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Creating Family: A Phenomenological Needs-Assessment of Adoptive Parents for Implications in Dance/Movement Therapy

Eva C. Glaser

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CREATING FAMILY: A PHENOMENOLOGICAL NEEDS-ASSESSMENT OF ADOPTIVE
PARENTS FOR IMPLICATIONS IN DANCE/MOVEMENT THERAPY

Eva C. Glaser

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Committee:

Susan Imus, MA, BC-DMT, LCPC, GL-CMA
Chair, Department of Creative Arts Therapies

Laura Downey, MA, BC-DMT, LPC, GL-CMA
Research Coordinator

Kim Rothwell, MA, BC-DMT, LCPC, CADC, GL-CMA
Thesis Advisor

Ellyne Skove, MA, BC-DMT, LCAT, NCC, RPP, E-RYT
Reader

Abstract

The purpose of this study was to identify adoptive parents' predominant, post-adoption needs through a phenomenological needs-assessment. While the initial lens of attachment theory was utilized, the phenomenological methodology allowed for a variety of needs and experiences to emerge. The results served as a basis for exploring how dance/movement therapy (DMT) may effectively play a role in adoption services. The participants of the study included five adoptive parents and two adoption counselors. The data were collected through semi-structured, in-depth interviews and analyzed using Anderson's intuitive inquiry, including a resonance panel of individuals who had experience with adoption, personally or professionally.

Findings suggested that mother/child bonding was a central focus for the participants, and that secure attachments were attained without outside intervention. The creation of these secure attachments, despite some challenges and the absence of biological processes, reflected the resilience of the families and the power of parent child connection. Other needs came forward because of the foundation of these secure attachments. These needs included validation of parenting abilities, addressing child's identity concerns, finding community support, integrating adopted children into family units, maintaining maternal health, and calming the child at different developmental stages. Implications are explored, suggesting that DMT may play an effective role in adoption support in various ways. These include allowing space and techniques for focusing on parent-child connection, facilitating identity exploration, and increasing connection between biological and adopted family members, among others. This study suggests that further research, including program development, is warranted to explore the variety of ways DMT can support adoptive families.

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Chapter One: Introduction

I have always been struck at the power of parent-child bonding, whether it is watching a parent relate to her infant by humming a lullaby or a child resting on a parent's chest, comforted by the sound of a beating heart. From a young age, I observed these familiar interactions with curiosity and eventually eagerly tried them on myself, not as a parent, but in my roles as an aunt, friend, or babysitter. As my graduate studies led me toward a more scientific and psychological understanding of what is happening neurologically and psychosocially in these bonding moments, I was increasingly drawn to learn more about how dance/movement therapy techniques and interventions may facilitate the bonding process.

My interests in bonding led me to pursue research in the area of early parent-child relationships and the bonding process. In considering the possibilities for how I might narrow the expansive population of parents and children for a study, I became curious about the population of adoptive families. Adoptive families not only fit my interest of parent-child relationships, but they provided a specific opportunity to study a relationship that was desired and intentional (on the part of the adoptive parents) and one in which bonding and attachment was likely a significant focus. While I was not intimately familiar with adoption, I had many questions, some of them stemming from society's perceptions and misconceptions of adoption. Does bonding occur the same way in adoptive and biological families? What were the differences in experiences, if any? I was also aware of the importance, and at times difficulty, of creating secure attachments in adoptive families.

A child's success and wellbeing is inextricably connected to a healthy relationship with his or her primary caregiver (Stern, 1977). Therefore, the support adoptive parents receive, given the various situations they might be presented with, felt important to investigate. I felt that

adoptive parents might have a significant thirst for training and interventions that addressed bonding. Most importantly, these parents could provide a specific and unique lens with which to conduct my study because they have sought out parenthood. I became curious about what types of training and education were available to adoptive families. I was also curious about how they experienced not only the adoption itself, but how or if they were supported throughout the process, especially once they had brought their child home. Furthermore, the perspective of adoptive parents sheds light on a marginal, but significant population within the United States. Addressing the needs of adoptive parents through understanding their experiences seemed a worthwhile pursuit for these reasons. Based on my studies in dance/movement therapy, I was also drawn to connect the fields of adoption and dance/movement therapy because of the potential for beneficial and effective application of dance/movement therapy to adoptive families.

Dance/Movement Therapy (DMT) is “the psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual” (American Dance Therapy Association, [ADTA], 2009). Specifically pertinent to the context of this research, DMT can and has served as the basis for training in skills such as attunement and nonverbal communication with infants and young children (Loman, 1998; Murphy, 1979, 1998; Tortora, 2006, 2010). Attunement between child and caregiver is the act of the caregiver or parent adapting his or her personal movements to synchronize or harmonize with the movement patterns of the child’s. This act, a form of kinesthetic empathy, is important for the child’s psychodynamic growth. The child feels comforted by the caregiver’s attunement (Levy, 2005). Additionally, DMT has a unique nonverbal approach that can be particularly beneficial to children and families because of the inherently nonverbal component of the relationship (Muir, 1992; Murphy, 1979; Tortora, 1994, 2006).

For the purposes of clarity within this study, it is also necessary to provide operational definitions of adoption and adoptive families: “Adoption is the social, emotional, and legal process in which children who will not be raised by their birth parents become full and permanent legal members of another family while maintaining genetic and psychological connections to their birth family” (Childwelfare Information Gateway, n.d.-a). Adoptive families, then, are families comprised of at least one adopted child, an adoptive parent or parents, and possibly a biological child or children. There are many types of adoption—those that were relevant to this study are further defined in the Literature Review and Definition of Key Terms (See Appendix A).

As this topic marinated in my mind, and I began researching relevant literature, my understanding of the specifics of the adoption process increased significantly. Not only was this topic of study applicable to my own interests, and those of the DMT field, but I realized it could be of importance to the field of adoption as well. I found that in the ever-changing and growing world of adoption, there are many casual resources, such as blogs and parenting forums. Many formal reports and lists of statistics about post-adoption also existed, but there was not an abundance of literature on the experience of adoptive parents throughout their adoption process, particularly post-adoption.

While I had initially considered a study that would implement DMT with adoptive families, I realized I needed more of an understanding of the needs of adoptive families and agency programming to do so in a meaningful way. I found that some agencies offered numerous pre- and post-adoption classes and trainings and others offered very few. Overall, there was little consistency on the types and goals of the programming offered. As an outsider to the field of adoption, it became clear that I must first gain an understanding of the adoption process from

experts within it through a needs-assessment. For my purposes, these experts were adoption professionals who could illuminate how adoption agencies view and implement parental programming and their experiences in that process, and the adoptive parents who have gone through the process of adoption and received services from their agency. It was only after a more thorough understanding of these experiences that I could investigate how DMT could play a role in supporting parent-child connection, or otherwise, in the adoption process. In order to best understand the needs and experiences of adoptive parents and adoption professionals, I designed a needs-assessment in the form of a phenomenological study. I chose to layer phenomenology onto the needs-assessment because of its focus on and honor of the subjectivity of an individual's experience of a certain phenomenon. It allowed me to focus on not only the objective needs of the population, but on how these individuals subjectively experienced those needs within the adoption process.

Dance/Movement Therapy and Adoption

The purpose of this study is to begin to address the potential cross section of DMT and adoption. The current literature in the adoption field regarding parental training and education as well as the studies on attachment and bonding within adoption became my starting point. After investigating this literature as well as exploring the literature in the DMT field regarding parent-infant and parent-child relationships, I developed the research questions for my study. The central research question became what are the needs of adoption professionals and adoptive parents, with regard to post-adoption services, and how are these needs experienced? Subsequently, how might DMT be applied to the adoptive experience to address these needs? Using the lens of the importance of bonding and attachment as well as phenomenology, I set out to address these questions.

Theoretical Framework

As a researcher, I am motivated by the personal experiences of others. Inherently curious about the defining moments in people's lives and the experiences surrounding those moments, I believe that these stories can lead to a meaningful understanding of most any topic, but particularly one as personal and significant as adoption and child rearing. This desire to understand a topic through stories as well as my topic itself led to a phenomenological approach because I aimed to understand the adoption process as a significant phenomenon both in a family's life as well as a phenomenon in our larger society.

My interest in this topic is also embedded in my framework as a clinician, which centers on preventative care and fostering healthy, supportive familial relationships that begin with healthy and secure attachments. In this study, I sought to understand how adoptive parents went about creating that attachment, and in turn laid the foundation for not only a healthy relationship but also a healthy individual. Using the framework of phenomenology and its focus on individuals' unique perspectives, my focus broadened from an interest in purely attachment-based phenomena in order to best understand the varied experiences of the participants' perspectives. It was necessary to be open to fully hearing and valuing each participant's experiences as equally valid and important. As a researcher, I wanted to keep my clinician's perspective from entering into my initial absorption of the information. While doing so was at times difficult, it offered an opportunity to absorb the information without filtering it through a specific lens. Eventually, my clinician framework became active as the information soaked in and it was these insights that allowed me to be curious about the ways that DMT could most benefit adoptive families. Because of the gap in current literature, the connection between DMT and adoptive family support and training offered a fertile opportunity.

Value of the Study

My intention is for this study to be valuable to the DMT field, adoption agencies, and adoptive families by illuminating experiences and identifying areas of need, particularly with regard to parental trainings and post-adoption offerings. I hope for this study to give an additional voice to those in the adoption community in a unique and effective way. I also hope for this study to be a starting point for research and clinical work connecting the fields of DMT and adoption: two fields which could easily connect but whose intersection has yet to be fully explored.

Chapter Two: Literature Review

Research studies regarding attachment, attunement, and sensitivity abound in both adoption (i.e. Barth, 2000; Bakermans-Kranenburg, Juffer, & van IJzendoorn, 2005; Verrier, 1991) and dance/movement therapy (DMT) literature (i.e. Coulter & Loughlin, 1999; Muir, 1992; Tortora, 2006, 2010, 2011). However, there is little research connecting these two realms. This gap in the literature seems worthy of being filled for several reasons. First, abundant evidence exists for the importance of creating secure attachments between caregiver and infant (Bowlby, 1988; Ainsworth, 1970; Siegel, 1999). Therefore, attachment exploration, encouragement, and/or training are worthwhile, if not necessary, investments for all parents. This includes adoptive parents who may have a greater challenge establishing attachment or more barriers to maintain the relationship throughout developmental stages (Kupfermann, 2010; van den Dries, et al., 2009). Second, while post-adoptive trainings and classes are not required, their importance and relevance is becoming increasingly accepted and advocated for (Smith, 2010; U.S. Department of Health and Human Services [U.S. DHHS]). Some of these services include parenting training that often includes attachment principles (Barth & Miller, 2000). Third, DMT has a unique somatic approach, utilizing the body and movement, to therapeutic intervention (Murphy, 1979; Tortora, 2006, 2011), and therefore naturally aligns with the body-based experience of parent-infant or child bonding and attachment.

This literature review will examine the current literature relating to the topic of DMT interventions for adoptive families with the purpose of fostering attachment and healthy relationships. While no literature exists on this precise topic, there is much to discuss from the realms that contribute to the topic. This review will provide an overview of adoption in the United States, followed by adoption services and post-adoption clinical approaches, including

the attachment perspective. It will also touch on the seminal literature regarding attachment theory, followed by how DMT has been applied to work with infants. Finally, it will briefly explore the potential of DMT within adoptive services. The material selected is not an exhaustive review, but is intended to provide a thorough and current context for the overarching topic of DMT application for fostering healthy and successful relationships in the parent-child dyad within adoptive families.

It should be noted that I intentionally avoided delving too deeply into literature addressing adoptive parents needs in order to avoid the biases I would gain. I wanted to glean enough information to be informed about the general issues of adoption without being so immersed in the literature that doing a phenomenological study would have been almost impossible. I desired to hear the needs and experiences first hand from the participants in my study. This was particularly warranted because while varying forms of needs assessments of adoptive parents exist, I did not find any using the phenomenological approach.

Adoption Overview

According to the Adopted Children and Stepchildren: 2000 Census Special Report, 3.7 percent of households in the United States included adopted children (Krieder, 2003). More recently, the U.S. Department of Health and Human Services reported that there were approximately 1.8 million adopted children living in the United States in 2007 (U.S. DHHS, 2011). While the majority of adopted children are in good health, approximately 40% have physical or mental health care needs. These include children who are at increased risk for physical, developmental, behavioral, or emotional conditions (U.S. DHHS). Despite this high figure, Vandivere, Malm, and Radel (2009) stated in their report entitled, *Adoption USA: A Chartbook based on the 2007 National Survey of Adopted Children* that only a small minority of

adopted children are diagnosed with clinical disorders, such as attachment disorder, depression, attention deficit/hyperactivity disorder or behavior disorders. Indeed, the majority of adopted children over age six (88%) exhibited positive social behaviors (Vandivere, et al., 2009). While Vandivere, et al. reported that adopted children are more likely to have experienced symptoms of the above disorders than the general population of children, it is important to contextualize these numbers as a minority of the adopted population.

There are several types of adoption including intercountry adoptions through private agencies, domestic adoptions through private agencies, and public adoption (usually from the foster care system) (Childwelfare Information Gateway, n.d.-b). The breakdown of these categories was fairly even in 2007 (when the last available data was collected). Thirty-eight percent of adopted children were placed through private domestic adoption, 37% were placed through foster-care (public) adoption, and the remaining 25% were placed through international adoption (U.S. DHHS, 2011). While these categories inform where the child is being adopted from, other categories such as open, closed, special needs adoptions, transracial, infant, and older child adoption are also factors that significantly impact the type of services adoptive parents request and receive (Evan B. Donaldson Adoption Institute, 2012). Given the variety of types of adoption, this literature review will briefly describe those most pertinent to this study. The participants of this study took part in intercountry and domestic adoption, as well as transracial, open, and closed adoptions. These types are defined and some salient information is provided. Although special needs and foster-care adoptions were outside of the scope of this study, it should be noted that they are both significant in the adopted population and have much research devoted to them.

International adoption. International adoption takes place when a couple or individual from one country adopts a child from a different country (Troy, 2012). According to the U.S. Department of State (2013), there were 8,668 intercountry adoptions in 2012. The rate of intercountry adoptions began declining in 2004 after the Hague convention was established, creating more restrictions on international adoptions (Vandivere, et al., 2009). In the past several years, the most common age at adoption in international placements was between one and two years old. The top five countries that U.S. families were adopting from were China, Ethiopia, Russia, South Korea, and Ukraine (U.S. DHHS, 2011). Accordingly, the most common ethnicity of adopted children in recent years is Asian (Vandivere, et al., 2009; U.S. DHHS, 2011).

Additionally, 29% of international adoptees have health care needs, meaning they are at increased risk for physical, developmental, behavioral, or emotional conditions (U.S. DHHS, 2011). These health care needs may be related to the fact that 70% of international adoptees lived in facilities, such as orphanages or other group facilities, before being placed with their adoptive families. Despite tightening regulations and some countries promoting domestic adoption (Vandivere, et al., 2009), international adoption has a strong presence in the United States, and was represented in this research study.

Domestic adoption. The majority of adoptions in the United States occurs domestically, either through private domestic adoption or foster care adoption (U.S. DHHS, 2011). Domestic adoption occurs within the country, either inter or intrastate. Foster care adoption occurs when a child is removed from his/her birth family because of inappropriate care and is under the care of child protective services. This is the most vulnerable group of adopted children because of their pre-adoptive experience, often including abuse or neglect (Vandivere, et al., 2009). The remainder of domestic adoptions occur through private agencies, or are independently arranged,

without the use of an agency. The majority (62%) of these adoptions take place while the child is a newborn, less than one month old. In domestic adoptions, 32% have special health care needs (Vandivere, et al., 2009). Domestic adoptions can include same race (child and adoptive parents are of the same race) or transracial (child and adoptive parents are of different races).

Transracial adoption. Transracial adoptions occur when an adopted child is of a different race, culture, or ethnicity than the adoptive parent(s) (Vandivere, et al., 2009). This occurs in both domestic and international adoptions. Transracial adoption is a highly debated topic, with some researchers arguing against it because of the belief that children should be raised in similar cultures and ethnic identities to their birth families (Zhang, 2010). Others argue that it is the parental training and resources that must be examined and standardized in transracial adoptions (Zhang). Additionally, while domestic transracial adoptees contend with racial discrimination and issues of ethnic identity, intercountry transracial adoptees add cultural issues pertaining to lack of connection to the culture of their country of origin (Zhang).

Openness in adoption. While there is no standardized definition for open adoption, it “refers to the continuum of relationships that can exist between members of the birth family and the adoptive family, including the child” (Child Information Gateway, n.d.). This relationship can range from none, in which no identifying information from the birth family is given to the adoptive family to fully open, in which the birth family and adoptive family have an ongoing relationship, determined by both parties (Child Information Gateway). Open adoption is most common in private domestic adoptions (Vandivere, et al., 2009).

Adoption Services and Usage

Pre-adoption Requirements. No matter the type of adoption a family chooses, each state requires a certain number of training hours for adoptive parents before the child is placed

with the adoptive family (Adopt US Kids, 2012). This varies by state; Illinois, for example, requires that each parent engage in thirty-three classroom hours and six hours of educational advocacy (Adopt US Kids). This is mandated by the Department of Child and Family Services (DCFS) and is the same across adoption types. Agencies may also offer additional trainings, both in the classroom and online. From a review of adoption informational sites, all of the required hours of training for adoptive parents occur pre-placement (Adopt US Kids, 2012; Evan B. Donaldson Adoption Institute, 2012; Childwelfare Information Gateway, n.d.).

