

**Becoming Bonded Through Developmental Movement Play:
Review of a parent and child movement group incorporating the theory,
practice and philosophy of Sherborne Developmental Movement**

Abstract

This paper is a reflection on a Developmental Movement Play (DMP) programme based on Sherborne Developmental Movement (SDM) for parents and their young children experiencing emotional, behavioural and/or mental health difficulties. Participants in the programme were referred through multi-disciplinary agencies with concerns for the parent-child relationship. A focus on embodiment through movement experiences, dance and relationship play (Sherborne, 2001) is described within the programme and discussed in relation to the bonding between parent-child, which takes place through the shared movement experiences.

The study uses a combination of quantitative and qualitative research methods to investigate the effectiveness of using DMP/SDM to facilitate changes in attitudes, feelings, moods and parenting styles. Results of the research are discussed and an examination of theory underpinning SDM explores Laban's principles of human movement (1998) and attachment theories (Bowlby 1951; Ainsworth, 1971) in order to identify the psychotherapeutic nature of the programme. The limitations of the study are recognised alongside recommendations for further work.

Keywords: *Sherborne Developmental Movement; Developmental Movement Play; embodiment; attachment; bonding; parent-child relationships*

INTRODUCTION

There is little research available regarding Sherborne Developmental Movement (SDM), particularly in terms of interrogating the underlying philosophy and psychotherapeutic potential within the work of Veronica Sherborne. Reflecting on a programme of Developmental Movement Play (DMP), utilising SDM, this paper explores the connections between movement experiences, the integration of body/mind through embodied expression and the enhancement of reciprocal child-carer relationships. The study examined in this paper is primarily action research, although the work described also includes the use of more formalised research tools to support findings from the qualitative data. The results are used to explore the psychotherapeutic nature of the programme.

A multi-disciplinary research project, led by Dr Janice Filer, was established to provide a service for vulnerable families facing social exclusion and to examine the impact of the delivered programme. The participating families, all with children of under eight years, were referred to the project as experiencing emotional and behavioural disturbance and /or mental health difficulties at home, at school or both. The project took place in the English city of Bristol, funded by Education, Health and Social Services through the 'On Track' programme, later The Children's Fund and from March 2008 through Behaviour Support Services. The parent and child programme, Developmental Movement Play (DMP), was developed from work in the field of dance and movement, using the child's natural desire to move (Filer, 2006) and to experience through movement (Sherborne, 2001) in order to address poor attachment relationships and negative parenting styles.

DMP is an innovative early intervention that considers the needs of both parent and child using Sherborne's work, which is itself deeply influenced by Laban's movement principles (Laban, 1998). Participants engage physically and creatively in movement experiences to further their emotional, cognitive and social integration, develop confidence, self-esteem and self worth. The use of movement and dance is based on the principle that movement reflects an individual's patterns of thinking and feeling (Laban 1998). Through the programme movement becomes communication through which parents are engaged to play with their children without rules or boundaries, in the development of meaningful, reciprocal relationships.

The broad aim of this study was to examine the effects of DMP on the attachment relationship between parents and children attending the programme. The movement activities in the programme aimed to improve the relationship between parent and child through opportunities to experience trust through physical movement, touch, play and enjoyment of sharing physical time and space. The programme sought to provide participants with a means to explore and physically express inner emotion within a safe environment and to encourage parents to foster self-confidence and resilience in their children through play and positive relationship experiences.

Theoretical underpinning of the programme

In explaining the programme, a discussion of the rationale for embodiment and how this is initiated through SDM establishes the central purpose of the DMP group. The participants in the study, programme structure and assessment tools are outlined and the quantitative data presented. Evaluation is provided through the insights of participants

and reflection on how the programme facilitated changes in relationships through embodied attachment and bonding.

Embodiment:

The programme was developed for the purpose of enabling the parent and child to explore, in the present and physical, their emotional relationship. Embodiment is the experience of existing in the present, allowing awareness of feelings, sensations, emotions and energies through the physical body, thus facilitating understanding of self, the environment and others. In this sense, embodiment is a fluid relationship between self and the rest of the world (Parr, 2000). The effect of using embodiment as a group therapy is to allow a uniting of mind/body in a way that thought/feeling/action are expressed. Maurice Merleau Ponty (1945) defined the concept of the body-subject as an alternative to the Cartesian "cogito"; in relation to the DMP programme, it is in this sense that embodiment is the means of exploring attachment relationships. In other words, the experience of 'being' and 'doing' in the relationship transcends *learning about* and becomes *learning through*. Merleau Ponty identifies space and time as always in relation to the body, situated within the world and always in the present. Thus, experience is always in the process of becoming and it is precisely through the body that we have access to the world (*ibid*).

