seems to place herself in physical positions that recreate this stuck feeling. At times it seems as if Jessica could mobilize her body, but she doesn't. Consciously attending to my felt sensations, I notice my emotional response shifts to thoughts of Jessica seeming to have given up. I begin to ponder about this stuck place as perhaps a metaphor for her early life experiences. Her difficult birth and NICU experience, adapting to her mom's post-partum depression, and perhaps a sense of loss experienced when her Dad's emotional presence may have been compromised at the height of his family's tragedy.

During the second half hour of the session, Jessica calms down and appears to self-regulate more successfully. I take out a short padded tunnel for Jessica to explore. At first she playfully looks through it while sitting on her Dad's lap. But when Dad gently taps the bottom of it in a gesture that suggests Jessica might want to try to crawl through it, Jessica immediately vocalizes distress. A troubled expression erupts across her face as she turns away from the tunnel and attempts to nestle into Dad's chest. Again, a nonverbal gesture has an immediate effect on her sense of stability and internal regulation. She appears to have a very fragile sense of safety. Later in the session, Jessica is standing on the padded floor mats with her hand gently resting on Dad's shoulder. Dad lies next to her on his side. Jessica points to the egg-shaped physioballs and I roll them over toward her. Jessica hesitantly attempts to step off the three-quarter-inch mats but turns back, leaning into her Dad with her extended hand. Using her Dad's body as a prop, Jessica eventually steps off the mat and is quite proud of this. Supporting her hips and helping her rock side to side, I assist her to step up onto the mat to walk to her Dad. By the end of the session, Jessica is exploring the room with caution,; she lets me assist her in finding more ways to move with increased physically coordination and leaves with a quiet smile.

Session A: Discussion of Nonverbal/Movement Interventions and Treatment Strategies

Throughout this session, I use touch in a very deliberate manner. Touch is another form of communication that guides Jessica to discover new ways she can use her body. Using specific qualities of my touch provide Jessica with feedback that supports her own efforts to mobilize her body. I provide firm long strokes down her spine as she sits on the floor, folded over her legs, with her arms out, attempting to pull up onto Dad's lap. This touch helps her connect to her body core. The sensation of finding center through this action integrates physical and emotional efficacy. As she pauses on her belly, with legs extended, I supplement these strokes by pushing against her feet. This touch gives her extra feedback through her feet and legs, as she attempts to push himself into Dad's lap. Such use of touch acts as a scaffold, extending the physical explorations she has initiated but is unable to complete on her own. Rather than simply picking her up when she gets upset which feeds her sense of fear and inability, I instruct Dad on how to apply this type of support so that Jessica can experience a sense of physical agency.

On a body experiential level, this touch also enables Jessica to explore developmental movement coordination. In this case, I encouraged Jessica's parents to seek out an early intervention evaluation to address her sensory sensitivities and motor delays. This referral enables us to focus specifically on the psychodynamic elements as they influence her overall development while she gains body strength through complimentary therapies.

Sense of Body Perspective

From a sense of body perspective, I view her as physically stuck, a metaphor of her experience. Perhaps she feels stuck on both a literal and emotional level. The body movement-based treatment strategy strives to create playful explorations that encourage her to feel her body moving effectively toward her goal of reaching her parent. Feeling success through action may move Jessica out of her stuck place, creating a positive self-efficacy and new contingent responses. As described by her parents, Jessica's early sensorial-based memories from her birth and early life are about being stuck, contained, prodded, controlled, over stimulated, and worried. Perhaps the quality of affectively matched mutual engagements with her Mom and Dad were compromised as well. Following traumatic reenactment treatment principles (Solter 2007), the improvisational-based activities of the session enable Jessica to have new explorations that are bodily and experientially based. The goal of these experiences is to enable Jessica to create new experiences that can replace, rewrite and resolve her difficult felt-sense memories, creating a revised edition of her early childhood story.