Post-adoption services. While preliminary services are a necessary component of adoption, post-services are a less common part of the adoption equation. Despite the lack of required post-adoption parental training, the literature supports its existence and continual development (Barth, et al., 2003; Barth & Miller, 2000; Smith, 2010; Juffer, et al., 2005; van den Dries, et al., 2008;). Post-adoption services were developed in the 80s and 90s, but have slowed significantly in recent years (Smith). “Services include information and referral, education and training, support groups and mentoring, respite care, advocacy, crisis intervention, search/reunion services, and therapeutic counseling” (Smith, p. 6). The types of training and education adoptive parents request are related to their specific type of adoption and the child’s needs (Hart & Luckock, 2000; Gibbs, 2010). Many services are focused on, and exclusively available to, foster care adoptions (Smith). In discussing the importance of post-adoption services, the Evan B. Donaldson (Smith, 2010) report stated that services “prepare parents to expect some ongoing challenges and to understand the benefits of post-adoption services. Parents need help to understand the specific children they adopt, including the needs they may have because of the personal histories they bring with them” (p.7). Despite some decline in services, in 2011 the North American Council on Adoptable Children (NACAC) held a congressional

briefing advocating for the creation of effective services that are parent-led and child-driven (NACAC, 2011). There is reason to believe that motivation and action are beginning to create movement in this important area.

According to the most recent statistics on the use of post-adoptive services, Vandivere, et al. (2009) found that the most commonly reported service obtained by adoptive families was meeting with the adoption counselor to discuss post-adoption services – indeed, 50% of families engaging in international adoptions utilized this service, while foster and domestic adoptions were 36% and 25%, respectively. These authors also indicated that 12% of families with adopted children wanted to receive adoption-specific training as part of post-adoptive services but did not have access to those resources. Families involved in international adoption are the most likely to receive post-adoption services (Vandivere, et al.).

Review of post-adoption programs. While there is an increasing interest in and understanding about the importance of post-adoptive services, there is still relatively little research on their effectiveness (Lenerz, et al., 2006; Smith, 2010), including the most effective combination of services to meet families' needs. However, some studies, such as one that examined the Illinois Adoption Preservation Act, found that providing valuable post-adoptive support and education increased family communication, improved behavior, and lead to decreased family stress and conflict (Smith, 2006).

Lenerz, et al. (2006) studied the effectiveness of one such program, the Casey Family Services Postadoption program, which operates in New England. The programs goals were to strengthen, support, and preserve adoptive families. Relationship issues were cited as the greatest area of need by the parents who sought their services. Other needs included self-image, grief or loss related to birth families, school related issues and behavioral issues. Results from this study

indicated that most areas of functioning showed modest improvements. They also revealed that the longer the service time, the larger the improvements within the family. Lenerz, et al. reflected that the amount of time many of the families waited after their placement before seeking services showed that adoption has lifelong effects and initial adjustment is just one phase of post-adoption needs. The study also concluded that given that behavioral issues were of great concern for parents, even for those adopted at a young age and not in the foster care system, treatment for behavior and psychological services should be a focus of future programming. The study authors concluded that attachment was an area of the least amount of change, most likely because this issue is more complex than behavior or parenting skills, and subsequently would take a longer time engaged in service to effect significant change.

This study also highlighted that adoptive families are likely to have multiple needs, which seem most responsive to multi-layered and flexible programming that allow for families to come in and out of services and provide a wide range of services. In a study conducted by Atkinson and Gonet (2007), the relevance of multifaceted needs was also supported. This study interviewed 500 adoptive families who received post-adoption services to determine their needs. The parents indicated need for support in a variety of forms including counseling. Sixty percent cited behavior problems, 47% cited school-related issues, 38% identified the needs as “adoption issues,” 27% cited attachment issues, and 8% identified the needs as social adjustment issues. Another study by Festinger (2006) concurred, stating that there is danger in defining post-adoption service needs according to the services that agencies have rather than in terms of the array of family needs. In this sense, it may be necessary or most beneficial to the family to contract services to meet these needs outside of the adoption agency. Parental needs have also been shown to include sensitivity to the pre-placement environment, traumatic events,

unresolved loss, age of the child at adoption, stress on family dynamics, and unrealistic expectations for the child or the parent (Fahlberg, 1997).

It is useful, in the context of this study, to examine what adoptive parents have indicated would be helpful as part of post-adoptive services. According to Barth and Miller (2000), these desires fall under three categories: education and information, clinical services, and material services. While all three of these are of equal importance in providing comprehensive services, for the purposes of this review, the need for clinical services is emphasized. Barth and Miller highlighted surveys indicating that while many parents express the desire for counseling services, few follow through with seeking them.

Clinical Approaches in Post-Adoption Services

Adopted children are three times as likely to receive clinical services as non-adopted children—this is probably due to a greater likelihood of seeking help, as well as being more likely to need help (Vandivere, et al., 2009). While the need is evident, there is not a significant amount of literature that examines post-adoption outcomes on a broad scale or specific clinical approaches for adoption related issues, other than behavioral issues, as explained in Smith's (2010) report: "Unfortunately, most research on adoption has been narrowly focused on the behavioral outcomes of adopted persons, and less on the impact in adoption adjustment of family processes such as parent-child attachment, communication, family problem-solving, or parenting style" (p. 15). However, researchers have identified that the parent-child relationship is the central reason adoptive parents seek out therapy (Barth, Crea, Thoburn, & Quinton, 2005; Lerner, et al., 2006).

Various therapy modalities are used for adoptive families seeking clinical support. These modalities are chosen based on the issues presented as well as the type of clinician the family

seeks out or is referred to. In a study that examined adoption through the construction of narratives of adult adoptees, Grand (2006) suggested that communication issues must be the focus of intervention with adoptive families. Furthermore, Grand asserted that communication should address feelings of loss, identity, and grief that often accompany adoptive experiences but go unacknowledged. Grand (2006) and Pivnick (2013) suggested that narrative therapy can be useful for working with these types of issues because of its way of honoring the past while developing one's self in the context of the family and in familial relationships.

Attachment perspective. Attachment is important to acknowledge when discussing adoption because of its significance in child development and healthy family relationships. The capacity to develop attachments is a protective factor for adoptive children. The child's ability to accept nurturance and develop attachment, especially with the mother, is linked to positive adoption outcomes (Smith, 2010; Stern, 1977). Additionally, when the adoptive mother perceives a lack of attachment in their relationship, adoption dissolution is eight times more likely (Dance & Rushton, 2005). Adoption dissolution refers to the dissolving of the adoption after the child is placed with the adoptive family and the adoption is legally finalized (Child Information Gateway, 2012). Dissolution can impair the ability of the child to bond and attach to future caregivers. While many post-adoptive counseling services are rooted in attachment theory (Barth & Miller, 2000), there is not consensus on whether this is the most effective approach (Barth, et al., 2005; Barth & Miller, 2000; Hart & Luckock, 2004). The argument supporting its appropriateness is based on the premise that attachment theory itself is highly researched and empirically supported, even if specific related interventions are not (Hart & Luckock, 2004). Schore and Schore (2008) claimed that because of its importance to wellbeing, attachment programs should be integrated into prevention and early intervention services for all parents.

Barth et al. (2005) contended that though attachment theory is a common lens through which to conduct treatment, attachment issues must be assessed and treated in the context of the child's current environment. The authors go on to say that while attachment issues have been shown to pre-dispose children to behavior issues, such as acting out, the focus on attachment has also caused over diagnosis of Reactive Attachment Disorder. In addition, it is difficult to pinpoint attachment issues as the cause of adult relationship issues or pathologies. Hart and Luckock (2004) advocated for the use of attachment theory, but also agreed that the therapy must empower the parents and fit the family, rather than the family being forced to fit into the therapy. Their suggestions are in keeping with the basic premises behind attachment theory but are inclusive of methods that incorporate the needs of the family and fit in the larger social context of each family. Barth and Miller (2000) agreed that movement toward a collaborative approach without the use of a singular theory is a sensible path. It may be useful, then, to broaden from attachment theory to specific interventions and to consider how attachment theory may fit into other therapeutic approaches and perspectives, such as psychosocial approaches and family systems theory.

Family systems perspective. Family systems is a conceptual model focusing on relationships between family members (American Psychological Association, 2007). It combines aspects of various theories such as object relations and general systems theory. Most essentially, it emphasizes that therapists must work with the entire family in order to create effective and lasting changes in the family unit. This approach may have particular relevance because of its compatibility with attachment theory. van Ecke, Chope, and Emmelkamp (2006) asserted that while more empirical research must take place, the theoretical principles behind attachment theory and family systems theory support and enhance one another. Both were derived from the

understanding that relationships are primary and evolutionary. This compatibility allows for specific therapeutic approaches from attachment theory to have the potential to maximize the effectiveness of family systems therapy. This would involve combining knowledge of each family member's attachment type with how to best form relationships within the family unit. Johnson and Fein (1991) agreed that a clinician could use principles of attachment theory combined with family systems theory to best meet the needs of the family. They provided examples of balancing the risk factor of insecure attachments with other protective factors the family may possess. They added that using the family systems perspective would allow the multiple attachments within that family to be taken into account as well as the complex systems of interactions that occur within any family.

Attachment Theory

Given the use of attachment theory within clinical adoption support services and its importance in overall child development, this literature review will outline the theory as context for its application to adoption and its overall importance within the family system. This review of attachment focuses on infant attachment, though its principles can be applied to later development as well. It is helpful to identify the connection and differences between bonding and attachment before delving in further. Bonding can be described as the connection between caregiver and child that begins from first awareness, often prenatal, and continues throughout infancy - skin to skin contact directly after birth is key for bonding. It has long lasting effects for maternal health as well as a child's development and adjustment in the world (Johnson, 2013). Klaus and Kennell (1976) defined bonding as biological, psychological, and emotional processing that is a complex dance between mother and infant in which the interactions elicit strong emotional responses and are mutually expected and appreciated. Bonding often refers to

the initial experiences between caregiver and child facilitated by hormones released in pregnancy, during childbirth, during breastfeeding, and skin to skin contact (Madrid & Pennington, 2000). In contrast, the concept of attachment refers to the long-term relationship that develops and shifts over a lifetime rooted in the stability of the relationship between child and primary caregiver. Moreover, a person's capacity for and expectations of intimacy in relationships throughout their lives is formed by the initial relationships between child and primary caregiver (Siegel, 1999). These concepts are therefore interrelated and interdependent (Figueiredo, Costa, Pacheco, & Pais, 2009). While the terms are not interchangeable, this study examines both because its scope reaches beyond infancy and into adulthood. Therefore, both concepts are relevant, but I have chosen to focus on attachment as the primary lens.

Origins and description. Bowlby (1977), an essential figure in the field of attachment, defines attachment theory as “the propensity of human beings to make strong affectional bonds to particular others” (p. 201). Siegel (1999) added to this definition, by explaining, “attachment is an inborn system in the brain that evolves in ways that influence and organize motivational, emotional, and memory processes with respect to significant caregiving figures” (p. 67). He added that attachment is the system that prompts infants not only to be physically close to their primary caregiver, but also to develop communication with them. According to Bowlby (1977) attachment behavior, then, is a person being in close proximity to another who is typically older and wiser. Attachment behavior is particularly evident in early childhood and infancy, though we continue to create attachments throughout our lives. Bowlby identified that attachments are formed as secure or insecure. Secure attachments are those in which the infant feels that the caregiver is a safe base from which to go forth to explore the environment, knowing that the base will be there to protect and nurture when the child returns. In contrast, insecure attachments are

those in which, for multiple reasons, the caretaker is not a reliable or safe base for the child to be comfortable in or a base to which the child feels he or she can safely return.

Ainsworth, a researcher of infants and a colleague of Bowlby, expanded on his ideas behind attachment theory. In her pivotal scientific experiment called “The Strange Situation,” Ainsworth tested Bowlby’s assumptions regarding secure attachments (Ainsworth & Bell, 1970). To do this, Ainsworth observed caregivers and their infants playing together, then with a stranger, then after a period of separation, and finally once they reunited. Ainsworth examined the infant’s reaction upon the caregiver’s return, and found she could correlate the infant’s reaction to his/her specific type of attachment to the caregiver. Ainsworth discovered the infants with secure attachments had an internal working model of the caregiver. This allowed them to calm easily and carry on with their previous activities relatively quickly once reunited with the securely attached caregiver (Ainsworth & Bell, 1970). Together, Bowlby and Ainsworth paved the way for current understandings about the importance of early relationships between child and primary caregiver.

Attachment and infant emotional growth. While the bond between infant and caregiver serves a biological and evolutionary function of protection, the key component of the bond is the strong emotional tie created between two individuals (Bowlby, 1977). Siegel and Sroufe (2011) furthered Bowlby’s and Ainsworth’s understandings regarding attachment and emotion. They believed that the last fifty years of research in the area of attachment has shown that “the emotional quality of our earliest attachment experience is perhaps the single most important influence on human development” (p. 1). Even before attachment was a popular area of research, Bowlby (1988) also contended that early attachment bonds inform the growth of an individual throughout life, specifically in relation to emotional distress and personality disturbance.

Siegel (1999) agreed with Bowlby's claims and has furthered his theories by addressing how the mind responds and is created as a result of attachments, first at birth and then continually throughout life. In Siegel's description of attachment as it related to the development of the mind, he described attachment as "establish[ing] an interpersonal relationship that helps the immature brain use the mature functions of the parent's brain to organize its own processes" (p. 67). As a result, the child feels understood by the emotionally sensitive responses of the adult, allowing the child to fully feel a positive emotional state and navigate, or modulate, negative emotional states. In short, a secure attachment allows for the emerging of a healthy mind, allowing for the ability to shift between states and return to a sense of self, despite inevitable life stressors (Siegel, 1999). Schore and Schore (2008) aligned with Siegel's understanding and modernized Bowlby's attachment theory by integrating new findings from biology and neuroscience, specifically the implicit communication that occurs between the right hemispheres of infant and caretaker. They believed that these deeper understandings within the social and biological sciences have led attachment theory to focus on "affective bodily-based processes, interactive regulation, early-experience-dependent brain maturation, stress, and nonconscious relational transactions" (p. 9). Given these new understandings of attachment, Schore and Schore proposed a new term to encompass these modernizations -- "regulation theory" (p.9).

Tortora's (2006) perspective as a dance/movement therapist aligned with Siegel (1999) and Schore and Schore's (2008) assertions. She highlighted the importance of the mother and infant experiencing disruptions followed by repairs within their relationship, through the nonverbal communication continually being expressed between one another. The child learns from this communicative experience that he/she affects others and learns to regulate his/her own

emotional needs. This ability to self-regulate also involves the child's learning to organize sensory information and how the child is affected by his/her own behaviors.

Maternal sensitivity. The prediction of attachment behavior between parent and child has been studied in a multitude of ways (Beebe, 2010; Bowlby, 1977; Stern, 1977). The concept of maternal sensitivity as it relates to creating secure attachments is particularly significant. In a meta-analysis of seventy different studies on sensitivity and attachment interventions in early childhood, Bakerman-Kranenburg et al.'s (2003) found that specific interventions focusing on sensitive maternal behavior were successful in improving insensitive parenting as well as infant attachment security.

Beebe has dedicated her career to studying mother-infant behavior as it relates to attachment. Beebe, Jaffe, Markese, Buck, Chen, and Cohen's (2010) micro-analysis indicated that micro-shifts in facial expression as well as the movement relationship play an important and crucial role in developing relationships and secure attachments (Beebe, 2010; Beebe, et al., 2010). This supports the finding that facial expression is one of the crucial forms of non-verbal communication between mother and infants (Blehar, Lieberman, & Ainsworth Salter, 1977; Stern, 1977). Schore and Schore (2008) also contested to the importance of nonverbal communication. They proposed that during preverbal, affective communication, the caregiver must be psychobiologically attuned to evaluate the infant's facial expressions and to regulate their positive and negative states. They go on to explain that the caregiver's responses in these interactions are part of the effective development of the infant's nervous system. In Beebe's (2010) research using video feedback to inform the treatment the mother exhibited, she found that it was beneficial for mothers to have the opportunity to not only examine their behaviors in relationship to their infant, but also to have a clinician's translation of what was transpiring

between them (2010). This study suggested that video feedback as well as therapist intervention could be useful for mothers in creating successful relationships with their infants. Tortora also includes training for caregivers, bringing awareness to infants' preverbal cues.

Role of family in therapy. In keeping with the principles of attachment theory and family systems theory, Hart and Luckock (2004) stated that family should be directly involved with the therapy in order to ensure the therapy style supports the parenting style, and keeps the parents, child, and therapist working in the same ways as to be most effective. To that end, Schuman and Shapiro (2002) found that children's therapy appears to be most effective when parents understand and support its purpose. Barth and Miller (2000) furthered the idea that the family systems model is fitting because of its flexibility with developmental stages. Working within the family context will also ensure that attachment issues with the birth family are not used as a way of placing blame and escaping reflection of current parenting styles, which even if not the sole source of the issue being experienced, may contribute to the difficulty the family is experiencing (Hart and Luckock, 2004). When the model used is inclusive of the family as a whole, it is also more likely that the parent will feel empowered rather than secondary to the therapist. While the therapist's expertise is needed, it can also cause problems that interfere with the effective growth and change for the family (Hart & Luckock, 2004). Hughes (2003) furthered this idea and promoted not only the parent's presence in the room but the parent acting as a co-therapist.

Remez's (2010) study also examined the usefulness of a third person (therapist) in facilitating healthy attachment between a father and his adopted daughter. The findings of her study supported the use of a third person who can act as a catalyst for the parent and child to recognize one another's needs and feelings (the other's subjective experience). She concluded

that the use of a third person could be a successful psychotherapeutic tool that enhances attachment. Remez described this idea: “Each partner in the dyad surrenders to the third, gaining the empathy required to acknowledge what their relational partner needs to feels safe and cared for” (p. 305). Pivnick (2013) supported this concept including the idea of allowing the parents to take on the majority of the interventions (instead of the therapist) commenting that the therapist’s role is to support relatedness during times of delay or challenge. This support allows for the integration of the narratives of the child’s self and others.