This view of embodiment positions it as an essentially inclusive concept. Taking Merleau Ponty's concept, then the very fact that, whatever the abilities or limitations, humans experience existence through their own body and in the present, liberates us to explore, express and experience. This means that constraints placed upon learning, understanding

and relationships in a past and cognitive sense are set free in an existentialist, experiential sense. Conversely, whilst providing liberation from the constraints of previously constructed understanding, embodiment also enhances the ability to construct knowledge through fostering physical experience in the present sense in order to express, rationalise and understand. The primary purpose of the programme is exploration of self and self-in-relation-to-others, within present space and time, in order to facilitate development of understanding and (re)construction of relationships.

Embodiment as unification of body/mind is also achieved in a physiological sense through SDM, as body movement and sensations are essentially linked to neural sensory systems. Pylvänäinen (2010) suggests that ‘body memory’ influences physical response in the present, so as well as exploration through movement, the movements themselves and associated sensory systems allow for the development of spatial, emotional and pleasure memory. For example, movements which explore the sense of self within space, and space in relation to others, through push/pull forces and balance, require focus and concentration on the movement and on being within one’s body in space. Goddard Blythe (2004) examines how engagement of the vestibular system, associated with balance, posture and eye movement, is achieved and strengthened through movement. Immature functioning of the vestibular system is associated with dyslexia, dyspraxia, attention deficit, language impairment and emotional problems, as well as anxiety and agoraphobia in adults (2004: 11-17). Positive movement experiences which engage the vestibular system in a focused, present sense also allow body memory, as ‘*movement and physical*

interaction experiences are stored and become part of patterns of behaviour' (Pylvänäinen, 2010; 229).

Laban's theory and analysis of human movement within SDM

The activities used within the DMP programme were drawn from the work of Veronica Sherborne (1922-1990), reflecting Rudolf Laban's theoretical analysis of human movement (Thornton, 1971). Sherborne's work was developed over a 30 year period of practice-based movement for both adults and children with varying needs in many contexts. As a student of Laban's at Ullman's Art of Movement Studio in Manchester between 1946-8, Sherborne explored Laban's ideas that human movement and activity are inextricably linked to innate impulses for survival, exploration and learning through sensory and physical experiences. In analysing human movement, it is the *effort* of the action which allows the inner state to be observed; motions requiring physical use of weight, time, space and flow are given quality in movement by the *effort* of strong/light, fast/slow/sudden/sustained, direct/flexible or bound/free (Laban, 1998). Through effort, the physical and mental are united in embodied expression. Laban was concerned with the free expression of the inner self without restrictive boundaries or techniques and his movement analysis allowed observation and understanding of the self-expression of the individual (ibid). These elements are all embedded within SDM.

Hill (2006:9) suggests that it is not the movements themselves which are of fundamental importance within SDM, but the movement experiences; the opportunity to explore concepts, feelings and relationships through embodiment. This is achieved through developing first a physical awareness of body parts and their movements which can then

be used to explore and investigate surroundings, other beings and self-in-relation-to-others. In doing so, time and space are experienced in a physical, conscious, sense as the movement experiences (which include rolling, rocking, sliding, turning, twisting and balancing amongst others, sometimes alone, sometimes paired or within a group context) become the physical and embodied means by which concepts, feelings and reactions are explored and internalised.

The participants in the study

The participants in DMP project were 10 children between the ages of 18 months and 8 years and their parents/carers (all were female). The families were referred to the project through multi-disciplinary agencies due to concerns about emotional, behavioural and/or mental health difficulties and poor attachment relationships. All participants were volunteers, fully informed about the study and consented to sharing case notes with the project facilitator.

(Insert Table 1)

Structure of the study

The project took place over seven phases which are identified in the schematic diagram of research (Insert Figure 1).

Baseline assessment

Initial assessment was carried out using the Webster- Stratton (1994) checklist for evaluating adult/child play interaction, the Hobday & Olier (1999) 'Parent Defined Problem' Visual Analogue Scale/Likert rating scale and the Eyberg (1974) Child

Behaviour Inventory. Participant questionnaires and video recordings were also used throughout the programme.