Session B: Nonverbal Video Analysis, Embodied Attunement, and Intervention[3]

The spatial and social dynamics between Mom and Jessica as they begin Session B are very different from Session A with Dad. Jessica and Mom create more distance. Mom sits quietly wrapping her arms around her legs with little postural shifting, far across the room from Jessica. Jessica stands alone, gently touching the wall with an extended arm playfully pointing to Mom. When Jessica does move toward Mom, her pathway is circuitous, approaching but not lingering long or looking at her before she circles away again. Though there is a shared playful affective engagement, the quality of it is slow, quiet and contained. This reserved manner appears to be a reciprocal aspect of their interaction. Observing this spatial dance-play, an emotional sensation of caution stirs in me and I notice my actions becoming very direct, focused and alert. I feel an urge to extend their careful playfulness, to make it more spontaneous and cheerful. I put on some rhythmic music, to encourage more lively joint attention through the strength and regularity of the beat of this sound medium. We all clap to the tempo. Mom comes closer and we sway and dance.

Soon Jessica points to the small egg-shaped physioball and we sit on the floor to play together. Mom sits crossed-legged, hands clasped at her center, across from Jessica and me. I assist Jessica to roll over the physioball. This is difficult for her. She does not easily shape her body to the contours of the pliable surface. Holding her head, neck, shoulders and upper chest tightly she slides off the egg to the left, moaning, with her head down on the mat. The containment of her posture, the lack of coordinated flow of her movements and a deep sense of sadness strike me. Is this a cry of physical discomfort or something more? The quality of the moan resonates deeply in my abdomen.

I adjust my physical presence making sure my actions are slow and controlled. As I assist Jessica, I embody a more coordinated posturing, shaping my body over her, and gently stroke her spine in a downward motion. I support her belly from underneath with a firm cupped palm. Through my close proximity and the quality of my touch, I hope to communicate a kinesthetic sense of stability and fluidity through the center of her body. Simultaneously I softly coo, "Whoa…yeah…beautiful job" to the rhythm of Jessica's moans. Jessica drops her head to the mat and lifts her buttocks upward as if attempting to stand up, but ultimately folds her legs underneath her, sitting up within the crescent-shaped space my folded legs and leaning torso create.

Jessica looks towards Mom holding her gaze for just a moment, and begins to moan. She stretches her arms out, extending to the farthest reaches of her range; her body does not move. Her cry heightens into a deep sighing whimper that takes on a rhythmic quality. Yet, she still does not move forward. "You can find Mommy," I gently say. Jessica looks away. Mom claps with a quick beat stating, "Yeah, you did it." But Jessica seems stuck. Though she is only a foot or two away, I feel that she is miles away. I feel anguished at her distance. I say, "You can find Mommy." I experience an intangible barrier between Mom and baby.

Though at this moment I could easily lift Jessica up and place her in Mom's arms, I am hesitant to do so. I sense it is much more important for Jessica to know she can reach her mom through her own physical efforts. "Oh, I know…you see your Mommy and you can't get to her," I say as I stroke her lengthened back. I cup my hands on her hips. "Let's find her, let's get to her," I utter. "I know, I know…" I shape my body around her as Jessica pivots into my arms still whimpering, momentarily dropping her body into mine without looking at me. Rocking side to side, she shifts her weight back up and turns to face Mom once more, pointing and momentarily looking at her with extended arms as she moans, "Da…da…da." Again using the quality of my touch as my communication, I assist Jessica to rock her pelvis side-to-side as we slide forward to Mom.

[3] A portion of this description is reprinted with permission from A. Fogel (2009) The psychophysiology of self-awareness: Rediscovering the lost art of body sensing. W. W. Norton & Co.

Yet again, I am struck by a somatic sensation, this time to my heart. When Jessica reaches Mom, she drops her head down folding her body over her legs, forming a closed ball, at Mom's crossed legs. Mom does not move. Her face is still and silent. Her hands remain clasped at her center with her elbows resting on her folded knees. She also is contained in her own private space. The depth of sadness is palpable; the intangible wall between them is almost visible. I sense the sadness of this moment as a core issue that plagues their relationship. Both Mom and baby are in deep pain. Both feel immobilized, unable to reach each other, literally and figuratively.