Attachment and Adoption

The importance of establishing secure attachment between the mother-infant dyad is a crucial component to the psychological health of a child (Bowlby, 1977; Schore, 2003). The importance of this attachment is equally crucial in biological and adoptive families; though some adoptive families may face challenges in establishing the initial attachment and may face disturbances in the attachment at other developmental stages of the adoptive child’s life (Kupfermann, 2010). In a qualitative study examining the bonding trajectory of adoptive mothers and their international adoptees, Swartz and Fallon (2012) concluded that the bonding process differed in significant ways within her study participants than bonding between birth mothers and their biological children. She stated that without the stimulus of the pregnancy, other factors become the initial bonding mechanism, such as a photo or description of the child. She found that the adoptive mothers in her study had a significant mindfulness about the importance of establishing a deep bond upon meeting their child. Madrid and Pennington (2000) also identified that the adoption process can pose challenges to bonding (including the lack of biological processes such as pregnancy and immediate post-birth contact), but also stated that these challenges can be mitigated by alternative ways of emotionally attaching to the child.

The differences in bonding between adopted and biological children are also rooted in the biological occurrences of the pregnancy and birth processes. While this review will not focus on the child and mother's experiences during these processes, it is essential to consider the relatively new scientific understanding of prenatal experiences and their effects. It is believed that prenatal experiences inform the development of the nervous system of the baby (Chamberlain, 2013) and that the initial bonding process begins as early as conception (Chamberlain; Engler-Hicks, 2007). Therefore, the child's prenatal experiences may effect attachment and bonding with the birth mother, which in turn may impact the development of attachment with adoptive parents. In addition, some believe that these very early experiences leave implicit and somatic memories with the child that may be expressed or elicited at various developmental stages (Chamberlain).

Kupfermann and Wakelyn (2011) framed the adopted or foster child's challenge in Winnicott's theory of the true and false self. This conceptual framework applies to all infants and is created as the infant interacts with its environment (Winnicott, 1965). According to Winnicott, the infant's true self develops beginning at birth as the infant interacts with the world around it and the mother responds to his/her impulses. This experiencing of the world and objects outside of itself (including the mother) allow the child to establish a sense of self and other. If the mother does not appropriately meet the infant's impulses, a false self is developed and the infant instead complies with the mother's actions instead of feeling seen and met by the mother in response to its own actions. While the false self can develop in any child, Kupfermann (2010) described its particular propensity in adopted children because their need for "approval, validation, and love is generally greater ... than the biological child" (p. 51). Kupfermann's belief that the adopted child's vulnerability to creating a false self is in agreement with others' understandings of an

adopted child's challenges in attaching. Because adopted children have experienced a significant loss in their life (separation from their birth mother), they may be expected to show less attachment security (van den Dries, Juffer, Marinus, van IJzendoorn, & Bakermans-Kranenburg, 2009).

While there may be challenges in the bonding process, or at different times in an adopted child's life, research has disproved the notion that an adopted child can never heal from the initial separation with the birth mother (Barth, et al., 2005; van den Dries, et al., 2009). While Verrier (1993) wrote that when a child is given up for adoption, a primary, un-repairable wound occurs, Kupfermann (2010) disagreed with the premise in her case study, which documented an adopted child's struggle at various developmental stages. Singer, et al. (1985) proved that healthy secure attachments are just as possible in adoptive families as biological ones. These researchers speculated it appeared that most important to creating secure attachments in the parent-infant relationships were the confidence and competence of the parents. These traits allowed for a consistent environment and one that was contingent on the infant's needs. They found that while the interracial mother child pairs showed more insecure attachments at first, they went on to develop healthy relationships. These researchers (1985) believed that the insecure attachment was due to the initial comfort levels of the mothers in their parenting role. The uncertainty and anxiety from the parent would be expected to disrupt the "secure socioemotional relationship" with the infant (p. 1550). While parents do not have to be perfect in order to acquire secure and healthy attachments, it is important that they feel competent as parents and trust in their ability to responsively care for their children. In conclusion, attachment disruptions can occur for many reasons including parenting styles of the adoptive parents as well as the effects the adoption process has on the infant.

This notion of competent parenting was an important tenant of another Winnicott (1971) concept that he termed, “the good enough parent” (p.10). The “good enough parent” referred to the parent who provided the necessary environment and connection to the baby, thus allowing the baby to feel a sense of control. This environment allowed the child to slowly adapt to more autonomy and less connection on its own time. "The good-enough mother...starts off with an almost complete adaptation to her infant's needs, and as time proceeds she adapts less and less completely, gradually, according to the infant's growing ability to deal with her failure" (Winnicott, p. 93, 1953). In a modern context, Winnicott’s good enough parent has been applied to ease the anxiety and hyper-concern of parents who are striving to fulfill the unattainable perfect parent role.

van den Dries, et al. (2009) conducted a meta-analysis of attachment in adopted children and found that despite some challenging factors, overall there was no significant difference in attachment between adopted children and biological children if they were adopted before their first birthday. Singer, et al. (1985) also asserted that the majority of mother infant pairs develop secure attachments. However, van den Dries, et al. found that adopted children were more likely to have insecure attachments if adopted after their first birthday. The same study found that disorganized attachment was more prevalent among adopted children, no matter the age of placement. Juffer, et al.’s (2005) conclusion supported this. In their study, they also found that parenting methods affected whether or not infants demonstrated disorganized behavior. Furthermore, Juffer et al. found that interventions in adoptive families positively affected a healthy secure attachment in mother-infant dyads. This reinforced previous theories explained by Juffer et al. that claimed that adverse experiences in the first year of life, even within the first weeks, can affect attachment relationships. It also follows Winnicott’s (1987) framework

asserting that theories of personality are based on the continuity of the life history, even those experiences pre-birth and those that are not conscious. Aside from the development of attachments, Smith and Brodzinsky (1994) also stated that adopting at infancy does not mean that these children are protected from loss or stress. Often these feelings will appear during middle childhood or adolescence. Despite finding that there are no attachment differences in children adopted within the first year compared to biological children, van den Dries et al. (2008), agreed with Juffer et al. that it “may be easier to prevent insecure attachment than to change insecure attachment (p. 418). Given their finding, these researchers advocated for parental training that increases parental sensitivity. Therefore, parental confidence and increased sensitivity are both crucial components to healthy attachments.

Parental sensitivity and attachment training in post-adoption services. High parental sensitivity has been proven to be an indicator of secure attachments and therefore is an effective prevention method (van den Dries, et al., 2009). Given that attachment training consists, in part, of teaching parents attunement or sensitivity skills, it stands to reason that providing attachment training for parents of adopted children is a worthy component of post-adoptive services. Attachment training may incorporate various elements, including functional aspects of a child’s life such as feeding and sleeping, but may also incorporate the aforementioned sensitivity training as reviewed in the Bakermans-Kranenburg, et al. (2003) meta-analysis. Fostering attachment, particularly as delivered through DMT based interventions, need not be exclusive to trainings labeled as attachment trainings.

Dance/Movement Therapy and Infants

From the time of infancy, children begin to organize the experiences of their world, process those experiences, and communicate their needs and wants through their bodies and

movement (Beebe, 2009; Kestenberg & Sossin, 1979; Stern, 2007). Tortora (2010) wrote, “Our earliest experiences occur through the body and are initially registered on a somatic, kinesthetic, and sensorial level. These experiences shape how we make sense of the world, and develop how we feel, act, and communicate” (p. 40). These early experiences and communications are, in large part, based in the relationship with their primary caregiver(s). The tools of DMT including observation of movement qualities and expanding movement experiences through interventions allow for meaningful relationship building and understanding between children and caregivers. DMT has the unique possibility—through greater insight into children’s and parents’ cues—to increase self-regulation of parents and children, to allow for greater awareness of a child’s needs and wants, and to deepen playful interactions. All of these lead to increased connection and the fostering of secure attachments.

DMT is well suited to relate directly to the nonverbal relationship developing between the primary caregiver and child (Tortora, 2010; 2011). DMT interventions have the ability to support and create a more meaningful relationship between infants and their caretakers (Loman, 1992; Russell, 2008; Tortora, 2010). Through nonverbal exchanges with his/her environment (and particularly with the primary caregiver), the infant is developing across emotional, cognitive, physical, spiritual, and other realms (Tortora). Therefore, nonverbal exchange is the primary way that the primary caregiver and infant become acquainted and develop a relationship (Beebe, 2010; Coulter & Loughlin, 1999; Schore, 2003; Stern, 2002). DMT addresses and nurtures the nonverbal relationship and provides tools that allow caregivers insight and meaning into the process of nonverbal relationship building.

Patterns of nonverbal connection develop in the parent-child dyad including spatial relationship, gaze, and pre-verbal sounds (Coulter & Loughlin, 1999; Stern, 2002). DMT,

therefore, is uniquely suited to support the relationship of these dyads as dance/movement therapists examine body experiences and expressions as direct communication and understanding of self. The dyad's movement exchange can indicate the strengths or pathology in the relationship, and it is also an entry for therapeutic change (Coulter & Loughlin, 1999). DMT techniques allow for a continuous movement dialogue within the dyad that promotes awareness in the primary caregiver of the infant or child's cues.

Additionally, the primary caregiver may also increase awareness of her own body (Coulter & Loughlin, 1999). This is important not only as a way for the caregiver to become more aware of herself, but also to lessen the projection that often takes place from caregiver to child when the caregiver projects her needs onto the child, as opposed to attentively seeing and listening to what the child is communicating (Muir, 1992). For the caregivers, sensing and responding to their own body cues is also essential because it allows for self-regulation within their experience of being parents, which will increase self-confidence and allow for emotional availability to their infants. Parental self-regulation is also an important force behind dyadic regulation, which allows children to navigate their own emotional experiences, as they feel attuned to and cared for by their caregiver. Siegel (1999) discussed that these close attunements between the states of mind of the caregiver and child allow for mutual regulation. Attachment is the basis for which regulation is possible for the child, but it is dependent on the parent's ability to regulate as well, which can be challenging amidst the anxiety and frustrations of parenthood. Tortora (2010) highlighted the importance of the caregiver and infant experiencing disruptions in their relationship followed by repairs. The child learns from this experience that she affects others and learns to regulate her own emotional needs. This ability to self-regulate involves the child's learning to organize sensory information and how she is affected by her own behaviors.

Dance/movement therapists seek to understand emotion in part through the body's signals and movements. The body can help identify when one is dysregulated (a crying baby is a clear example) and it can also be a tool for creating emotional regulation. Periods of dysregulation in infants/children and caregivers, individually and within the relationship, are part of the parenting experience. DMT offers a structure for parents to observe these moments of disruption and repair them, empowering them to shape the relationship and increase confidence. Tortora explained that the most secure relationships are those that are coordinated in their movements, without being too-tightly coordinated (dangerous because children will not learn to explore and take risks in order to maintain the relationship), nor too loosely coordinated (needs and expressions are not recognized). The relationships with balanced coordination allow for the most flexibility and coping, encouraging exploration. Secure attachments, then, can be recognized using a DMT framework. Active observation is a key tool that dance/movement therapists can use and teach caregivers to use in their relationship with their child.

In the 2010 Marian Chace Foundation lecture at the American Dance Therapy Association annual conference, Tortora focused on one of her concepts—*seeing*. Seeing, Tortora posited, refers not only to the need to be seen, but also implies a need to be understood. This is the guiding principle in many DMT sessions. It is the main reasoning for utilizing mirroring (reflecting the movement's of another in synchrony) and attuning (non-verbal, kinesthetic empathy) as tools to help the therapist achieve an understanding of the client. Observation, without prejudice, is how dance/movement therapists understand clients' nonverbal actions and gestures. In Tortora's program called, "Ways of Seeing," (2006) she emphasizes the use of relational elements while using nonverbal communications as a way to engage with clients through dance, movement, or play. The program acknowledges that early experiences are held in

the body and explores how young children use their bodies to “learn, communicate, and develop meaningful relationships” (p.62). Tortora observed that this approach works well with issues rooted in attachment, adoption, and trauma. The skills therapists use to intervene therapeutically can be translated to those that a caregiver can use to most effectively see and respond to her infant or child (Tortora, 2011). Seeing, then, is not just a visual sense but happens in multisensory ways and can occur between a dance/movement therapist in her relationship with the child as well as be modeled and facilitated for the parent-child dyad.

Tortora used her body-lens as a dance/movement therapist to understand the relationship between caregiver and child, as it exists on a body-mind-emotion continuum. Returning to Winnicott’s theories mentioned earlier in the context of adoption and attachment, Tortora drew on Winnicott’s understanding that a sense of self is developed out of being seen, or understood for one’s true self (Winnicott, 1965). Winnicott wrote, “When I look, I am seen, so I exist” (1967). Tortora (2006) drew heavily on Winnicott’s ideas about the mother/infant dyad because of the inherent relation of his findings to the principles in DMT. Winnicott’s theory connects to the DMT idea that as the mother acts as a mirror to the infant, she introduces the connection between the body and psyche by reflecting back, in a heightened manner, the infant’s emotions and behaviors. This sense of being seen also allows for self-regulation that is supported emotionally—it is not simply redirecting behavior, but honoring the emotion behind the behavior and regulating from that place (Tortora). This, as Tortora demonstrated, can be achieved completely, or in part, through the movements of the child and caretaker. Winnicott also discussed the importance of the parent creating a holding environment where the child can be seen and held emotionally. Winnicott (1971) believed that the therapist is able to provide

“potential space” (p. 41) between an infant and mother to facilitate healthy relationships. DMT, and Tortora’s work specifically, actualizes this idea in movement.

Kestenberg Movement Profile (KMP) and attunement in the parent-child dyad.

Dance/movement therapists have many clinical tools with which to observe the caregiver-child dyad as exhibited in Tortora’s work discussed above. It is pertinent to mention another specific clinical assessment tool used by dance/movement therapists and other clinicians, the Kestenberg-Movement Profile (KMP), developed by Judith Kestenberg (1979). Loman and Sossin (1992) described it as an “instrument to describe, assess, and interpret nonverbal behavior (p. 21). They explained that it contains 120 movement factors, based in Laban Movement Analysis and the Laban Notation System. The KMP is defined by movement phases and associated motor rhythms, both correlating to developmental phases from birth to age six (Loman, 1998). Kestenberg found visible movement patterns could be used to measure empathy and trust within a relationship (Kestenberg & Sossin, 1979). Kestenberg also saw that regulating movement could aid in regulating communication between the parent and child. Because the KMP is both based on developmental movements and rhythms, and also correlated with a psychological framework, it allows a therapist to identify deviation from typical development as well as strengths (Loman, 1990). A therapist working with the child’s caregiver can provide insight into the child’s potential psychic conflicts including intra and interpersonal dynamics. This can be especially useful for children who experienced trauma (including separation or illness) during an early developmental phase, which they may carry with them, effecting self-image. The movement patterns that a therapist works with occur during everyday movements, such as feeding, breathing, comforting, playing, etc. Russell’s (2008) results from her study implementing structured workshops for mothers and infants reinforced the concept that exploring tension flow

rhythms (a movement element within the KMP system) within the mother-infant dyad “fostered intentional interaction and attunement” (p.71).

Kestenberg’s idea also related to Winnicott’s idea of potential space. Sossin and Loman (1998) discussed how through the use of KMP based interventions, the therapist can create corrective emotional experiences in the “potential space” because the environment of trust and empathy is established for both the parent and child. In this safe environment, the therapist can aid the client in expressing intense emotions through movement (Loman, 1998). Thus, an environment in which playful interactions and successful communication—both of which are key components to bonding—is created. Winnicott believed in the importance and the organic quality of play between mother and child. His concept of potential space gave a designated place to the all-important act of play between caregiver and baby.

During sessions in which play or other forms of communication occur, clinicians can compare the KMPs of the caregiver and infant and identify periods of clashing or harmony that occur in the pair’s nonverbal communication (Loman, 1998). The clashes are a result of incongruous movements between the caregiver and child based on their predisposed movement tendencies or affinities, whereas the harmonious periods are due to attunement of one another’s preferred predisposed movements. For caregivers, clashes in communicative style or relationship, which may be based in personality, can be overwhelming and lead to nonverbal frustration or conflict. KMP movement assessments can offer ways for families to develop coping strategies, release stress, and generally support the child and family, often in preventive treatment. As parents learn their own movement preferences as well as their child’s, they also gain the ability to choose movement styles that suit their child’s or the relationship’s needs. This expansion in movement repertoire can also aid in regulation of themselves and their children. This idea was

tested in a study conducted by Sossin and Berklein (2006) in which they identified KMP patterning as they related to various kinds of parental stress and how it affected the parent-child dyad. They found that parental stress was linked to indices of intrapersonal disharmony, as theoretically affined in the KMP. They found that specific movement patterns between mother and child may be a conduit for stress transmission, and therefore may also be effective in stress reduction and therapeutic repair. In identifying that parental stress can result in parent-child interpersonal disruption, the authors postulated that repairing the movement mismatches may also help in reducing the parental stress. Intervening in this way allowed for the promotion of self-organization in the parent and child, which, as discussed earlier, is key in the foundation of healthy relationships and attachments.

In addition, the therapist can support the movement progression of the child and caregiver, thereby increasing a child's movement resources so he/she can cope with challenges in the environment (Loman, 1998). KMP has served as the basis of psychoanalytic studies including mother-infant holding and methods in infant and adult therapy, among others (Loman). Therefore, KMP seems particularly well suited and relevant to employ in post-adoption training, particularly within the realm of caregiver regulation, to foster bonding and attachment.

DMT Potential in Post-Adoption Services

DMT holds unique possibilities in the field of post-adoptive services because of its ability to support relationships nonverbally. Additionally, DMT has proved effective for children showing signs of Developmental Disorders and Failure to Thrive (Tortora, 1994), which constitute some of the issues for which adoptive parents seek services. Tortora (2011) has developed methods around effective parental interaction based on the caretaker's more careful observation and witnessing of his/her child. Tortora's work gives method to the long-standing

and well-researched acknowledgement that movement and nonverbal communication are the primary means of expression, interaction, and communication (Beebe, 2009; Kestenberg & Sossin, 1979; Stern, 2007). The next step is to connect DMT methods to the current needs (including attachment needs) of families in their experiences of post-adoption services.