Delivery of the programme

Parents accompanied their children on the programme which took place for 3 hours each week for a period of ten weeks for three hours. Each session included a welcome circle, the Developmental Movement Play aspect of the programme based on SDM, in particular the work developed on relationships and 'Blanket Play' (Filer, 1994). Sessions concluded with a plenary/goodbye circle, refreshments and time for parents to watch and discuss the video recording of the movement session.

End of programme assessment

Parents were asked to repeat the assessments taken before the start of the programme to determine change as a result of participation and to complete a final satisfaction questionnaire.

Analysis, findings and reporting

During the final stage of the project the assessments, questionnaires and video recordings taken by a co-worker were analysed alongside observation notes and the evaluations made of each session. The findings were reported back to the parents in a final group meeting and the stakeholders of the project received a written report.

Results

The data presented in this section provides evidence from the pre/post programme assessments, questionnaires and attendance records. The focus of this data is the

development of play between child-parent as indicative of change in the relationship. Further analysis of the quality of the relationship and the dynamics of the group work follows in a later section.

Attendance

A potential risk of the programme was that attendance would be poor, as many of the parents were serial non-attendees to previous services. The graph below (figure 2) shows attendance was recorded at a level of 79%. Some of the absences were due to holidays (Child 3, 7 and 9) or because the parent/child had been ill (Child 4, 5 and 6). The mother of child 6 was hospitalised due to a mental breakdown during the programme and they both missed four sessions as the child was taken into temporary care by the local authority. (Insert figure 2)

Results of the checklist for evaluating adult/child interaction, Part A

79% of assessment questionnaires were completed by parents, indicating a high level of commitment to the programme. Figure 3 indicates parent/child play interactions at the start of the programme and figure 4 show levels at the end. The questions (1-6) relate to frequency, quality of the play, encouragement given to children to play independently, expression of feelings and ideas, creativity and criticisms of children during play. A high number of parents reported at the start of the group that they hardly ever played with their children, either because they did not really know how, or they felt uncomfortable engaging in play. (Insert Figures 3 and 4)

Results of the checklist for evaluating adult/child interaction, part B.

In part B of the checklist for evaluating parent/child play interactions, the parents were asked a further 14 questions about nature of interactions with their child. These focussed on direction, structuring of play, creating rules and balance of control within the activity. The questions for part B required reversal of the form of answering from part A, so that 'never' became the positive end of the scale (e.g., '*adult controls the rules of the game*'). At the start of the programme many parents expressed their discomfort about playing with their children, particularly in physical, hands on way. Figures 5 and 6 demonstrate parents' pre and post programme attitudes towards engaging in play with their children. (Insert figures 5 and 6 here)

Results of the Parent Defined Problem Visual Analogue Scale

The results of the Parent Defined Problem Visual Analogue Scales adapted from the Likert Scale, (Olier and Hobday, 1998) regarding the play/relationship aspect of the programme show the increase parents recorded in their child's confidence and the amount of time they spent playing with their child at home as a result of attending the programme. Parents identified three main concerns in their child's behaviour at the start of the programme. Figure 7 indicates reported changes in the parent-defined concerns at the end of the programme. (Insert figure 7 here)

Parent Satisfaction

Figure 8 reports the weekly feedback evaluation of both the activities and discussions. No parents found the programme unhelpful. (Insert figure 8 here)

Discussion of qualitative data in relation to theoretical perspectives of the programme

In this discussion, comments from participant are included to illustrate the improvement in parenting skills, child and adult behaviour, and the attachment relationship between parents and children as a result of attending the movement programme. These are placed in the context of theoretical perspectives on the nature of the embodied, therapeutic activities of the programme in order to move towards an understanding of the dynamic action taking place.

At the start of the programme, the group was defined as a space for individual and shared exploration, discovery, experience and learning through dance, movement and play. Participants were invited to sit on the floor in a welcome circle at the first session. Many of the children found it difficult to sit next to their mothers, who pulled them harshly down as the child wriggled wildly and struggled to be free. Initially, comments such as *"I don't feel comfortable in playing with my children, 'cause something always needs to be done"* and *"I hardly ever play with my children. I spend all of my time shaking"* were common. Two of the mothers did not want to sit on the floor in the first session, so they sat on the sidelines watching their children run, uncontrolled, around the space. However, shortly after they did join the group, commenting that *"it looked as if the others were having fun"*. Using SDM, the movement activities initiated used the flexible orientation of the movement teacher to enable her to move freely amongst participants, shifting position, levels and viewpoints. In this way, Laban's analysis of human movement was utilised to observe the effort of the participants' actions, allowing the teacher to act as a unifying agent, a catalyst in relation to others in order to begin facilitating change in relationships, behaviour and expression of emotion. During discussions after the first

session, all but one of the adult participants revealed that they had felt embarrassed and self conscious, some that they had been dreading taking part.