I realize at this moment that I must hold both Mom and baby through my actions, my words, and the activities we create in the session. Jessica must experience that she can successfully reach her mom. Mom must be able to experience that she is a capable mother and her daughter needs and wants her. She must learn that she is capable of being emotionally present for Jessica. We must strive to repair the pain they both hold from those months of her depression when she was oversleeping and emotionally not as available.

Again through careful placement of my hands, I support Jessica to stand up in Mom's arms without doing all the work for her. Mom caresses her, but Jessica does not mold into her hug or look at her, but instead steps away, walking out of her lap. They stay connected by holding hands. Mom holds and firmly rubs Jessica's fingers as Jessica walks further and further away until their arms are stretched out as far they can extend.

How can I help this couple come together? I note the quality of their lingering fingers and Mom's firm hold before they separated and feel a sense of calm encouragement. I remark out loud again to Jessica, poised quietly alone a few feet from Mom, "You did it…You found Mommy, you did." A warm smile emerges across Jessica's face as she points to herself on the video camera and waves. "Yea, that's you…you found Mommy," I whisper. Jessica exclaims "Mom" as she spontaneous claps and then lifts her arms up high flapping them up and down with excitement, gazing towards Mom.

The Attachment Game: Coming and Going

We continue to play variations of their attachment game, coming to and going away from Mom. Jessica comes over to the egg. Knowing how difficult it is for her to roll over it, I stay attuned to her body cues. Again she gets stuck on the egg, having trouble shaping her body into its contours, but this time when she rolls off, she lifts her pelvis higher. I scoot over to her as she pushes her feet against the floor. She uses the support of my touch on her feet and pelvis to reach toward Mom, creating a direct pathway to her. This time, she responds to Mom's embrace. Jessica places her arm over Mom's shoulder and continues to cry, without trying to leave her. Empathizing with her cry by matching it with my vocal tone, I say "Look, there is Mommy and Jessica." Jessica's tone softens and I too soften my reply, "There's Mommy and Jessica." Mom rubs Jessica's belly as she arches forward and Jessica responds by folding over Mom's hand melting into her chest. Mom hugs Jessica closer and pats her back. Jessica lingers longer with Mom.

Next she explores rolling over in front of Mom. We do this several times in several different ways. Each time I adjust my actions to match Jessica's initiations as she begins to explore more ways she can move her body through the space between her and her Mom. Shifting to her side she explores many ways to roll: leading with her arm, leg or head, rolling, pausing and rolling. Each time, I follow her lead through my touch matching her rhythm of action and pausing. During these improvisational rolling sequences Jessica cries, exclaims, or moans. But the tone of her cry seems more like a communication than a cry for help. Sometimes she just stops, cries for a moment, and then continues her rolling actions. Deeply immersed in her movement explorations, I feel that I am her aide on her mission. As I assist Jessica, I listen attentively, attuning to the quality of her cry. Jessica seems to be giving me a message: This is difficult, I am struggling, but continue, stay with me, I need to express my pain, my grief. Through this teamwork involving these multisensory means of listening and pausing, we have created a co-regulatory engagement that is supporting Jessica to maintain self-regulation—motivating her to investigate further.

Healing Through Body Movement Explorations

The last sequence of this exploratory play feels the most healing. Propped with her legs extended and pushing against the floor holding her pelvis up, Jessica presses her forehead on the floor. She pauses in this triangle shape. I mentally note the immense kinesthetic feedback she is receiving in this position. I pause with her, positioning my hands to help her hold this shape. Jessica turns her head to gaze at her mom, who creates a complimentary shape with her body; leaning down and shifting toward Jessica with a smile of encouragement. With much effort, Jessica pushes her weight back onto her legs, and with my support shifts her whole body up to standing. In synchrony, Mom follows Jessica's actions with her own body. She sits on the floor near by enclosing her legs to her chest and curving her head and torso over her legs. Mom then lengthens her spine as she lifts her head, sharing a broad smile of encouragement while Jessica also lengthens up to standing. Their actions are in echoing synchrony. Jessica walks directly to Mom, softly moaning as she lifts her leg in a gesture to climb into

Mom's lap. Mom kisses Jessica picking her up, and they cuddle.