DMT has proven useful in a variety of infant and child settings as well as for children who have undergone medical treatment, difficult birth experiences, or attachment issues. Using observation skills and attunement, the dance/movement therapist aims to see how infants and children may be carrying these memories in their bodies, thereby affecting their movement (Tortora, 1994). This is particularly important because such children may express their experiences nonverbally which may affect their social, physical, and emotional development. The DMT environment is unique compared to other therapeutic settings in that it is improvisational and encourages creativity between the child and parent, thereby promoting communication and expression, both of which are necessary for healthy relationships.

Pivnick (2013), a clinical psychologist and dance/movement therapist who has studied adoption, wrote that the intersubjective experience between caregiver and child can be challenging because they are trying to understand one another's subjectivities, involving feelings, beliefs, and stories. She goes on to discuss that we often think of this occurring through words, but our bodies also convey this communication. Pivnick explained, "Bodily expression of mental states alerts us to others' emotion much as a sign would alert us to the presence of something by virtue of its resemblance to that thing" (p. 49). She believed that even when there are secure attachments, contradictory rhythms (which can often be seen or felt through movement) between parents and children are possible and need to be matched and eventually shaped into more

symbolic means of communication. While she does not identify DMT as contributing to the solution, it seems DMT is specifically tailored to what she described.

Additionally, DMT has the ability to directly address interpersonal relationships between child and caregiver on a physioemotional level. Siegel (1999) framed the development of this primary relationship as occurring on neurobiological and somatic levels. Relationships are in part created through the limbic brains of two people communicating and thus activating their nervous systems. DMT is unique in its ability to address the interactions and communication of bodies, including the neurobiological and physiological processes that are engaged in the development of interpersonal relationships including interpersonal regulation (Tortora, 2006).

There is currently no literature detailing DMT interventions in adoption services (pre or post). It seems, however, that DMT is relevant in post-adoptive services for several reasons. First, DMT application to the context of parent and child is well established and as such is suited to post-adoptive services as part of the existing paradigm that includes family systems theory and attachment theories. Secondly, the somatic element of DMT work makes it a particularly organic fit with the parent-child dyad, which from infancy necessitates body-to-body connection as evidenced by the daily acts of feeding or carrying. Finally, the nonverbal communication inherent to infancy and early childhood can be made more meaningful through sharing the tools and insights DMT can offer.

Conclusion

It has been established that early secure attachments are of great benefit to the child's development and wellbeing (Beebe, et al., 2010; Bowlby, 1977), and that adoptive families can face challenges in fostering the secure attachment given the child's circumstances pre-placement and adjustment to placement (Hart & Luckock, 2004; Kupfermann, 2010) as well as possibly

their pre-birth and initial bonding experiences. It is also evident that adoptive families and adoption agencies have expressed need and/or desire for increased post-adoptive services (Atkinson & Gonet, 2007; Smith, 2010; McKay & Ross, 2010; Zosky, et al., 2005). Additionally, it is clear that DMT interventions have been effective in working with the dynamics of the parent child dyad (Murphy, 1979; Tortora, 2006). Given these conclusions, there is sufficient reason to believe that DMT may be able to play an active and beneficial role in post-adoptive services, particularly in regards to increasing caretaker sensitivity, and therefore secure attachment.

The question my research explored was would DMT be of benefit to adoptive parents as an educational program for supporting attachment, regulation, and communication? In order to explore this question, I began by examining the self-identified needs of a group of adoptive parents and adoption professionals. With this knowledge, I could begin to postulate the type of DMT that would best suit the needs of parents and agencies within the realm of post-adoption services.

Chapter Three: Methods

The methods chosen for this study were selected based on creating the best intersection of valuable and valid research and my preferences as a researcher and person. I sought to place high value on the subjective experiences of others, understanding that I was not the expert, but rather the interested learner and eventually the synthesizer of information. I also placed value on my ability as a researcher to separate myself from the material as well as to trust my intuition and felt-senses to guide me to the rich and meaningful beliefs of the participants. This weaving of outer and inner perspectives offered a balanced and rich process for me, and for the outcome of the study. The following sections will detail the methods selected and the procedure I employed to carry out this study. The methodology employed for this study was phenomenology in the form of a needs-assessment. I employed qualitative methods, primarily in-depth interviews for data collection, and utilized phenomenological analysis with aspects of Anderson's intuitive inquiry in the data analysis.

Methodology

Phenomenology. I was immediately drawn to phenomenology because of its focus on a specific lived experience that occurs on a personal level. It was well suited for a study exploring the adoption process, which was a specific phenomenon with enormous emotional content that I had little personal insight into, but was seeking to understand more fully. My study became a needs-assessment because of the lack of information that I found in the literature explicitly describing the predominant needs of adoptive parents. I felt that by asking adoptive parents and adoption professionals about their needs in the form of an interview (rather than a formal questionnaire or survey, most commonly used in needs-assessments) I could gain valuable

insight into the adoption process. In doing so, I also satisfied my own research inclinations by engaging in interpersonal interactions.

Phenomenology seeks to understand lived experiences by focusing on the what and how of that experience (Moustakas, 1994). Because I sought to understand a personal matter, the focus on subjectivity is essential, and phenomenology honors that stance (Mertens, 2010). The basic purpose of the phenomenological approach “is to reduce the experiences of persons within a phenomenon to a description of the universal essence” (Creswell, Hanson, Clark Plano, Morales, 2007, p. 252). This approach asks the researcher to investigate by seeking knowledge through description that will then allow for an understanding of the “meanings and essences of experiences” (Moustakas, 1994, p. 84).

A central tenant of phenomenology requires the researcher to bracket his/her own assumptions in order to look at the phenomenon under study in a new and fresh light, a process called *epoche* (meaning *to stay away from* in Greek) (Moustakas, 1994). When the researcher brackets their assumptions or beliefs about a topic, the discussion may be heard precisely as is, instead of biased with the researcher’s thoughts. Giorgi and Giorgi (2003) stated, “When we encounter familiar objects we tend to see them through familiar eyes and thus often miss seeing novel features of familiar situations” (p. 249). This process is a way for the researcher to rigorously allow for all aspects of the phenomenon to be presented, even if they end up being the same or close to the original assumptions of the researcher.

This methodology is particularly relevant to my topic because adoption, as well as post-adoption services, is a phenomenon that is unique and subjective to those who experience it. On a personal level, I find myself most motivated to learn and understand by stories (experiences) of those who have lived them. Phenomenology not only asks me to do that, but also challenges me

to do so without bias or preconceived ideas and with continual reason to return to the subjective experience of the storyteller. This is also well suited for me because, though I was interested in the population, I have little personal connection to adoption. This gave me a unique position because I approached the topic with limited biases, aiding me in bracketing my assumptions.

Anderson's intuitive inquiry. Anderson's intuitive inquiry, which I used in conjunction with phenomenology for this study, emphasizes the use of intuition and drawing on insights, kinesthetic responses, creative expressions, etc. (Economic and Social Research Council, 2009). Anderson (2011) explained that the intuitive approach,

[it] advocates expanded states of intuitive awareness including... various altered states of consciousness, active dreaming and dream incubation, mystical vision and audition, intentional imaging, kinesthetic and somatic awareness, and states of consciousness more typically associated with the artistic process than with science... (p.76).

The intuitive inquiry analysis process works well with transformative experiences (Economic and Social Research Council, 2009) making it a fitting option for my topic. While intuitive inquiry is often paired with heuristic study or employed in studies in which the researcher has intimate experience with the topic, I felt drawn to it for this study. The reasons were two-fold. First, I felt that my intuition and felt-sense would be a valuable tool during the interpersonal interactions with participants as well as in analyzing the data. In doing so, I wanted to honor the experience of being with the participant while I analyzed the data. I allowed my sense of the adoption professional or parent(s) and the relationship they described with their child to play an active role in the data analysis rather than strictly identifying specific words or terms in each interview transcript. Second, adoption is not a shared experience for me, but I can relate to the love and bonding between a parent and child. This fundamental and universal aspect

of the phenomenon I was studying made the topic something that I related to, even though I did not share in the specific experiences the participants described. By employing Anderson's intuitive inquiry, I felt I could use my ability to relate to that part of the phenomenon and my passion for the importance of parent-child bonding in a structured, yet evident way. Given the scope and thoroughness of Anderson's intuitive inquiry, it should be noted that I did not intend to utilize the entirety of the approach, but rather recognized that select principles, described in this chapter, aligned meaningfully with the content of my research. I utilized aspects of Anderson's intuitive inquiry method during interviews, post-interview analysis, and in data analysis.

Participants

Recruitment. Participants were selected through mutual connections and their interest and willingness to participate based on a written introduction to the study (see Appendix B). These connections were made through family members who are connected to the adoption community in the Chicagoland area and through a parenting listserv (not specific to adoption) in a Chicago neighborhood. In addition, I posted my request for participants in a Chicago adoptive parent online group, with the help of the site's administrator. In the case of the online parent group, a mother in the community offered to post my written script with my contact information and interested adoptive parents replied directly to me. These multiple recruitment avenues generated more than enough response, but after responding to each interested parent, a natural selection evolved as several did not follow through after their initial response.

To recruit adoption professionals, I contacted a family member's connection at one agency, which led to one adoption counselor. In order to have some variety in perspective, I contacted another agency through email, which yielded another interested adoption counselor

participant. I invited all participants to formally participate via individual emails, explaining more about the study and attaching the informed consent form, specifically tailored toward adoptive parents or adoption professionals (see Appendix C). In the end, I received commitments from two adoption professionals and six adoptive mothers (five of whom followed through). Once recruited, the nature of the relationship between researcher and participants became interviewer and interviewee, or subject and researcher. As researcher, my intention was to palpably convey my interest, openness, and genuineness in my written and verbal interactions with each participant.

Demographics. The participants of my study included eight individuals: two women adoption counselors, five adoptive mothers, and one adoptive father, who participated only in the beginning of the interview with his wife (one of the adoptive mothers). These participants were selected based on the various recruitment techniques described above and their interest in the study. The adoption counselors were from two different agencies. One had over thirty years of experience in the adoption field, and at the time of the interview served as the associate director of the agency. The other had over ten years of experience in the field, and at the time of the interview served as the social services manager of the agency. The most relevant information regarding the adoptive parent participants is the type of adoptions they were involved in, as this potentially played a significant role in their expressed needs. Table 1 outlines this information.

Table 1

Adoption Types Of Adoptive Parent Participants

Participant	Transracial Adoption	International/ Domestic	Child's Age at Adoption	Child's Current Age	Closed/Open	Biological child(ren) in Family
A	Y	International	9 months	3 years old	Closed (due to unavailability of parental info)	Yes
B	Y	International	7 months	6 years old	Closed (due to	Yes

					unavailability of parental info)	
C	Y	Domestic	Infant (>5days)	22 months	Open	No
D	N	International	21 months	9 years old	Closed (due to unavailability of parental info)	No
E	N	Domestic	Infant (>5 days)	10 months	Closed	Yes

I wanted the interview setting to be of utmost comfort to the participants as they were donating their time and sharing personal information for my study. Therefore, the interviews took place in the adoption agencies (in the case of both adoption professionals), adoptive parent's homes and in the case of one adoptive parent, in a neutral location, a restaurant that she selected.

Procedure

Data collection. Following the recruitment efforts outlined above, I embarked on data collection with each participant directly after receiving a positive response. In doing so, my data collection period overlapped with recruitment. Recruitment efforts were ongoing until I reached a satisfactory number of participants. I collected data through semi-structured in-depth interviews tailored to parents and professionals (see Appendix D for interview questions). All of the interviews began with an introductory period, including a brief introduction to dance/movement therapy, which I based on a written description found at the top of the interview questions and slightly tailored depending on the participant's previous knowledge of DMT. Next, I gave a copy of the relevant informed consent form to the participant, and we reviewed its content together. The participant had already received an electronic version of this form and in most cases had reviewed it prior to our interview. I invited participants to ask any questions regarding the informed consent and their participation in general before proceeding with the interview. Participants' questions tended to be focused on DMT, as most of them were

unfamiliar with the field. None of the participants asked questions regarding the informed consent form.

Interviews. To collect my data, I utilized semi-structured, in-depth interviews, typical of phenomenology (Moustakas, 1994). Other characteristics of the phenomenological interview include an informal and interactive approach that utilizes open-ended questions. It is also typical, as was the case in my study, that the researcher develops questions ahead of time to cover a well-rounded account of the person's experience of the phenomenon; these often change or are discarded completely in the actual telling of the experience (Moustakas). While all of these characteristics were true of my interviews, none of my questions were discarded completely because I felt that they were all relevant and in line with the arc of the interview. I also found that it was important for me to use the questions to guide the conversation in order to stay aligned with my research questions. This proved difficult at times because of the personal nature and number of details that are involved in adoption experiences.

I audio recorded interviews on an iPad and then transcribed them, as close in time as possible to the actual interview, which ranged from a few days to a month post-interview. I intended for the interviews to last a maximum of one hour, but I did not enforce a certain time length if all of my questions had been answered, nor did I terminate the interview if it lasted longer than one hour. Interviews ranged from 50 minutes to 1.5 hours. The interview questions began with specific fact gathering questions and progressed to in-depth, subjective questions. Staying true to phenomenology, I aimed to engage the participant in their experience as they were expressing it, which sometimes led to clarifying questions that were not in the interview script. I also informed the participant at the end of each interview that if they had any further thoughts, they were welcome to email me and I would include them in the data. However, no

participant sent any additional response. In some instances, I requested email responses from the adoptive parents when follow-up questions arose.

Depending on the participant's personality, comfort level, and preferences, some took the opportunity to delve into more aspects of their adoption story, including the details of how the child was matched and the experience of getting the child, while others kept to the interview questions. However, in most of the interviews, this story organically launched our conversation. I discovered that the story was an excellent starting point because it allowed the parents to share the intimacy of their experience with me and also brought them back to the emotions of that period in their lives, which ranged from several years ago to just several months. However, because my research question focused on the needs of parents, while the story was important, it did not necessarily answer the questions in and of itself. Therefore, I found it necessary to return to my formulated questions in order to ensure that my research questions were being answered directly by the participants and not just inferred by me based on other information.

All participants responded positively to the interview questions; no one refused to answer a question (though the informed consent form explicitly stated their right to do so). Some participants asked clarifying questions or expressed confusion after some of my questions. In particular, the question, "Did you use any specific bonding techniques?" needed clarification in a couple of cases. In these instances, I expressed the question using some examples and assessed the participants' understanding based on their verbal and/or nonverbal responses. At the end of each interview, I thanked the participants and also reminded them that I would be in touch at a later date with preliminary findings that I would ask them to review.

Interview techniques. During the interview process, I engaged in reflective listening, a tenant of intuitive inquiry, which encourages the researcher to be aware of their inner reflections

on the topic, and be aware of those reflections as the experiences of others is heard (Anderson, 1998). Reflective listening, therefore, encourages participants to engage in similar reflection during the interview to facilitate in-depth conversation. I also intentionally listened to my body in order to connect to moments that felt particularly meaningful for the participant. In those moments, I encouraged the participant to expand more or to clarify her thought. While I felt my intuition played an important role in the interviews, I also stayed true to the phenomenological approach by bracketing my assumptions first, before beginning the process of interviewing, and again before beginning data analysis. This intention allowed me to use my intuition during interviews and with the data without inclusion of my biases. I also felt that my intuition was stronger in some interviews than in others, depending on my comfort level, the connection with the individual, and external factors. The preset interview questions provided focus, allowing all the interviews to address the intended purpose.

My intentions were to enter each interview bracketing my personal assumptions about the participant's experience as well as any information I knew from my preliminary research into the topic. I utilized some of the factual information I had learned about the adoption process, which helped the interview to flow and allowed for efficient use of time by eliminating too many fact-gathering questions. I sought to bracket my own thoughts and assumptions by taking time before each interview to sit with my intentions for the interview. I used this time to clear space in my mind and body to allow for another person's experience to be heard and felt to the furthest extent possible. While my assumptions were bracketed, my framework as a researcher and my purpose for the study remained central as I asked questions and pursued the participant's answers. More specifically, my understanding of attachment and bonding as an important foundation in an individual's life presented through specific questions regarding the parents' bonding experiences.

However, I stayed true to phenomenology by bracketing my assumptions and allowing participants' beliefs to come forward by inquiring about bonding and attachment without assuming that each parent saw it as an essential need. My primary research question of how adoption support was experienced remained at the core of my questions.

While data collection and data analysis were largely separate, some aspects of my data analysis methods took place before data collection ended and before the formal stage of data analysis began. The circular nature of this research is not untypical of research following Anderson's intuitive inquiry (Anderson, 1998). There was an intersection between data collection and data analysis while the content of an interview marinated within me, and I recorded initial impressions after each interview. This speaks to my use of intuitive analysis, further explained in the following section.

Data Analysis

To analyze my data, I employed phenomenological methods with the added use of Anderson's intuitive inquiry principles including the resonance panel (Curry & Wells, 2006). Phenomenological data analysis methods and Anderson's intuitive inquiry aligned well together because of their shared focus on experience from the perspective of the lived moments (Braud & Anderson, 1998; Moustakas, 1993). Both approaches honor the researcher's and participants' intuition and reflections of an experience as a way of reaching insights and understandings of a topic (Braud & Anderson, 1998; Moustakas, 1993). They also both supported validity measures that incorporate participant feedback or member checks (Braud & Anderson, 1998; Mertens, 2010). Receiving feedback from my participants felt crucial to the validity of my study as the content was personal and subjective.