During the sessions, using movement activities, the adults became increasingly aware of their own body, understanding limitations and possibilities through physical, conscious awareness and differentiation of the effort made in movement during the relationship play with their children. In the beginning suggestions for movement ideas were fed to the group; for instance participants were invited to explore different ways of sitting closely to each other without touching and to verbalise emotions related to physical proximity. They were encouraged to find new ways of sitting together, led by their feelings in the conscious present. Sometimes the parents were asked to lead the movement, other times it was the children, at times both shared the lead together. Soon participants invented different ways of sitting next to each without initiation. This process was repeated for various movement experiences (Sherborne, 2001) during the first three sessions of the programme and by session four it was no longer necessary to demonstrate ideas or give suggestions to the group.

Breathing activities were included as many participants were experiencing problems associated with shallow breathing and anxiety. This experience created awareness of the quality of the breathing and its influence on the body and importance in learning to control feelings of anxiety. In later sessions, after developing movement experiences the participants were able to express their feelings in movements, often through dancing their

feelings towards one another or aspects of the person towards whom the feelings were directed (Meekims and Payne, 1973).

The quality of the context in which the movement takes place is of prime importance within SDM (Hill, 2006). It is essential that the experiences are positive, all contributions are valued and interactions demonstrate trust and emotional safety in an embodied sense. As Sherborne described; *“The quality of the interaction....has a profound effect on the child. The child should experience success, a sense of achievement and an awareness of self-worth.”* (2001: 3-4). Development takes place as participants move from simple experiences of movement and physical interactions with others towards intricate, controlled and creative movement and interactions requiring increasing interpersonal skills, social competence and emotional expression. The physical relationships formed are reciprocal, allowing for both a social construction of the body to develop and the promotion of positive self-image through forming relationships with others. Participants experience touch, support and co-movements which develop trust and a sense of others within physical space and time.

After the initial stage of developing body awareness, the problems parents were experiencing interacting with their child were often worked out in relation to someone else, as pairings and groupings developed naturally during the movement workshops. Sometimes, when there were obvious difficulties between a parent and their own child, participants instinctively worked with each others' children in an attempt to offer group support. Relations between participants, forms, rhythms, sequences, groupings and

interactions were observed through the way in which the group moved together in 'movementscapes'. This describes the nature of the group working together, transforming negative energies into pleasurable experiences through fluid relationships seen in the physical movements expressed between group members. The post-programme comments reveal something of the changes taking place within the relationships: *"I did not realise just how much fun I would have playing with my child and how much he enjoyed playing with me. We especially enjoyed the blanket play and rolling together on the floor. We both felt good afterwards and it lasted all day. I was surprised because he had a good day in school which is unusual for him"*. One parent became aware of the difference in her relationship with her son when she watched the video recording of a session; *"Normally he flinches if I go near him because he thinks I am going to do something to him.....He even looks as if he is smiling and so do I. I can't believe the change in us."*

Through using SDM within the programme, participants were able to focus on their body in the conscious, thereby becoming aware of tensions and emotions in a physical sense. By using embodied, conscious experiences, such as physical supporting movement, then these tensions and emotions were explored and overcome. For example, paired or group movement action of gentle rocking or cradling offered the experience of physical support from another person; exploring 'against' relationships allowed for use of strength and assertion without aggression. The participants were experiencing the use of strength in a controlled, co-operative and positive way, thus overcoming destructive child-parent relationships (Filer, 2006; 60) and replacing them with constructive experiences through shared physical interaction.

In a very physical sense, the movement opportunities also offered scaffolding (Bruner, 1996; Vygotsky, 1978). Paired activities first required the less physically able (child) to be supported by the more competent (parent), then encouraged this to be reversed. Eventually, pairs devised their own activities as they developed skills which would transfer into other areas of learning (Bateson 1985).

Bonding and attachment through play and SDM

At the start of the programme evidence from the recorded comments of parents indicated the degree of discomfort felt when interacting with their child. The children were also given the opportunity to discuss their views each week during the refreshment time immediately after the movement session. At first they were quite sceptical, making comments about their parent's lack of involvement in their play. Several children reported that their parents "*never play with us*" and they would "*always tells us what to do and shout at us*". One child reported that her mother was "*always in the kitchen or tidying up and that she never had time to play 'cause she's always in a bad mood*", another that "*everything is in a minute but she never comes 'cause she's always too busy*".