As Jessica gazes out at me holding visual contact for an extended moment, I match my body and voice to her tone and state, "This was such hard work…I know… I know…" Mom says, "You are doing such a good job." Jessica exclaims heightening her vocalization as she utters, "Ohh…aaanngreeee…." Though it is hard to know if she truly is saying "angry" I decide to go with this interpretation to see what might happen, and state, "You're angry…you're angry." Mom begins to rock Jessica, nodding yes, as she gazes into Jessica's eyes holding this contact with a soft caring expression on her face. "You did it. I think you're telling me something else," I state, as I scoot in closer to them. Jessica softens her cry and looks at me for a moment, then cuddles more deeply into Mom as she kisses Jessica on the forehead. Jessica's moan becomes soft and rhythmic. She seems to be intently listening to me. I match her diminishing moans with my verbal utterances. "There were some times when you couldn't move at all. You were worried. You didn't know what was going to happen. Oh…oh…oh… Or were you going to find your Mommy…You couldn't get close, yes…" I pause as Jessica's moaning stops. Mom and Jessica gently breathe together. " But now you can…now it's safe…" Jessica becomes very quiet as she looks away, appearing to be in her own private space. "You are remembering those times when you were scared. Yes…so we are listening to you telling us. Yes. We're listening…."

Jessica looks directly at me and we all pause. Jessica cuddles into Mom, fingering Mom's shirt button. As they rock, they gaze into each other's eyes. Jessica molds her body into Mom. I put on soft undulating music and cover them both with a large soft sheer blue scarf. I pause this moment for Mom and baby to give them a sense of privacy. I want Mom to experience her child's love as she settles into her arms and Jessica to feel the safety and undivided attention of her mother. I imagine a precious womb containing both of them. I feel warm and honored to be witness to their intimate reunion.

Subsequent Nonverbal Movement Interventions and Treatment Strategies

This final moment between Mom and Jessica sets the tone for our work over the next 7 months. Mom and Jessica come on a weekly basis and Mom also attends weekly individual sessions. Mom uses these sessions to explore her experience with post-partum depression, anxiety and attachment themes with her parents as they are affecting her current parenting style. Mom reveals that, during Jessica's pregnancy and early life, she was overwhelmed and depressed with family struggles and Jessica's difficulties with colic and regulation. She was at a loss about how to best parent Jessica. She was relieved to see Jessica creating a strong relationship with her Dad so "I figured she didn't need me." I feel my heart ache as I listen, knowing the pain that must be accompanying this statement, even if not overtly discussed. It completes the picture that I observe in her quiet, still presence with her daughter. It confirms my sense that a key role I am playing in both individual and dyadic sessions is educating Jessica's mother about her significance as an attachment figure in Jessica's life. I do this not just through my verbal discussions with her, but also in how I design each dyadic activity.

I model ways to play with Jessica that support her physical coordination and revolve around finding Mom. Following Jessica's lead, we intersperse these body-motor development explorations with multisensory activities using movement and play that stay attuned to her arousal level, budding cognitive interests, curiosities and pure fun. Mom expresses her gratitude by telling me she loves coming to our sessions for she is learning so much about how to play with her daughter. She feels their relationship is changing. When we come up with a dance-play game that appears especially significant for their relationship, I give them a homework assignment to continue this play at home. I also give them a recording of Jessica's favorite music selections from our sessions to support their home play.