Intuitive inquiry also played a quiet, yet significant role during the incubation process between interviews, as well as during the period of transcription. This step can be described using the intuitive inquiry term, *indwelling*. Indwelling originates from heuristic research methods. It refers to the process of turning inward to more fully understand a theme within human experience (Anderson, 1998). The process is intentional and conscious. It does not follow a prescription, but rather follows its own path in order for meanings to grow and change until new insights are gained (Moustakas, 1993). For me, this resulted in absorbing information about adoption in new ways: reading news stories about adoption, creating new associations with parenting and parental education, and becoming more sensitive to parenting choices, including decreased judgments and opinions in order to develop new ideas. It also occurred in my sitting with and embodying the material from my participants, both during and after the interviews. Thus, indwelling took place throughout the three-month span of the interviews.

Phenomenological methods. My first step of data analysis, in accordance with phenomenology, was the transcription of the interview. Transcribing the interviews myself as opposed to hiring an outside agency allowed me to digest the material my participants had given me in a new and embodied way. As I listened to the interviews again, I heard things I did not hear the first time, including content and emotional intonations that went unnoticed in the immediacy of the interview. In this sense, the transcription process was a valuable first step of data analysis. My second step of data analysis was to simply read through each interview as a whole. This was important because the phenomenological perspective is holistic (Giorgi & Giorgi, 2003; Moustakas, 1993) and reading the interview as a whole supported my ability to hear the whole experience as opposed to selecting those parts that best suited this study.

The second step in the phenomenological method is to establish meaning units (Giorgi & Giorgi, 2003). To do so, I marked each place in the transcription where I felt the content shifted. I also allowed my intuition help guide me through this step. As opposed to identifying content change based purely on the words, I allowed my understanding of the topic from the perspective of the participant to guide me into identifying moments of shift and change. After I marked these units, I moved onto the third step and returned to the transcription to create “psychologically sensitive expressions” (Giorgi & Giorgi, p. 252). The purpose of these expressions is to pinpoint the psychological meaning of the participant’s everyday language. This language typically stays the same or close to the wording of the participant (Giorgi & Giorgi).

At this point, I conducted a member check—one of the validity measures of this study (Braud & Anderson, 1998; Mertens, 2010). It was important that I checked in with the participants to ensure I interpreted their words accurately. I achieved this by sending the themes of each interview, in their current iterations, to the participant whose interview it was, along with the entire transcription. I asked the participants to review the themes of their interview and make comments. I also invited each participant to look over the transcript to comment or revise any of her statements but given the length, I did not require this of the participants, as it would have been beyond the time commitment I originally requested of them. This provided a feedback loop, termed *member check*, from the participants, an important part of both phenomenological and intuitive inquiry analyses because it provides validity to the researcher’s findings (Braud & Anderson, 1998; Mertens, 2010). Five out of the seven participants sent me feedback in this step. Feedback ranged from confirmation of the themes to clarifications and corrections to updates and new information. The remaining two participants were contacted several times at various points but never responded.

Next, I incorporated the participant feedback into the data, adding new themes and revising others. This led me to the final step of phenomenological analysis: transforming the themes into further refined themes with “heightened psychological sensitivity with respect to the phenomenon under study” (Giorgi & Giorgi, p. 253). This created a structure around the themes and illuminated the how of the experience/phenomenon (Moustakas, 1994). Arriving at these structures was accomplished through “imaginative variation” (p. 98), which shares many commonalities with intuitive inquiry because it depends on intuition to allow for perspective and to uncover meaning. This overlap naturally led to intuitive inquiry for the remainder of the analysis.

Intuitive inquiry. Employing methods of Anderson’s intuitive inquiry as well as returning to imaginative variation, I set about finding the themes that were most pervasive and those that spoke directly to my research question in order to arrive at a cumulative list of themes that resulted from all the interviews. To do this, I created one document listing the themes that I had discovered from the previous step. Next, I placed supporting sentiments from the interviews under each theme. These sentiments were color coded by interviews. Therefore, I could visually see themes supported by multiple interviews and others supported by only one.

To refine the themes further, I allowed the information that I had gleaned thus far and my cumulative experiences of the interviews come into play. While I had been bracketing previous knowledge and assumptions, at this point I allowed a synthesis to occur within, which Anderson described as the researcher developing a unique set of lenses with which to analyze the data. This process allowed for intuitive breakthroughs to guide me, another hallmark of Anderson’s intuitive analysis (Anderson, 2011). I employed my intuition by allowing my attention to come

into my inner-self: accessing and paying attention to my inner emotional and physical sensations in order to notice my own inner cues while refining the themes.

One specific technique of intuitive inquiry that I adapted for my data was to draw circles in various sizes to signify the importance of the participant-checked themes. When the researcher draws these circles, some of them overlap, signifying overlap in thematic content (Anderson, 2011). Next, I applied color and movement to these circles to allow myself to integrate and synthesize the material thoroughly. Anderson encourages researchers to use their own preferences and intelligences to guide them, which led me to add movement to this process. Using a mix of artistic and analytical methods allowed me to come to new understandings and recognize emerging facets of the material I had been working with for some time.

Finally, after these steps, I formulated new broader themes, which aimed to synthesize and deepen the original themes in order to shed light on the specific realms of my research questions, “How do adoptive parents experience post-adoption support?” and “How might dance/movement therapy effectively play a role in the post-adoption process?” In the final step of data analysis, a resonance panel was convened to review these themes, adding another validity measure and a key characteristic of intuitive inquiry analysis.

Resonance panel. The job of the resonance panelists is to modify, refine, and comment on the researcher’s findings using their own embodied intuitive resonance (Curry & Wells, 2006). The purpose of a resonance panel is to enlist people who have experience with the topic of study, but who were not participants in the study, to validate findings. This is achieved by resonance panelists reviewing the findings and then indicating whether they share similar feelings/experiences—in other words if they resonate or clash—with the findings of the researcher. The researcher then takes their information into account while formulating the final

version of the findings. In this way, their responses create validity for the findings (Anderson & Braud, 2011). In my study, the resonance panel served as the second validity measure – the first being the member check.

I sent my list of themes and supporting participant sentiments by e-mail to a resonance panel made of five individuals, all of whom had significant and varying involvement with a specific aspect of adoption. The panelists included a 40-year-old female dance/movement therapist who is also an adoptive mother, a 70-year-old psychologist (professor and researcher who has studied families who have adopted children with disabilities) and an adoptive mother of two children herself, a 38-year-old adopted son, a 64-year-old seasoned social worker who has worked in the adoption field for 39 years, and finally, a 39-year-old mother with two adopted daughters.

I recruited resonance panelists through personal and professional connections. I sent each panelist a description of my study and the list of themes with the supporting participant comments. I asked each individual to rate their resonance to or dissonance to each theme using Likert scales and asked them to describe what provided the basis for his/her reaction (See Appendix E). I also allowed space for narrative comments on each theme. This provided validity to the study because it asked people who are familiar with the topic, but who did not participate in the study, to provide feedback on the findings. It provided me with informed outsider perspectives, so that I could add another perspective for inclusion in my results and discussion.

Ethical Concerns

The majority of ethical concerns addressed how to protect the identity of the participants and their confidentiality. In order to address these concerns, I omitted all participants' identifying information in my writing. I also protected participants by not sharing their identifying

information within or outside of the participant group. This information included the adoption agency used by the families. All raw data was destroyed six months after submitting the thesis.

Additionally, I took into consideration the sensitive nature of adoption and the possibility that the children of participants may not be aware they were adopted. To minimize the risk of children learning any unwanted information, I tried to meet with the parent(s) without the child present. If the child was present, I confirmed the status of the adopted child's awareness of his/her adoption with the participant prior to the interview. All but one interview occurred without the child present. In the case where the child was present, she was aware of her adoption and many of its details. The child was also engaged in other activities and not immediately engaged in the interview.

In respect to the core ethical principle of respect for persons, my purpose of shedding light on adoptive parents' and agencies' experiences, thereby furthering their needs and wants remained central to my thesis process. This supported my goal that the ultimate purpose outweighed any experiences of discomfort, vulnerability, or inconvenience that participants encountered within the interview process. I incorporated two thorough validity measures at different stages of data analysis: member checking of the initial themes and the resonance panel's review of the findings, both of which informed my results and discussion. I also shared my findings in the form of a final written thesis with all study participants. As mentioned previously, as a supportive measure for all these concerns, I provided all participants with thorough informed consents (see Appendix C) outlining the study and procedures.

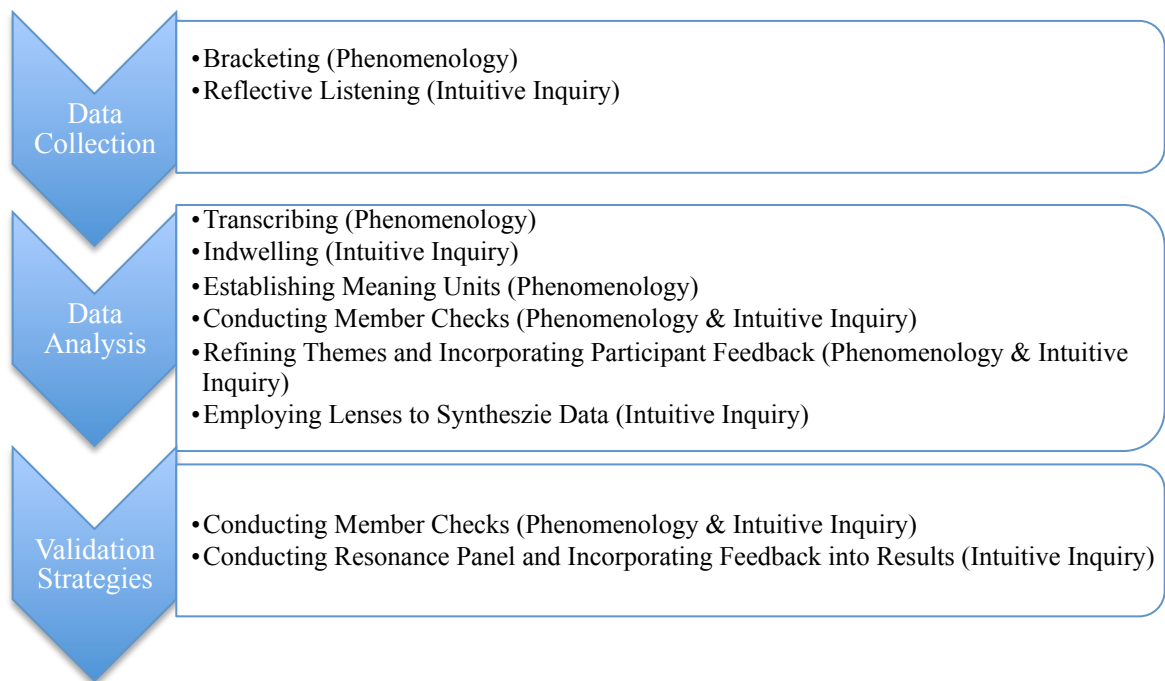
Conclusion

I found that when working with a topic that encompassed many experiences, emotions, and a variety of opinions, clear methods and procedures guided me as a researcher and kept me

grounded. Employing a phenomenological approach with a needs-assessment allowed the experiences of the participants, along with their needs, to come forward holistically and deepened my understanding of the material. Combining phenomenological data analysis with elements of Anderson’s intuitive inquiry methods allowed for the themes of the interviews to surface in multiple ways, causing a useful cyclical process of uncovering and synthesizing. The validity measures, including member checking and the resonance panel, were crucial steps in ensuring the integrity of my methods and how I employed them. While I encountered the inevitable twists and turns, the map of my methods (See Diagram 1 below) kept my own process as clear and manageable as possible. I also found my methods allowed for flexibility in that, when necessary, I could make shifts to allow for the best possible match between the topic, the participants, and the goals and purpose of this study.

Diagram 1

Phases and Related Steps and Techniques of Study Methods



Chapter Four: Results

My purpose in conducting this study was to discover the “how” of the experiences of adoptive parents in their post-adoption process. I aimed to discover how DMT-based practice may be beneficial to adoptive parents as a way of addressing the needs they illuminated. The results of data collection and data analysis yielded more information than I had anticipated. This abundance of data could be attributed to the nature of both phenomenology and the in-depth and flexible structure of the interviews. The willingness and contributions of the participants added layers of detailed experiences and the implications of those experiences generated considerable content.

My combined data analysis using methods of phenomenology as well as Anderson’s intuitive inquiry including a resonance panel, allowed for the use of my own senses as well as deep immersion into the transcripts. I used my research questions to facilitate the process of delimiting the data. While allowing all the content to play a part in the process, I honed my results by refocusing on the intended purpose of this study: to investigate the experiences of adoptive parents during post-adoption and how DMT could play a beneficial role in their process.

Identifying Themes

The themes outlined in the following section were chosen and elaborated through the data analysis process, which allowed me to focus on the importance of participants’ thoughts and ideas. Given the small sample size, I not only looked to discover those needs which were most prevalent, but also those that felt particularly strong or heart-felt to the participant who discussed it. I discuss these needs to give voice, not just to that participant, but also to voices outside of this study that may share similar needs.

Categorization of themes. During data analysis, three categories (parent-specific needs, relationship-specific needs, and child-specific needs) seen in Table 1 emerged as a way to organize the data collected. Parent-specific needs refer to needs that were mostly geared toward the parent as an individual. Relationship-specific needs refer to needs related to the wellbeing or success of the parent-child relationship. Finally, child-specific needs refer to the needs that related most to the child as an individual. Because of the interdependent nature and clear connections between these three categories, they are not meant to be understood singularly. Categorization serves to increase clarity in the organization of the results. The interview questions were not geared toward these categories specifically, but rather they emerged from themes within the data itself and through the analysis process.

Table 1
Themes of Adoptive Parental Needs by Category

Parent-Specific	Relationship-Specific	Child-Specific
<ul style="list-style-type: none"> • Trainings that are specific to adoption-type (close to time of placement) • Parenting skills • Support around parental insecurities and hardships • Release of control of adoption process • Adoption-competent therapeutic support • Support and maintenance of maternal wellbeing • Community support • Spousal harmony 	<ul style="list-style-type: none"> • Healthy bonding and attachment • Effective soothing techniques at various developmental stages • Space and time for family connection • Support around separation anxiety • Feeling of belonging within family unit 	<ul style="list-style-type: none"> • Physical health • Birth-parent relationships • Identity exploration at various developmental stages • Cultural/racial connections to heritage • Specific issues requiring outside support

Theme Descriptions

Parent-specific themes. An important theme that often emerged from the interview question regarding pre and post-adoption trainings was the role of adoption trainings and classes. The majority of study participants who received pre-adoption classes as part of the mandatory

requirements found them useful. Both adoption counselors spoke to the idea that the programming offered by their agency was based on the specific type of adoption the parents were entering into (transracial, international, domestic, special-needs, etc.). Some participants spoke to their desire for more parenting skills-based trainings, namely those who did not have biological children. Even if a parent was resistant to the idea of mandatory classes, she found that the material was useful or interesting. Some found it to be too theoretical and desired more practical parenting skills, while others wanted it to include even more theoretical material, such as the moral issues around adoption. Adoptive parent resonance panelists supported this finding: one stated that she hopes to continue taking courses from her agency because of the benefit she and her husband felt they offered. Another confirmed that based on her experience, the classes offered by the agency were necessary.

Another theme that arose in the interviews was parenting skills. First time parents (i.e. participants for whom the adopted child was their first child) commented that they had some anxiety or felt unprepared in the area of parenting skills and would have benefited from more offerings based in care for the infant, such as soothing techniques, washing, dressing, etc. Most parents commented that they received this information and support from their informal networks (family or friends). Resonance panelists' feedback suggested that parent readiness varied for adoptive parents, just as it would for biological parents. One panelist, a professional in the field, added that adoptive parents, depending on their life experience and accessibility to community support, may or may not need this more than biological parents. One adoptive parent panelist supported this, stating that she felt prepared in this area.

Support for issues regarding parental insecurities and hardships was another theme that arose from the interviews, specifically from the adoptive parents. While not all of the adoptive

parent participants identified feeling insecure in their parenting, for many, there was a strong and palpable sense that at one point or another they questioned if they were parenting well. The issues included feeling insecure about the decision to adopt, questioning how to navigate separation anxiety, feeling inadequate in making parenting decisions, and doubting their parental abilities because of being an adopted parent. Resonance panelists indicated that while they questioned parenting decisions, as any parents might, this was not related to their identity as an adoptive parent, but rather as a parent in general. However, the adult adopted child panelist mentioned that the insecurities his mother carried as a result of infertility had impacted him and their relationship.

Another significant theme that arose was coping with the lack of control experienced during the adoption process; for some this began with the experience of infertility. This theme was prevalent among the participants. One of the adoption counselors described that the lack of control in the adoption and parenting process was very difficult for many of the parents she served who were used to managing their lives with strong control and certainty. Several participants described, in various ways, the feelings of shock, unpreparedness, or abruptness in how their match and placement occurred—going from being childless to a parent in a short amount of time—was overwhelming. Others expressed their initial frustration with the long wait period for the match to occur and the difficulty in surrendering to the unknown circumstances of being matched with their child. One participant, who waited many years for her international adoption to occur, described the match with her child as “destiny.” Other participants enrolled with multiple agencies to increase their chances of being matched faster. Interestingly, despite the agreement among participants, resonance panelists’ responses were mixed. One adoptive parent resonated strongly, citing that it was very difficult for her to live with such uncertainty

during the process. Another described how “...plunging into parenthood was difficult without preparation time.” The adoption professional expressed her dissonance toward this idea: she commented on the importance of parents’ ownership over their decisions and the agency they possessed in making choices to best meet their needs. Her comment does not so much repute the finding, but rather it encourages that support be given to parents around what they can control instead of focusing on what they cannot.