As the programme progressed the comments changed and the children began to look forward to playing with their parents. Comments recorded included; "*it's such a laugh, we always have fun together when we come and I think it makes it better at home 'cause mum seems happier now she's coming to you*" and "*My mum used to smack me all the time. She doesn't do it so much now*". One child commented that her mother "*doesn't shout at me so much now, especially when it's movement days*"

Although some of the children were too young and did not have the verbal communication skills to express their feelings it was evident from the body language and movement seen in the video recordings of the group that there had been a significant positive shift in their levels of self-esteem, confidence and self worth. Towards the end of the programme some children reported that they felt their mother loved them more now because they touched them when they were playing. One child reflected that his mum didn't push him away any more and, *"I like cuddling my mum in the group. She lets me wrap her up in the blanket and roll her but at home she does not let me do anything 'cause she always sends me to my room when she's sad or mad at me"*.

By the end of the programme, comments reflected a very different understanding of the parent-child relationship. One parent reflected that *"I felt much better about myself and my relationship with my child. We had done something good together. My mood changed and I felt more positive and it made everything much calmer at home and we seemed to have more good days than bad when once all days were bad"*.

Another that; *"I did not realise that physical play could be so much fun for us, normally his dad does the rough and tumble stuff. It brought us closer together and I join in with it a lot more now because I realise how much I was missing out on"*.

What appeared to have happened through the physical experiences is that the emotional attachment between parent-child had strengthened. Attachment is an emotional bond to another person which must, of necessity, first be experienced in life through the physical proximity of the carer and infant. John Bowlby's work on the attachment between child

and carer (1951;1958;1959;1988) identifies in the first year of life the signalling behaviours of smiling and crying and component responses such as sucking, clinging and following, elucidating responsive behaviours from the carer which form the basis of attachment. The drive to form a secure and reciprocal bond is innate, inextricably linked to the survival needs of the young, but also bound in the development of self and self in relation to others; reflective of Laban's theory of human movement (1998). All the parents participating in the study had experienced post-natal depression and all but one had ongoing clinical depression. Gunning et al (2011) suggest that post-natal depression effects early interactions between mother and infant, with communication misinterpreted as critical and resentful. In Bowlby's view (1969), poor early interactions can influence the relationship across a lifespan and he repeatedly emphasised the young child's need to experience a warm, intimate and continuous relationship with its carer, one that must bring enjoyment and satisfaction to both. The evidence gathered from both parents and children during this study suggests that movement and play within the programme offered the parent and child a new opportunity to experience a constructive relationship, where touch and movement became the means of communication between them. Where previously physical contact had signalled repulsion, anger and aggression, new ways were explored to use the body and physical experiences to communicate and enjoy interactions. Meaningful communication between participants was made possible as participants juxtaposed, paired, and fused in movement play experiences.

The particular case of Sara and her son, Milan, serves to illustrate the process of attachment developing through the programme. Sara had what was described as a harsh

negative parenting style with her son who displayed frequent violent episodes of aggression and temper tantrums. Sara feared that her son would become “*a violent adult and end up in prison*”. Sara suffered severe depression and came to the movement group expressing a deep hatred for her seven year old, saying that she could not bear to be near him and that she felt physically sick when he touched her or asked for a cuddle. She felt unable to meet his emotional needs and wanted him taken into care. As the programme progressed, video observations showed that Sara moved from initially tense movement quality near her son to softer, gentler, freer movement. In one video clip she could be seen gently guiding her son's body in towards her in an attempt to cuddle him for the first time in many years. Milan responded to her touch and reciprocated the feeling expressed in the movement by shuffling close to her body and nestling under her arm. From this position their movements unfolded as they spontaneously rocked gently side by side, evidently enjoying the experience of shared movements in a 'together' relationship (Sherborne, 2001). They then moved to an upright position and danced around the room holding hands, eventually falling to the floor and laughing. Their movements were centred and integrated, the effort graceful and expressive. Sara was moving from the centre of her body, the most difficult thing to achieve in terms of movement (Sherborne 1990).

The moment of the shared dance made a deep impression on the whole group and became a catalyst for change for Sara. She was tearful and her breathing heavy as she explained her changed mood and what she described as a feeling of being overwhelmed by her own inner warmth. For the first time she had naturally reached out to touch her son and had

done so without feeling repulsed. Through movement, reality was separated from fantasy (Bateson 1985, Haley 1955) and provided a significant turning point for Sara. In reviewing the video she commented "*I know I can love Milan now and I am going to fight to keep him. I know it's going to be hard but I think I can do it*".