Continuing Session Themes

Music, spontaneous dance and physically oriented games become the core tools of our weekly sessions. These activities simultaneously enable Jessica to improve her body image, body schema and coordination, while finding new ways to build her relationship with her mother. As she explores her body rolling, crawling and climbing through the space toward and away from Mom, Jessica and Mom rework the sorrowful elements of their attachment relationship and Jessica's early experiences. These physical activities initiated by Jessica, mirror her growing sense of self as a force of agency with her Mom.

One game that becomes especially significant is the "night, night game." This dance-play develops during a dyadic session when I notice that Jessica becomes frozen, losing her facial expressiveness when Mom lies down. A memory flashes in my mind of Mom describing how much she slept during the worst parts of her depression. I reframe Jessica's nonverbal reaction by encouraging her to "Go to Mom and wake her up!" Together we approach Mom and playfully shake her. Mom bursts alive and gives Jessica a big hug. Jessica smiles and plays this game over and over again. It becomes a favorite in our sessions and at home.

Our last session, when Jessica is approaching 2 years old, is especially poignant. Both Mom and Dad are in attendance as Jessica directs our dance-play games. At one point Dad lies down commencing the "night, night game" asking Jessica to get him a blanket. Jessica gets a blanket and motions to Mom to lie down, first placing it on her, before she follows through with Dad's blanket. Jessica then initiates group drumming, handing Mom the first drumstick as we all join in the music-making play. Our session continues in this way, with Jessica suggesting our activities. Each time Jessica playfully includes Mom in the action.

It seems as if Jessica is aware that today is a day of closure, for by the end of the session she has re-enacted all of our most significant dance-play games. She has even pulled out the climbing equipment and tunnel, setting them up as a house with multiple levels of steps that she independently climbs up, down and crawls through, to reach Mom and Dad. Jessica's improved ability to self-regulate is evident as she gleefully navigates these varying spatial dimensions with confidence. The final game clearly signifies how far Jessica has come in her development. It begins with Jessica playing the "night, night game," requesting Dad, wearing a shark hand puppet, to sleep next to her. Jessica then verbalizes "wake" instructing the shark to "wake-up" as she puts her fingers in the shark's mouth and mischievously says "Owww." Mom jokingly says, "Did he bite you?" as she crawls over to join in the play. Jessica smiles as she looks directly at Mom, handing her the shark and saying, "Night, night." Mom lies down with the shark, feigning sleep. Jessica states "Up!" as Mom lifts the shark into awaken action, and nibbles on Jessica's fingers as she places them in the shark's mouth and utters "Ow!" Mom playfully starts to nibble her toes as Jessica bursts into a giggle and feeds the shark her hands and even her head, as she freely rolls onto the floor from her seated position. With her ability for imaginary play emerging, Jessica has begun to use humor and play to explore themes of pain, fear, confidence and agency.

Discussion

This case reveals how the Ways of Seeing program utilizes nonverbal observational skills to ascertain how the infant and parent experience each other. The expressions of the infant and parent as they dialogue through nonverbal actions and body-based orientations reveal pertinent information about each mover's implicit understanding and intersubjective motivations. These multisensory body experiences with self and other are the basis from which a sense of self-efficacy develops as each mover experiences contingent responses during interactive mutually affective exchanges (Beebe and Lachmann 2002). As the dyad experiences more contingent responses to their efforts, a sense of expectancy of response starts to re-build the attachment relationship. In the case of Jessica, innate vulnerabilities, early experiences and environmental circumstances disrupted contingent relational responses, violating this sense of expectancy (Beebe and Lachmann 2002) and the infant's growing sense of self-efficacy.

Starting with her difficult entrance into life, Jessica experienced multiple levels of disruption of her sense of self-efficacy. She presented with a fragile autonomic arousal system and motor developmental struggles. She also had to navigate extremely complex family dynamic stresses. All of these factors disrupt the development of a secure attachment system. Her emphasis on exploratory behaviors and yearning for, but ultimately rejecting, maternal comfort when stressed can be interpreted as defensive coping. Jessica's gaze aversion, high arousal level, fragile and negative affect, difficulties cycling smoothly through regulatory states, and avoidance of physical contact, were key nonverbal indicators of her taxed relationships.