Adoption-competent therapeutic support was an underlying theme expressed by the participants. Some participants utilized their adoption agency for this support, while others felt that their agencies did not provide the support they were looking for. Several participants commented on the agency’s mandated social worker visits after the child was placed. Some found it reassuring to have someone to ask questions to during the visits, while others felt that they could not be vulnerable or appear at all inept because they feared that the social worker could take their child away. One of the counselors commented on this as well; she was aware that parents refrain from divulging their struggle, despite the fact that the social worker is not there to take the child from the home, except in extreme circumstances. Given the particular nature of adoption, participants voiced the need for someone who understood the process and could provide expertise as well as support. One resonance panelist added that while she did not feel the need for support during the first few months, as her children approached school-age, she felt that therapeutic support could be useful. Other responses were mixed. The dance/movement therapist adoptive parent felt she received the support she needed and used her own therapeutic skills for both her and her daughter without needing outside therapeutic support. The adult adoptee resonance panelist remembered his parents discussing their desire to impress the social worker. The adoption professional resonance panelist remarked about the importance of

adoption-competent professionals and added that the Evan B. Donaldson Institute, a prominent adoption research organization, recently published a report on the topic of adoption-competent support (Brodzinsky, 2013). Indeed, this resource merits further examination in future research regarding DMT and adoption programming.

The need for support and maintenance of parental wellbeing emerged in many of the interviews. Most succinctly, one participant stated, “if the mother is doing good, then hopefully the baby is doing good. That’s just kinda how it is.” Because my participants were limited to women, I had originally termed this theme, maternal wellbeing. However, based on the nature of this theme and the resonance panelists’ responses, it seemed appropriate to broaden the theme to parental wellbeing. Another participant did not comment on her own health specifically, but in describing the sacrifices she has made for her child, clearly indicated that her own rhythms, including sleep and privacy, were severely disrupted after adopting her child. Another participant commented that to her surprise she very quickly wanted to reclaim her alone time, despite waiting so long to have a child. Some participants commented that the sacrifices that had to be made for the sake of children were similar whether the child was adoptive or biological. However, one participant pointed out that after her biological child, her visits to her gynecologist served as check-ins for her own physical and mental health. Whereas after adopting, she did not receive similar support because doctor visits were solely to the pediatrician, who was only concerned with the child’s health. Resonance panelists confirmed that parental wellbeing and child wellbeing are inextricably linked, even if not all of them experienced this need. One panelist felt that some type of mental health check in would be beneficial, but again expressed that it would be difficult to achieve because of adoptive parents’ concern for expressing any negative feelings before the adoption is finalized.

The theme of community support was also prevalent, expressed in various ways from the participants. One parent remarked on her gratitude to the community she lived in because of its acceptance of adoption as well as the prevalence of adoptive families within the neighborhood. She felt that her daughter could more easily accept herself and feel “normal” because of her community. Another parent explained her frustration at the lack of playgroups for adopted children in her area as well as her difficulty in running one herself. Another family discussed the shift in centers of community from schools and churches to specific programming, such as music and movement classes. They felt there is a growing need for this type of infrastructure in communities. Within this theme, many participants spoke to the concept of relying on social networks for parenting advice and support. Also significant was one participant’s account of how she found that her community programs (schools, classes, etc.) were not adoption-sensitive, meaning they were not willing to comply to her request for special arrangements to be made for her daughter, including allowing her (the mother) to stay in the classroom, in order to address separation anxiety issues. The resonance panelists, by in large, validated this finding, expressing that community support, in various forms, was necessary and more of it was welcome.

Another common topic, though it held lesser weight in the interviews, was the importance of the partner relationship and spousal harmony. Some participants remarked on the joy it brought them to see their significant others as a parent. Others commented on the stress it brought to the marriage because of the disagreements over parenting decisions, both pre-adoption and after they had the child. The resonance panelists agreed with this, but also commented that, again, this issue was not specific to adoptions. However, it was also noted by the adoption professional resonance panelist that if the adoption proved to be challenging

because of special needs or attachment issues, the likelihood of marriage disruption becomes higher. Thus, support of the parental unit becomes important.

Relationship-specific themes. While the adoptive parent participants in this study all experienced relative success in bonding and attachment with their child, most participants had given considerable attention and care to the process of bonding with their child. Healthy bonding and attachment was a clear theme that emerged at various points in the interview, not limited to the responses to questions that asked specifically about those topics. Some participants discussed their pre-adoption awareness of this issue because of the popularity of the issue of attachment and adoption. One participant's pediatrician played a role in enforcing the importance of attachment and gave advice along those lines. She recounted how her doctor explained that many issues can be fixed, but an unhealthy attachment is difficult to undo, which helped to shape that adoptive mother's commitment to prioritizing creating a secure attachment with her internationally adopted daughter. All participants discussed their bonding process as being instinctual or natural and filled with love and meaning. Participants stated various ways they connected to their child, including using continual physical touch, co-sleeping, reading before sleep, the use of transitional objects, etc. There was also acknowledgement that sometimes the ways they had imagined the bonding process did not work for the child, perhaps because of pre-adoption experiences or individual temperament. There was a need to adjust the ways of connecting and bonding to the unique needs of the child.

For those parents that did encounter issues along the way, they often related to external variables, such as medical needs. For one adoptive mother who first met her son while he was in the Neonatal Intensive Care Unit at the hospital, she experienced initial bonding to be difficult

and upsetting causing her to seek a hospital counselor's support. Once she returned home with her son, however, bonding felt quite natural.

While some parents described an “instant connection” between mother and child, others felt that bonding was gradual. One mother commented on the difference between bonding with her biological son who she breastfed and her adopted son who she did not breastfeed, noting that sharing the feeding responsibility with other family members changed the process of bonding for her. Adoption counselors also felt bonding was an important topic for adoptive families but mostly only saw problems in international adoptions of older children. Resonance panelists tended to support the details above, some explained that when adopting infants, attachment occurred easily. However, they also resonated with awareness of this issue, particularly in international adoptions. The adoptive parent, dance/movement therapist, panelist explained she had prepared herself by planning on an “attachment parenting approach.” An adult adoptee expressed that he felt that the lack of openness in physical touch from his mom was a barrier to bonding and their relationship, in contrast to his dad who was more physically affectionate.

Related to bonding and connection, most parent participants commented on their need to soothe their baby—this was an immediate need and provided both pleasure during moments of connection as well as hardship when it felt challenging. The need for new possibilities and techniques also emerged as the child progressed developmentally. Some parents commented on the rewarding feeling of being “the one” to be able to soothe the child. Others discussed the heartache in seeing their children in discomfort and a sense of powerlessness in how to calm them. One parent also described her daughter's profound ability to soothe her (the mother) in uncharacteristic moments and with surprising maturity. Resonance panelists validated this finding, the majority feeling strong resonance to the topic. One parent commented that knowing

what she knows now about the sensitivity of her child, she would have benefited from a wider range of techniques for soothing children with sensory differences. An adoption professional commented that self-regulation, as achieved by soothing, is equally important for parent and child. The dance/movement therapist parent panelist stated that while she felt confident in her abilities, the matter needs major attention in the adoption process because of the “profound transition for the child or baby.”

Once connection and attachment were established, parents discussed their desire to have the space and time to devote to family connection. Adoption counselors commented that adoptive parents often express desire for more opportunities to connect with their child through classes or workshops. Most parent participants also expressed that while they loved spending time as a family, they felt they were not able to create enough time for it. All participants seemed to prioritize spending time with the child, including going to classes that involved parents and children and arranging schedules as to allow for maximum time to be spent with the child. Some participants explained the importance for them in taking maternity leave or some type of time away from work to allow for this connection. Others expressed concern that after the adoption, their lives had resumed at a fast pace, leaving them insufficient time to spend as a family. One mother, in describing waking up with her son in the night, commented that she felt she could not truly connect or bond when other things were distracting her, as was often true during the daytime. The lack of distractions during the night made that specific time for soothing significant for her.

Resonant panelists acknowledged that this was important, but had different responses. One mother commented that neither she nor her partner took time off from work and did not feel any hardship in creating time for family connection. Another felt that it came naturally,

especially because she took time off and she and her partner prioritized it. She went on to say that she believed this kind of connection happened most naturally without outside groups or classes, but rather in a more “spontaneous” and unmediated” manner.

While time together is significant to family life, the ability to separate is also necessary in development. The need for support around child’s separation anxiety was only significantly discussed in one adoptive parent interview. However, its importance in that interview and the strength of the mother’s concern warranted its mention in the results of this study. This parent felt particularly in tune with the child’s emotional reactions, especially when mom was out of her daughter’s sight. This led to distress over making decisions about pre-school. While this mother made multiple efforts to ease the daughter’s distress, she felt concerned that the daughter’s experience of abandonment (at the time of birth) was triggered when the daughter was not aware of her mother’s whereabouts. This mother was interested in techniques to ease her daughter’s anxiety, but also acknowledged that she was seeing signs of improvement such as increased socialization and increased affection with relatives. Another participant described her child’s shyness, but felt certain that it was a personality trait rather than an adoptive issue, particularly because it was decreasing, similar to what she had observed in one of her biological sons.

Resonance panelists validated the range of responses in this finding, acknowledging that in their experiences, personality differences play a part, as does developmental stage and trauma history. One panelist commented that as an adoptive parent she learned that severe separation anxiety can be a signal of other conditions more likely to appear in adopted children. (She did not further explain which conditions those might be). Another adoptive parent panelist explained that her daughter is terrified of being alone in the dark to fall asleep or otherwise. She intuitively feels this is connected to the child’s separation from the birth mother.

The sense of belonging to the family unit for adoptive children was an important theme. Participants described the significance of moments in which they could sense their adopted child felt they belonged to the family—this ranged from seeing their children (adopted and biological) play together or engage in sibling rivalry to the simplicity of hearing their child call them “mom.” It also came from a sense of profound connectedness to the child—that she would fight for and love him or her with the same strength as a biological child. Parents who had biological children were particularly aware of this. This theme often came out of the question, “What has been the most rewarding experience as an adoptive parent?” Perhaps, this is because one of the pre-adoption concerns was often how the adopted child would adjust to the existing family environment. Another expression of this theme was the sense of excitement in seeing their adopted child engage in hobbies or interests similar to the parents’; for example, an artist’s adopted child becoming interested in drawing at a young age. Additionally, one participant, whose son was of a different race, anticipated that the racial difference may be a struggle for her son. This demonstrated the importance for that family that their adopted child feels he belongs to the family unit. Resonance panelists uniformly resonated with this sentiment from their own experience.

Child-specific themes. While beyond the scope of the DMT lens used in this study, many adoptive parent participants’ first main need and concern, quite sensibly, was the physical health and wellbeing of their child. For several of the participants in this study, there were health concerns at the time of placement, all of which were resolved relatively quickly. While health concerns were present in both domestic and international adoptions for these participants, international adoption cases tended to cause more concern, in part because health records and histories of the child and/or birth parents were not available. One resonance panelist offered that

while some of the health issues for her child were genetic, it was no different than caring for health issues that would arise in a biological child. One area that this might be worth exploring further is in adoptions of children with more severe special needs. As one resonance panelist illuminated, often times in those cases, the parents may be consumed with the physical health issues for a longer period of time resulting in other issues and needs.

The awareness of the adopted children's inevitable need to explore his/her identity at various developmental stages was prevalent in the interviews. Participants with children at varying ages remarked on their child's interest in their identity and anticipated that it would manifest in various ways whether as an interest in their country of origin, birth parents, or racial identity. Several participants anticipated that this issue would come to the forefront during the teenage years. Other parents commented on the usefulness of the pre-adoption courses that focused on specific racial issues that may surface at later points in their child's life. Most had not seen evidence of identity questioning yet, except for one mom whose four-year-old daughter suddenly became interested in seeing her birth mother. Interestingly, one resonance panelist also commented that birth parent questions arose in her daughter at the beginning of each school year.

Resonance panelists strongly identified with the need for support around birth-parent relationships. These ranged from very positive experiences in lifelong relationships with the birth family to interest and more support in how to most effectively help their children navigate those relationships, including disappointment, when and if the time arose. The adoption professional resonance panelist commented that Ruth McRoy's research on this topic is relevant. She also remarked that from her experience, adoptive parent insecurities could impede on relationships with the birth parents, as can safety issues or birth parent capacities. However, she stated that

these can be worked with and that as the child ages, this is an important area for the adoptee to exercise some control.

Similar to the above discussion on identity, some participants felt that their child may experience a range of emotions from interest to sadness regarding their birth heritage, including their race and culture of origin. This was particularly true in transracial adoptions as well as international adoptions. Participants discussed their lack of knowledge about the culture or language of their child's country of origin. Some expressed a desire to learn more about the culture or language of the child's heritage with the child. This was expressed in domestic transracial adoptions as well: One participant described her concern in navigating racism with her son and her desire that he feels accepted in society. Resonance panelists, again, validated this finding insofar as their interests as parents in learning more about how to educate themselves and their children about the child's heritage. The dance/movement therapist commented that though she felt prepared for these issues, she also felt that one has to trust that this area of the future is both unknown and will also "be okay." One resonance panelist commented that "Adopted: The Identity Project" found on [www. AdoptionLearningPartners.org](http://www.AdoptionLearningPartners.org) was a necessary read for further insight into this topic. The adult adoptee, who was not of a different racial origin as his parents, commented that this issue did not particularly affect him as a child or adult.

In speaking with the participants, both adoptive parents and adoption professionals made clear that many issues that arise in adoptions are child-specific and would be determined by the unique makeup and personality of each child. These were not necessarily adoption-specific issues, although some may be explicitly so, and even when difficult to determine, it is important to view adoption as a part of the makeup of the child's experience, no matter the issue at hand. Adoption professionals explained that many of the issues would be referred to outside specialists.

These issues included behavioral, academic, and learning or developmental delays. One resonance panelist felt this was true of her experience and expressed the desire for adoptive communities/agencies to develop better networks to help adoptive families find adoption-sensitive professionals in these fields. An adult adoptee panelist remembered being referred to numerous behavioral specialists, making this theme resonate for him as well. The resonance panelist adoption professional felt strongly that adoption plays a role in most all presenting issues, stating: “Adoption is almost always a thread that runs through these, if for no other reason because of the lack of biological markers. If you are seeing these [issues] as outside the adoption spectrum, then you are missing the continuity of kids.”

Applications to Dance/Movement Therapy

Propensity toward movement. While I did not gear a specific interview question toward children’s movements, another theme that emerged from the data was children’s propensity toward movement. This may have occurred because of the participants’ knowledge of my background. I was not looking to discover (nor did I) that adopted children have a particular propensity toward movement, more so than their non-adopted peers. However, parents’ observations of their children’s movement preferences may be significant in creating effective DMT-based programming or interventions for the adoption population. It is necessary to note that participants had minimal knowledge of DMT, most only knew what I had explained at the beginning of the interview.

Several parents indicated that it was instinctual to move with their child, either to soothe such as rocking, or for enjoyment like engaging in “dance parties.” One participant commented that she felt engaging in movement with her son was essential, and yet it was not prescribed or recommended the way reading or singing often are. She also commented that she felt movement

for her 22-month-old son was empowering because it “gives him control of his world.” Another participant noticed that her daughter enjoyed various movements at different stages of her life—rocking, bouncing, jumping. She noted that her daughter, at times, was able to use these movements to self-soothe.

Resonance panelists were split in strongly resonating with this idea or feeling neutral. Some expressed that children’s interest and love of movement is not limited to adopted children, so they did not connect to this theme. One adoption professional felt that using movement as one of many modalities in treatment would be beneficial. Still, one adoptive parent resonance panelist commented that because her adoptive daughters’ had such different and important relationships to movement, she would have liked more information about movement and development beginning earlier in their lives. The dance/movement therapist panelist commented that movement played a significant role in her and her daughter’s lives and relationship. Not only was dancing a shared hobby, but incorporating physicality, whether in intimacy or in recreational activities, was common ground.

My final interview question directly asked the participants how they envisioned DMT as playing a role in the adoption process: their answers can be seen in Table 2. As mentioned, the participants’ knowledge of DMT ranged. The results outlined in the Table 2, in part, emerged from connections between ideas they discussed as needs and principles of DMT, which I connected and discussed with them during the course of the interview.

Resonance panelists also shared their thoughts regarding possible applications of DMT to the adoption process. The dance/movement therapist strongly resonated with the idea that DMT could be applied to the adoption process, stating that it could be accommodated to provide support in any aspect of the process. She went on to explain that she used its principles for

herself and her daughter throughout the process. Aside from her, none of the resonance panelists had specific or in-depth knowledge of DMT. Therefore, their thoughts are based on basic knowledge and assumptions. Some commented that because of a personal interest in movement, they could see its value. One professional commented that it may be most useful for those with a trauma background, noting that trauma has a physical presence in the body and engaging that part of the brain through movement could be beneficial. She also raised the issue of cost and felt that DMT treatment may not be easily accessible. Another adoptive parent felt it would be interesting to explore with those who are struggling with attachment in older-child adoptions, particularly because often those techniques to support attachment run counter to predominant parenting trends. She was interested if perhaps DMT techniques could support parents who find adhering to a particular attachment method (or not) to be a stressor. The adult adoptee commented that he sensed that the sensory, touch, and movement component is integral to bonding, and felt he could have benefited if more of this research had been present when he was adopted in the 1970s. I will be detailing the implications of DMT within the adoption process at greater length in the following chapter.

Table 2
Dance/Movement Therapy Application Implications by Category

Parent-Specific	Relationship-Specific	Child-Specific
<ul style="list-style-type: none"> • Therapeutic support coinciding with various points in process • Body control and ownership • Stress reduction through movement • Safe and non-judgmental space to express emotions • To connect to self and others 	<ul style="list-style-type: none"> • Relationship builder through nonverbal communication • Creation of family dances • Understanding one another's emotions • Space for safe connection without distractions • Specific techniques for calming and soothing 	<ul style="list-style-type: none"> • Connection between birth and adoptive families in open adoptions • Self-soothing/regulation • Expression of adoption story • Expression of personal and cultural identity • Connection to culture and heritage • Safely expressing emotions • Connection to self and others

Conclusion

In my quest to discover the predominant needs of adoptive parents throughout their adoption process, I found that while bonding and attachment were important concepts, most participants did not identify needing support in these areas. Instead, they expressed a range of needs including a desire for more training in general parenting skills and how to give support to their children in their identity journeys. How then, can dance/movement therapy be effectively applied to meet these needs and is there still reason to consider the theoretical approach of attachment in developing DMT-based programming/support for adoptive parents? These questions will be explored in the next chapter.