Through taking part the programme, the attachment relationship between mother and son improved to such an extent that they were able to touch each other safely and with love, enjoy playing together and show genuine pleasure in each other's close company. Watching video recordings of their improving relationship helped Sara to realise that she could love her son, enabling her to continue parenting her two children on a good enough basis (Bowlby 1988).

Discussion

Returning to the influence of Laban on Sherborne's work, although focused primarily on dance, free movement and the quality of the observable action, the inception was contemporaneous to, and reflective of, the British object relations movement developed principally from the work of Melanie Klein (1975). The theory suggests that infants learn first to relate to part objects and then whole objects, which are conceived as either 'good' or 'bad'. As the child's ego develops, they begin to relate to external objects and to hold on to them symbolically even when they are absent. British objects relations theorists understood the prime motivation in babies and infants as the need to develop close proximal relationships, not only for physical survival, but for the development of communication, identity, complex inter-relationships and ultimately independence (Thomas, 1996). The origins of communication, self and identity are essentially

embodied, experienced through the necessarily physical relationships the child has with the primary carer (Winnicott, 1951). For these to be positive experiences, the relationship must be one of trust in an atmosphere of relaxation (Winnicott, 1971).

Early experiences of the close physical contact between mother and child forming the basis of a strong, bonded relationship are evident in the work of Ainsworth, Bell, Blehar, & Main, (1971) and Bell and Ainsworth (1972). Looking at the interactions between mother and infant within the first months of life, Ainsworth et al concluded that the responsiveness of the carer, through physical proximity and intimacy, allowed the infant to develop confidence and resilience. Whilst the children involved in this programme were older than those studies by Ainsworth, the potential for repair positions the programme as therapeutic.

Using SDM within the movement play programme allowed for physical experiences between parent and child to be explored, directly echoing Winnicott's view that *"psychotherapy has to do with two people playing together therapy"* (1971 p38). DMP facilitates the ability to play through encouraging positive and meaningful play experiences in conjunction with the development of movement repertoire. The opportunity for playful physical interaction between child and carer enables positive experience of the pleasure of intimacy and intersubjectivity, considered by object relations analysts as a fundamental human motivation (Thomas, 1996). The 'holding environment', essential to the affective development of the child, is described by Winnicott (1971) as neither wholly physical nor psychological, but is the space and

relationship between the child and carer. In developmental play this space is facilitated in both senses, as inner emotions are expressed through the development of shared, pleasurable, reciprocal movement experiences in which *effort* allows embodied communication. It is the quality of the ‘holding environment’ which allows the child to develop resilience and identity required for the transition to independence and autonomy. This is evidenced in the programme through the shift in control of play from parent to child as reported by parents themselves (see figures 5 and 6). It is through the holding relationship with the parent that the child learns to understand the space between themselves, others and the world around. By first developing knowledge of the body through movement experiences, SDM facilitates meaningful physical interaction within the transitional space, ‘*the space between inner and outer world, which is also the space between people*’ (Winnicott, 1951, p89) which is where both intimacy and creativity exists.

Conclusions

There are limitations to the research because the number of subjects involved in the group was relatively low due to the nature of the intervention. It was not viable to run large groups and it is not possible to claim the findings would transfer to the general population. The study would benefit from including ongoing contact with the parents and children involved to ascertain long term benefits from attending the programme. Further study could also be undertaken with a focus on the father/child relationship to determine if the programme works equally well as it did with the mother/child relationships evidenced here. The same applies for children looked after by the authority, who might

benefit from attending a programme with their carers where poor or broken attachment is an issue of concern.

Fundamentally a practitioner, Sherborne did not describe her movement work as therapy, yet following her death in 1990 and the establishment of Sherborne Associations in the UK, Belgium and Sweden, her work has been continued and now extends to Australia, Brazil, Canada, Eire, Finland, Germany, Italy, Japan, the Netherlands, Norway and Poland to date. As a result of the benefits seen in practice, greater interest has developed in understanding what are, evidentially, the therapeutic qualities of SDM. Through examination, it is clear that Sherborne's work, drawing from Laban, is closely aligned to established and contemporary theories of body, movement and psychotherapy. Finally, in addressing the parent-child attachment through movement which promotes 'together relationships' (Sherborne, 2001), the programme echoes the view that "*if a community values its children, it must also cherish their parents*" (Bowlby, 1951, p. 84).

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