Intervention strategies in this case were based on the innate intersubjective motivation to relate to significant others in a young infant's life (Trevarthen 1980), driven by implicit ways of knowing that are nonsymbolic and experientially perceived (Stern 2008). These intervention strategies aimed to repair and revise Jessica's early primary relationships especially with her mother. The body- and movement-oriented activities of the session stimulated multisensory processes that at their core relate to the hidden regulators Hofer (1981) found within the on-going mother infant relationship. These biological regulatory attachment processes include patterns and rhythms of touch, physical proximity, affect attunement, and the sensing of position and movement of the limbs and body in space. Jessica was able to quite literally find center and discover improved body movement organization and coordination while moving toward her mother. These activities helped to develop a positive, effectual sense of body.

The design of interactive activities in the Ways of Seeing program creates spontaneous, affectively-matched, emotionally and socially interactive exchanges (Tortora 2004, 2006). This is done through the use of music, dance, movement and play during improvisational explorations. Borrowing from the culture of dance, the improvisational nature of these activities promote being in the moment, responding instantaneously and flexibly to sensations and nonverbal expressions that are felt and sensed. These activities enhance the motor and sensory system, stimulate the attention, perception-action link that shapes cognition, motivation and affect. All of these processes fuel the attachment process.

It is essential that the therapist responds through embodied attunement. This attunement enables the therapist to experience the dynamics of each individual and the dyadic dynamic from an inner place of sensing. This greatly informs how the therapist comes to understand the nonverbal indicators that reveal the infant's and parent's experiences and feelings at the core of the attachment relationship. Through improvisational multisensory attunement the infant and parent also learn about their individual tolerances and needs, building self-regulatory and co-regulatory capacity.

Through embodied attunement (Fogel 2009), the therapist creates an environment that feels neuroceptively (Porges 2004) safe for the infant and parent. This is essential when implementing traumatic and/or painful reenactment explorations. Learning how to decipher nonverbal, vocal and crying cues requires the therapist to stay sensitively aware. Through receptive kinesthetic sensing, I align the timing of my actions and verbalizations to the rhythm of Jessica's actions and vocalizations. I shape my body around her, facially matching her affect, and used timing, touch and spatial placement of my body to compliment her moves. Most importantly, I time my actions with her pauses, waiting for Jessica to elicit and invite the continuation of our improvisational exchange. Jessica does this by re-initiating or continuing her physical engagement, and at times even redirecting the placement of my hands on her body.

In this way Jessica becomes the director of her experience, telling us her early story. Through our dance-play Jessica transforms these events from painful pre-verbal memories to playful re-enactments, which facilitate healing and strengthen her attachment relationships. As her story unfolds, her sensation of being stuck and fearful becomes a focus for change. Jessica's embodied emotional and physical resilience is exemplified in her symbolic shark play during our last session. The shark, a universal symbol of aggression and fear becomes an invited playmate, that Jessica commands her Mom and Dad to go "night, night" with, to wake up with, and even bite her fingers and toes, as she giggles and rolls on the floor with glee.

Implications for Clinical Social Work Practice

This case exemplifies the invaluable psychotherapeutic potential an understanding of nonverbal expression and communication offers the clinical practitioner. Through embodied attunement, the clinician can learn how to use her felt-sense reactions as tools to more deeply interpret the dynamics of the relationship. This case also illustrates how common interactive actions, such as spatial placement and moving toward and away from the dyadic partner, can develop into movement-oriented therapeutic play activities. The descriptions of dance and movement oriented play activities may stimulate additional creative therapeutic play ideas for the clinician. Finally, this case presentation demonstrates how the knowledge and insight of a dance/movement psychotherapist can make a valuable contribution to therapeutic inquiry.

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