Chapter Five: Discussion

The results of this study indicated a wide range of needs during the adoption process, many of which the participants described as being met by their agencies, communities, or additional support. Still, even in what were described as successful adoptions resulting in secure attachments between adoptive parents and children, some areas of need went unmet or were met with some limitations. Participants provided insight into both the unmet needs as well as those needs that were met successfully. Additionally, the participants' insights and beliefs about their bonding process and attachments shed light on how attachment may not only be created, but also validated and enriched using DMT. Using the phenomenological stance to discover and investigate these needs as understood by those who lived the experience of adoption provided a basis for illuminating how DMT may be most beneficially applied to the adoption process.

As addressed in the Results chapter, the needs that emerged during the interview fell into three categories: parent-specific, relationship-specific, and child-specific. However, just as those roles overlap, the corresponding needs overlap as well. Thus, the discussion of each category also overlaps, demonstrating the interconnected nature of the themes. First, the needs and the corresponding DMT implications will be discussed in each category. Secondly, specific considerations to certain adoptee populations will be discussed, and lastly, the limitations and further questions for research will be addressed.

Parent-Specific Needs

Generally, the need for support emerged as one of the greatest parent-specific needs expressed by the participants and further expressed and refined by the resonance panelists. The type of support needed varied and depended on the family. Support needs included education related to parenting-specific skills, stress management, community involvement, or specific

support needs based on the child's adoption type, etc. The need for more support aligns with the findings of literature supporting the creation of more post-adoption programming to meet the needs of adoptive families (Smith, 2010; Lenerz, 2006). Specifically, the need for parental support in the form of validation emerged from some parents' identified insecurities – for some this was related to their being adoptive parents and for others, simply to being a first-time parent. Self-acceptance as a parent became a subtheme within the need for support as parents discussed the self-doubt and uncertainty that came with raising their children. This type of support was generally not garnered from the adoption agency because of the perceived need to impress the social worker during the home visits for fear that the child could be taken away.

If parents felt more supported, through classes or validation of their own skills and abilities, one benefit may be that their confidence would increase. This increase in confidence could help to decrease parenting insecurities which in turn may allow for a sense of “good enough parenting” (Winnicott), decreasing the pressure of fulfilling the impossible idea of being a perfect parent. While no parents in this study identified as encountering lasting or significant attachment challenges, for those parents who do, this support may also ease attachment issues. As the Singer, et al. (1985) study demonstrated, an important factor in developing secure attachments is parental confidence and competence. Studies led by Beebe (2010) also indicated that one way of increasing competence is by improving nonverbal communication, i.e. the dyad's movement relationship. They also found that this competence increased secure attachments. Furthermore, for those parents, such as the ones in this study, who felt their attachments and bonds with their children to be of no concern, perhaps validating and celebrating that connection may boost confidence and nurture the feeling of being a “good enough parent.” Thus, if

increasing confidence increases secure attachments, it seems that validation of secure attachments could increase confidence and is worth exploration.

Indeed, parents in this study commented that their most rewarding moments involve moments of love and connection shared between family members, such as when their child expresses a feeling of belonging in the family. These moments came naturally and were touchingly described by the participants; however, these moments did not mitigate the sense of insecurity or lack of confidence.

Dance/movement therapy offers several possibilities in meeting the need for greater support, while also fostering and validating the attachments and relationships of the families. Regarding attachment, it is established that attachment is sensed and, at least in part, occurs nonverbally (Bowlby, 1977; Schore, 2003; Siegel, 1999). These nonverbal interactions occur as a series of experiences that become encoded in the infants' implicit memory, allowing them to feel safe and leading to secure attachment (Siegel, 1999). It is also true that DMT, by working on a body level with memories and emotions that live in the body, works on a nonverbal, sometimes preconscious, and implicit level (Tortora, 2006). Therefore, whether directly addressing attachment issues or not, DMT offers the ability to foster and support the relationship and the attachment between parent and child in a nonverbal way. DMT works on the implicit level through movement and physical connection, but also on the explicit level through verbal processing. This could be of potential benefit if attachment issues are present, or, as in the case in this study, DMT can offer parents new ways of nonverbally relating or simply encouraging and identifying the implicit connections that are already taking place within the dyad. As Tortora's (2006, 2010) work has demonstrated, the use of a therapist's interventions by attuning to the

movement qualities of the child can translate to parents and offer ways of connecting with infants and children through play and basic movement interaction.

The use of the Kestenberg Movement Profile (KMP) in parent-child dynamics could also be of use to parents, particularly regarding adding new parenting skills and in reducing stress. The KMP/DMT environment would allow for negative emotions to be expressed and perhaps identified for both child and parent in a safe and communicative way. Additionally, as with other DMT techniques, it allows for movement qualities to be brought into consciousness and used within the realms of play and relationship, which then allows for greater meaning in the everyday, often subconscious movements. It may also bring awareness to the ways parental stress can be transmitted via the body and movement within the dyadic relationship as discussed in Sossin and Berklein's (2006) study.

The need for self-regulation is also highlighted as a theme both for the parent and the child, and bridges the categories of parental needs and child needs, and thus serves as an appropriate transition to the category of relationship-specific needs. Self-regulation, referring to the organization of one's emotions and processes, is needed for successful attachments, as stated in the literature (Siegel, 1999). Also, it is necessary for the parent to regulate herself in order to model self-regulation for the child as well as to be present and available to the child's needs (Siegel, 1999; Sossin & Berklein, 2006). However, this can be challenging for anyone facing the demands of parenthood. In addition, a related theme that arose in the study was that of the parents' struggle with their lack of control over the adoption process. In addition to the unknown factors of when the child will be placed and who it will be, adoption professionals also commented that some adoptive parents have already struggled with feeling a lack of control in their choice to become parents due to infertility struggles. As noted by one of the resonance

panelists with many years of experience in the field, these past struggles with control may lead to some parents being triggered by their children's frustration with control leading parents to a dysregulated state. Children's control struggles, often manifested in tantrums, are part of normal development and may range from wanting to choose what they want to eat or having unanswered questions about their birth parents.

Once again, DMT allows an inroad to self-regulation through understanding how regulation relates to the emotional and physiological processes of the body. This understanding of embodied self-regulation can provide new body-based tools for regulating oneself that could increase parents' coping skills while also providing modeling for the infant or child as they learn to regulate themselves. DMT intervention could provide new ways of coping with a dysregulated state as well as new awareness to one's body's cues and needs (Coulter & Loughlin, 1999) that indicate oncoming dysregulation. Awareness of the body's cues and needs is essential in coping with and meeting those needs. It is necessary for the parent's needs to be met before she can attend to her child in a beneficial way. Therefore bringing more insight and awareness to this process of embodied regulation may be effective for the parent, and in turn beneficial for the child, as she benefits not only from a regulated parent, but also from the modeling of self-regulation (Siegel, 1999).

Relationship-Specific Needs

Relationship-specific needs included successful bonding and attachment (which was met for these participants, but still identified by the parents and adoption professionals as an important focus). While the results of this study did not demonstrate that participants needed support in addition to what they already received for their attaching and bonding needs, it did reveal that for most parents attaching and bonding was an immediate and ongoing focus. The

literature supported this focus, stating that relationship issues were the main reason adoptive parents sought counseling (Lenerz, 2006). It also indicated that attachment issues might be more likely to surface at some point in an adopted child's life because of the initial separation from the birth mother (Kupfermann, 2010; van den Dries, et al., 2009). Several parents in the study indicated their awareness of attachment issues within adoption and some experienced attachment-related issues. However, parents showed resourcefulness, resilience, and capability through instinct and/or research and/or professional support as they all consciously worked to create strong bonds and attachments with their adopted children. Thus, based on the results of this study, although DMT may not be necessary to create secure attachments for adoptive families, it may be useful in validating those bonds as well as in creating a new and beneficial space to celebrate and strengthen those attachments. Also, while the parents in this study felt successful in their attachments, other parents may need more support in this area, which will subsequently be discussed.

Once again, cultivating a space to honor and validate relates to the parent-specific need of increasing confidence. DMT can provide this through parent-infant/child workshops. These workshops, focused on increasing awareness of the needs expressed through movements of parent and child, could bring attention to the nonverbal interactions occurring between the parent and child as well as the individual movement preferences and patterns of the child and parent. This heightened awareness may allow the parents to feel increased competence by identifying their strengths in responding to their child's nonverbal cues, while also providing information and new interactional experiences. The environment would be encouraging and fun as opposed to corrective, as may be the tone of some parent education classes.

Another significant need that arose during the interviews was the desire to soothe and comfort infants and children. At times, parents expressed heartfelt frustration at not being able to comfort their crying infant. Others discussed the special feeling of being “the one” to be able to comfort their child, relating that feeling to their secure attachment. The need to soothe infants and children seems as universal as a crying baby. In addition, as one resonance panelist pointed out, difficulty in calming and soothing is endemic to those children who have lived in orphanages or multiple foster homes. Learning to self-soothe is the foundation for self-regulation and necessary to healthy mental functioning (Siegel, 1999). Some children who have secure attachments and internal working models of regulation from caregivers will have an easier time than those whose histories and early experiences did not afford them this foundation. While parents may find methods that suit their children and adapt to different developmental stages quite instinctively, DMT has the potential to offer increased options based on nonverbal and body communication. Engler-Hick’s (2007) commented that it is important for all caregivers to hone the natural ability to become in-sync with their innate rhythms in order to recognize their children’s rhythms as well as soothe and comfort them. Tortora’s “Ways of Seeing” (2010) approach allows for a new way of approaching a child who may be communicating discomfort in ways that are hard for the interpreter (parent) to understand. By trying on the movements, mirroring them, and allowing space for those movements to exist, parents have the opportunity to see what it feels like and use that knowledge to offer coping mechanisms to their child. Similarly, KMP interventions allow parents to look closely at specific movement qualities of their child and glean information about what their child’s movements might be communicating, particularly helpful in preverbal stages (Loman, 1998). This may improve the parent’s communication with their child by increasing their awareness of their child’s nonverbal communication style.

Murphy's (1979) DMT parenting workshops offered parents the opportunity to increase their awareness of their baby's habitual responses and patterns which aided in the areas of feeding, sleeping, and general nurturing. This heightened awareness could benefit adoptive parents seeking new methods of soothing as well as validate those parents who are noticing patterns, but who may not have the tools or language to identify them.

Another need described by a few of the participants was navigating separation anxiety. As mentioned in the Results chapter, this was particularly prevalent for one adoptive mom who at the time of the interview was trying to make decisions about sending her daughter to school and was concerned because of the daughter's tendency to become very upset when the mother left her or was out of sight. Separation anxiety is not unique to adopted children, however, this participant postulated that her daughter felt it acutely due to her initial separation from her birth mother, and the secondary separation from her caretaker (at the orphanage) once she was adopted. In this sense, it may be helpful for parents whose adopted children are struggling, to have more resources and tools available to them to support their children and to allow for healthy separation from the parent, which is an important part of secure attachments (Siegel, 1999). If, in fact, memories of separation and therefore loss are implicitly held in the body for some adopted children, DMT could be useful by exploring where those feelings of loss are held in the body. In addition, observing the parent's body patterns is equally important as the parent may also be exhibiting stress responses when leaving the child because of feelings of guilt, uncertainty, etc. (Tortora, 1994). Regarding separation anxiety, it can be useful to acknowledge that attuning to a child does not mean to be engaged with them at all times. Siegel (1999) stated,

Intimate relationships involve this circular dance of attuned communication, in which there are alternating moments of engaged alignment and distanced autonomy. At the root

of such attunement is the capacity to read the signals (often nonverbal) that indicate the need for engagement or disengagement. (p. 71)

Adoptive parents may benefit from early practice of this idea through the use of DMT. This may lead to increased ease in confronting separation issues for the child and the parent.

Another need participants expressed was the need for connection as a family. Many participants felt fulfilled in their time together as a family but also longed for more. Some felt that classes for parents and children were an important way to have quality time together, but others, as one resonance panelist explained, felt that it was the improvised, spontaneous time that was most special and crucial to her family's bonding. DMT has the potential to offer structure to quality family time, but because of its improvisational nature may also be particularly suited for the playful and spontaneous interactions between family members. DMT allows for the cultivation of moments of joy and connection, both central ingredients for bonding and for the creation and maintenance of fulfilling relationships. Murphy (1998) emphasized how DMT offers an experiential method of learning that is unique. This distinguishes it from typical parenting classes because parents are given time to interact, practice new skills, observe, and be curious within the relationship with their child. Tortora (2006) also described that the improvisational nature of a DMT session allows a family's needs to be met in ways that are different from typical classes or many types of therapy. This supports the information found regarding parenting classes offered by adoption agencies, which while crucial, were mostly offered pre-adoption, and therefore did not allow for in-the-moment parent-child interaction.

Child-Specific Needs

The child-specific needs that came forward (aside from physical health concerns) can be summarized as the need for identity exploration: parents expressed this need in various ways

ranging from potential birth parent interest to questions about their culture/race/heritage to identity questions regarding their adoption or birth parents that evolved through the child's stages of development. The clear theme that emerged was the children's need for a sense of identity and the support to explore this topic throughout their lives as various developmental stages evoked new questions and understandings. While some parents felt they were able to answer the questions regarding identity and/or birth parents that had arisen so far in their children's lives, others wanted more resources for how to address the questions they anticipated receiving from their children. Adoption professional participants discussed several classes their agencies offered to address many of these issues.

DMT may offer unique ways of connecting to identity exploration. First, using the inroad of the body and movement, it offers a safe space to identify, connect to, and explore feelings related to sense of identity. Using the body to connect to and explain feelings may allow for an objective approach that could make it easier for family members to name feelings and share difficult emotions or experiences with one another. To explore identity using DMT allows the child to consider the unique experience of how it feels to be and move in his or her body and to connect with others in an embodied way. Given that identifying with race was a particular need in transracial adoptions, DMT may offer a way to connect to and explore how it feels to be of different races in one family as race is present and visible in the body. Connecting to one's identity through the body may also help the child to feel some control in a situation that may evoke feelings of powerlessness. Returning to Tortora's (2006) "Ways of Seeing" approach, sharing this sense of identity through DMT techniques, such as mirroring or creating movements together, would allow for the child to feel seen and witnessed by the parents. This could even be

used as a method for connection with the birth parents as well, if the adoption was open and regular visits occurred between the birth and adopted families.

However, it should also be noted that many parents and professionals, including participants and resonance panelists felt a strong connection and desire for more education and classes around this issue. There is also significant literature, information, and courses available regarding connection to the racial and ethnic identity of adoptees (some of which are mentioned in the Results chapter). Therefore, while DMT could be used in conjunction, many applicable and important resources are also available to fully address this issue. DMT, therefore, has the potential to support and enrich the needs expressed by the participants of this study, spanning needs that may already be met and those that could use additional support.

Further Considerations for the use of DMT in Adoption

The participants in this study spoke from their experiences with their children or with their clients, in the case of the adoption professionals. Within these discussions as well as in the resonance panelist responses, participants and resonance panelists also offered their insights and ideas about where DMT could best suit the adoption population. It would be remiss not to identify the possible ways that DMT could provide for certain adoption populations as mentioned by the participants and the resonance panelists, even though some of these adoption populations were outside of those that the participants had experienced.

Of significant note would be the use of DMT in international adoptions, most of which take place with children over one year of age, which is when attachment difficulties are more likely (van den Dries, et. al, 2009). A U.S. Department of Health (2011) report stated that 29% of these children have health care needs, including mental health. Given the capacity of DMT to build connections non-verbally, this type of intervention may be particularly suitable for

fostering relationships in which language is a barrier. Fifty percent of adoptive families of international children inquired about post-adoption services in Vandivere's report (2009) indicating that this particular population has a high need for additional support services, which DMT could uniquely fulfill.

Secondly, as one resonance panelist highlighted, DMT could be particularly useful for adoptees who have trauma backgrounds, often children who are adopted from the foster care system. Given that foster care children who are adopted are the most vulnerable adoptees (Vandivere, et al., 2009), it would follow that special attention should be paid to this segment of the adopted population. Based on the idea that trauma is held implicitly in the body, DMT may be an effective therapy to help the child overcome past experiences as well as help the relationship between child and parents, which is often wrought with difficulty in these situations. Important information could be gleaned from future studies focusing on the possibilities of DMT with this group specifically.

DMT as part of adoption services. DMT seems relevant for several points in the adoption process, but this study focused on post-adoption services. Indeed, this is an evolving area and an area of growth that adoption scholars support (Barth & Miller, 2000; Smith, 2010). As Smith suggested in the Evan B. Donaldson report, post-adoption services allow parents to learn more about their individual child and the specific challenges that lay ahead. DMT can be used as a complementary therapy to this type of learning by providing a safe and experiential environment that can be validating and positive.

DMT services have the potential to be included as part of agencies' programming, specifically in post-adoption class offerings as well as be available as referral services that exist outside of the agency's programming. DMT, in conjunction with agency offerings and offered by

adoption-competent professionals, would allow parents to receive a holistic service as opposed to trying to fit the family's needs into the existing agency services as Festinger (2006) warns against. Rather, DMT services could be tailored to the specific needs of the family—focusing on any or all of the expressed needs: attachment, identity, communication, and self-regulatory techniques. DMT has potential to augment existing adoption services offered through agencies as well as to work outside of the agency setting to meet the array of families' needs. DMT could easily work in conjunction with the existing agency offerings in the suggested ways to be most effective for the needs of adoptive families.

While this study focused on post-adoption services, an unexpected finding was the needs of adoptive parents, particularly mothers, during the pre-adoption process. It seems worth identifying that some participants, both parents and counselors, felt that additional support was needed as adoptive mothers were coming to terms with adoption, particularly those who had gone through long term infertility struggles. Given the direct relationship to the body and the feelings of loss, frustration, and control implied in some women's struggles, it seems DMT may be of particular use in pre-adoption offerings as well. While it is outside the realm of this study, it is recommended that future studies examine this possibility.

Limitations and Negative Findings

This study was limited in several ways. The majority of the limitations stem from the recruitment, which was based in self-selected participants. Allowing participants to “come to me,” meant that it was more likely that parents for whom adoption was successful and meaningful would be inclined to participate. This meant that the study took on a specific lens and the adoption population would benefit from further studies exploring the needs of adoptive families for whom adoption was a more complicated and/or difficult process. In part, this is

important because it is those families who are more likely to be seeking treatment. Additionally, the participant sample did not represent all types of adoptions (e.g. special needs, foster care, etc.). Furthermore, though I was looking through the lenses of attachment, most of the parents I interviewed did not feel a need for attachment support during their process because of their fulfilling and generally smooth experience as it related to bonding and attaching with their child. While this information provided insight and was crucial to the findings of this study, including participants who self-identified as experiencing attachment difficulties would have added further depth to the results. Additionally, the literature states that the majority of post-adoption issues stem from children who spend time in the foster system (Vandivere, et al., 2009) and these children were not represented in my sample.

Another limitation was the reality that parenting is a deeply personal and sensitive topic. While the participants in my study were forthcoming and generous in their interviews, I was a stranger to them and asking personal questions about their experience as a parent or adoption professional. At times, I felt that responses from both the participants and the resonance panelists were slightly defensive or guarded, making me aware that while it was not my intention, the questions and topics I prepared may have felt somewhat invasive, especially since I was an outsider to adoption, both personally and professionally. Finally, another limitation was that although I strived to enter the phenomenological process without prejudice related to parental needs, my framework and education as dance/movement therapist guided my questions for this study. Therefore, inherent in my research questions and process were aspects of my own interests and beliefs, which may have influenced the results and conclusions.

While this study revealed many rich possibilities for applying DMT to adoption services, it also suggested needs beyond the scope of DMT practice, such as physical health or special

education needs, specific to each child. Additionally, this study also suggested that adoptive families, including the participants of this study, are able to find the resources they need, whether it be for parenting advice or attachment problems, and parent effectively by doing so. In this way, I do not intend to imply that DMT is necessary for adoptive families to cultivate healthy relationships. DMT, however, is unique in being able to offer an experiential, embodied, and focused approach to strengthening existing intimacy and attachment in parent-child relationships. DMT can be used in both parent education and parent-child therapy to meet adoptive parent needs, particularly those related to the relationship. In addition, DMT offerings for the adoption population need not be exclusive of other offerings by agencies or outside services. Rather, DMT can offer a complementary approach, which may be most effective with other therapeutic or educational modalities.

Summary

The purpose of this study was to identify and understand the needs of adoptive parents through their own perspectives as well as from the perspective of adoption professionals. Within this phenomenological needs-assessment, I was also looking to see how attachment needs between parent and children fit into the overall needs. Finally, I sought to identify how DMT could address these needs throughout the adoption process. The parent participants of my study all reported success in creating secure attachments and bonds with their children; it was also evident this was a crucial focus for most participants. It was revealed that parents needed validation and support in their journeys as parents, and did not always feel they could rely on the adoption agency for that support. In short, this study demonstrated the incredible human capacity for connection and how it can be created within non-biological families under a variety of circumstances and, in some cases, significant challenges. This capacity reflects the resilience of

parents, infants, and children as well as inspires hope for a variety of caregiver/child circumstances.

Results also indicated that movement was a natural and instinctual part of the relationships between parent and child. Based on the parent's experience of their needs, their experiences moving with their children, and integration of the literature, DMT offers numerous ways of addressing the identified needs of adoptive parents and supporting the parent-child relationship. Undoubtedly, dance/movement therapists have worked with adoptive families. However, little research connects the two fields, although there is clear overlap and relevance. This study began bridging that gap and offers many directions for future research within the fields of DMT and adoption that could begin to concretely apply DMT methods to therapeutic and educational services addressing adoptive families. In order to continue bridging these fields, future research is necessary.

This study has resulted in the formation of many potential research questions to further explore and hone in on possible applications of DMT to adoptive parent-child dyads: How might DMT be used to improve communication and attachment with international adoptees who are adopted after age 1? How might DMT address the adopted child's implicit and somatic memories that occurred prenatally in order to increase effective bonding and attachment? How might DMT be used to increase attachment for families who are specifically struggling with attachment issues or disorders? How can DMT-based interventions increase parent confidence and/or competence? How would DMT offerings enhance family bonding, including prenatal and postpartum connection? How could DMT address identity questions for adoptees? How might DMT serve as the foundation for parenting classes for adoptive families? Many of these

questions, but especially the last one, lend itself well to program development, which seems a natural and worthy future direction to continue this exploration.

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Appendix A: Definition of Key Terms

Adoption types

Closed adoption. Closed adoptions refer to adoptions in which no identifying information about the birth parents is released to the adoptive family (Child Information Gateway, n.d). Adoptions may be closed based on either family's (biological or adopted) desires or because birth information is unavailable as is the case in some international adoptions in which children are adopted from orphanages and birth records are unavailable.

Domestic adoption. The majority of adoptions in the United States occur domestically, either through private domestic adoption or foster care adoption (U.S. DOH, 2011). Domestic adoption occurs within the country, either inter or intrastate. Foster care adoption occurs when a child is removed from the birth family because of inappropriate care and is under the care of child protective services. The remainder of domestic adoptions occur through private agencies, or are independently arranged, without the use of an agency. The majority (62%) of these adoptions take place while the child is a newborn, less than one month old. Domestic adoptions can include same race (child and adoptive parents are of the same race) or transracial (child and adoptive parents are of different races).

Open adoption. While there is no standardized definition for open adoption, it “refers to the continuum of relationships that can exist between members of the birth family and the adoptive family, including the child” (Child Information Gateway, n.d). This relationship can range from none, in which no identifying information from the birth family is given to the adoptive family to fully open, in which the birth family and adoptive family have an ongoing relationship, determined by both parties (Child Information Gateway). Open adoption is most common in private domestic adoptions (Vandivere, et al., 2009).

International adoption. International adoption takes place when a couple or individual from one country adopts a child from a different country (Troy, 2012). According to the U.S. Department of State (2013), there were 8,668 intercountry adoptions in 2012. The rate of intercountry adoptions began declining in 2004 after the Hague convention was established, creating more restrictions on international adoptions (Vandivere, et al., 2009). In the past several years, the most common age at adoption in international placements was between one and two years old. The top five countries that U.S. families were adopting from were China, Ethiopia, Russia, South Korea, and Ukraine (U.S. Dept. of Health and Human Services (2011).

Transracial adoption. Transracial adoptions occur when an adopted child is of a different race, culture, or ethnicity than the adoptive parent(s) (Vandivere, et al., 2009). This occurs in both domestic and international adoptions. Transracial adoption is a highly debated topic, with some researchers arguing against it because of their beliefs that children should be raised in similar cultures and ethnic identities to their birth families (Zhang, 2010).

Attunement

Attunement between child and caregiver is the act of the parent or caregiver adapting his or her personal movements to synchronize or harmonize with the movement patterns of the child's. This act, a form of kinesthetic empathy, is important for the child's psychodynamic growth. The child feels comforted by the caregiver's attunement (Levy, 2005). Attunement is a central concept in preventative dance/movement therapy work.

Needs

Refers to anything the adoptive family feels is necessary to their success in parenting their adopted child.

Parental trainings/workshops

Used throughout this document to describe any formal offering from agencies or organizations that addresses parenting support and skills. Offerings are often tailored for specific adoption matters (i.e. transracial families, how to discuss adoption, grief and loss, etc.)

(Childwelfare Information Gateway, n.d.-a).

Post-adoptive services

Services offered by an agency or state program after placement of the child to the family has occurred. They can provide a wide range of support to the families from parent support groups to specifics such as parenting a child who has survived abuse (Childwelfare Information Gateway, n.d.-a).

Pre-adoption training

Refers to the classes and workshops required by agencies before placement with a child. The amount of training is state-specific and the types and formats of training vary by agency. The type of training is also dependent on the type of adoption a family is pursuing (Childwelfare Information Gateway, n.d.-a).

Appendix B: Email Recruitment Script

Hello! My name is Eva Glaser and I am currently conducting research in the adoption community including adoption counselors and families who have one or more adopted children. I received your name from _____ OR Thank you for responding to my ad in _____. I am a second year Master's student studying Dance/Movement Therapy & Counseling at Columbia College Chicago. My research is focused on the parental training offered and received as part of adoption support services. I am interested in hearing about your experiences as they relate to this process. My research is in the form of a needs assessment as I am looking to understand what needs are most prevalent for adoptive families. As a result of this needs assessment, I am also looking to find ways that dance/movement therapy informed practices may support the needs of adoptive families. My experience thus far has inspired me to believe that dance/movement therapy skills may be particularly useful for parents because of its unique non-verbal approach. If you are interested in participating in this study, I will look forward to discussing the exact parameters of the study with you so that you may make an informed decision about your participation.

Thanks for your consideration. I look forward to hearing from you.

Best,

Eva Glaser

Appendix C: Informed Consent Forms for Adoptive Families and Adoption Professionals

Informed Consent for Adoptive Families

Columbia 

C O L L E G E C H I C A G O

Informed Consent Form

Consent Form for Participation in a Research Study

Title of Research Project: Parental Training in Adoption Services: *A Phenomenological Needs Assessment for Implications in Dance/Movement Therapy*

Principal Investigator: Eva Glaser; eva.glaser@loop.colum.edu; 917-617-3088

Faculty Advisor: Kimberly Rothwell, BC-DMT, LPC, GL-CMA

Chair of Thesis Committee: Laura Downey, BC-DMT, LPC, GL-CMA, ldowney@colum.edu, 312-369-8617

INTRODUCTION

My name is Eva Glaser and I am a graduate student at Columbia College Chicago in Dance/Movement Therapy & Counseling. I am currently conducting research for my thesis, which is studying the experience of adoptive families and adoption agencies regarding parental training and education. This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. You are encouraged to take some time to think this over. You are also encouraged to ask questions now and at any time. You will have two weeks upon receiving this form to decide to participate or not. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement. This process is called 'informed consent.' You will receive a copy of this form for your records.

You are invited to participate in the research because you are an adoptive parent and I feel that your experience as such can contribute to my understanding of post-adoptive needs and how dance/movement therapy informed practices may be applicable. My goal is for this to be a good experience for the participants.

PURPOSE OF THE STUDY

As you know, adoptive families are required by the state to acquire a certain amount of parental training pre-adoption. In addition, most agencies offer supplemental educational opportunities for parents to learn about their children and the adoption process, both pre and post placement. There is little research about the experiences of these trainings, particularly the services offered post adoption. I am interested in beginning to fill this gap in research. To do so, I will also be looking at the experiences from the perspective of adoptive families and adoption agencies. Taking into consideration these experiences, I am also

looking to explore how dance/movement therapy informed practice could address the needs of agencies and adoptive families as a part of post-adoption services.

PROCEDURES

- Research is being conducted through in-depth interviews. If you agree to participate in the study, the main researcher (Eva Glaser) will interview you together as caregiver partners, or one caregiver, depending on participant's preference. Following the interview, the main researcher may contact you for follow up questions and clarifications. Any follow up thoughts or considerations, should you choose to send them, will be accepted. Additionally, further in the research process you will be asked to review preliminary findings in order to have the opportunity to contribute to their accurateness.
- Interview questions will begin with some fact gathering (e.g. "What type of adoption did you elect?" "How old was your child when you adopted him/her?" "How many children have you adopted?") It will proceed with open-ended questions that will address your experience regarding parental trainings and education. Questions will also address your needs as an adoptive parent.
- The research will be conducted in the Spring of 2013 at a location of your choosing, if possible, the interview can take place in your home, or if preferable a neutral location such as a café or library. The interview will take 1 hour.
- The interview will be audiotaped.
- If you agree to participate in this study, you will be asked to do the following:
 - Agree to be interviewed for a maximum of 1 hour at a set date and location.
 - Respond to follow up questions that may be sent to you.
 - Review preliminary findings and respond to questions that will be sent with the findings within a specified time frame.
 - The main researcher will arrange a resonance panel consisting of non-participants who will be responsible for reviewing preliminary findings, consisting of de-identified data to illuminate possible areas that need more attention or do not make sense. Participants' confidentiality will be maintained through this process. Panelists will have access only to de-identified data and no raw data. Participants' confidentiality will be maintained through this process.

POSSIBLE RISKS OR DISCOMFORTS

The risks in this study are:

- Length of interview may be inconvenient
- Adoption and child rearing is a personal topic. There is potential for vulnerable subjects to be raised by the questions and therefore to illicit emotional responses. As the researcher, should there be a request made to me regarding referrals for therapeutic intervention, I am obligated to refer participants to their adoption agency or social worker.
- If the adoption was closed and your child is unaware that he/she is adopted, there is inherent risk in speaking about the adoption if the child is in the same location. Measures will be taken to ensure your privacy and discretion will be used to ensure the child cannot discover this information in an unwanted manner.

POSSIBLE BENEFITS

The possible benefits of being in this study include:

- Contribution to the advancement of research and knowledge in the field of adoption as it pertains to post-adoptive services.
- Awareness of how dance/movement therapy informed skills may be useful to you as a parent.

CONFIDENTIALITY

Confidentiality means that the investigator will keep the names and other identifying information of the research participants private. The investigator will change the names and identifying information of research participants when writing about them or when talking about them with others, such as the investigator's supervisors.

- All participants' privacy and confidentiality will be maintained throughout the study. All electronic files containing personal information will be password protected and all communication will be erased at the end of the research period, Spring 2014,
- All interview audio recordings will be transcribed by the main researcher and will not be heard by anyone else. All audio recordings will be erased within six months of thesis submission, which is anticipated to be in the Spring, 2014.
- Information about you that will be shared with others will be unnamed to help protect your identity.
- No one else besides the investigator will have access to the original data.
- At the end of this study, this researcher may publish her findings. You will not be identified in any publications or presentations.
- In situations of reports of child abuse and neglect, or harm to self or others, confidentiality cannot be guaranteed.

The following procedures will be used to protect the confidentiality of your information:

1. The researcher will keep all study records electronically in a password protected laptop. Any audio recordings will be destroyed within six months of thesis submission, which is anticipated to be in Spring, 2014.
2. All electronic files containing personal information will be password protected.
3. Information about you that will be shared with others will be unnamed to help protect your identity.
4. No one else besides the investigator will have access to the original data.
5. At the end of this study, the researcher may publish her findings. You will not be identified in any publications or presentations.

RIGHTS

Being a research participant in this study is voluntary. You may choose to withdraw from the study at any time without penalty. You may also refuse to participate at any time without penalty.

We will be happy to answer any question(s) you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator Eva Glaser, 917-617-3088 or the faculty advisor Kimberly Rothwell, 312-968-3154. If you have any questions concerning your rights as a research subject, you may contact the Columbia College Chicago Institutional Review Board staff (IRB) at 312-369-7384.

COST OR COMMITMENT

- You may incur minimal fees from your involvement in this research study, such as parking fees, public transit costs, or cell phone charges.
- The time commitment includes one 1-hour interview, possible travel time if interview is located somewhere other than participant’s home and additional time for future data review.

PARTICIPANT STATEMENT

This study has been explained to me. I volunteer to take part in this research study. I have had the opportunity to ask questions. If I have questions later about the research or my rights as a research participant, I can ask one of the contacts listed above. I understand that I may withdraw from the study or refuse to participate at any time without penalty. I will receive a copy of this consent form.

Participant
Signature:

Print Name:

Date

Principal Investigator’s
Signature

Print Name:

Date

Informed Consent for Adoption Professionals

Columbia

C O L L E G E C H I C A G O

Informed Consent Form

Consent Form for Participation in a Research Study

Title of Research Project: Parental Training in Adoption Services: *A Phenomenological Needs Assessment for Implications in Dance/Movement Therapy*

Principal Investigator: Eva Glaser

Faculty Advisor: Kimberly Rothwell, BC-DMT, LPC, GL-CMA

Chair of Thesis Committee: Laura Downey, BC-DMT, LPC, GL-CMA, ldowney@colum.edu, 312-369-8617

INTRODUCTION

My name is Eva Glaser and I am a graduate student at Columbia College Chicago in Dance/Movement Therapy & Counseling. I am currently conducting research for my thesis, which is studying the experience of adoptive families and adoption agencies regarding parental training and education. This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. You are encouraged to take some time to think this over. You are also encouraged to ask questions now and at any time. You will have two weeks upon receiving this consent form to decide to participate. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. This process is called 'informed consent.' You will receive a copy of this form for your records.

You are invited to participate in the research because you are an adoption professional, currently working at an adoption agency with adoptive families. I feel that your experience as such can contribute to my understanding of post-adoptive needs and how dance/movement therapy informed practices may be applicable. My goal is for this to be a good experience for the participants.

PURPOSE OF THE STUDY

As you know, adoptive families are required by the state to acquire a certain amount of parental training pre-adoption. In addition, most agencies offer supplemental educational opportunities for parents to learn about their children and the adoption process, both pre and post placement. There is little research about the experiences of these trainings, particularly the services offered post adoption. I am interested in beginning to fill this gap in research. To do so, I will be looking at the experiences from the perspective of adoptive families and adoption agencies. Taking into consideration these experiences, I am also looking to explore how dance/movement therapy informed practice could address the needs

of agencies, or adoptive parent support organizations, and adoptive families as a part of post-adoption services.

PROCEDURES

- Research is being conducted through in-depth interviews. If you agree to participate in the study, the main researcher will interview you. Following the interview, the main researcher may contact you for follow up questions and clarifications. Any follow up thoughts or considerations, should you choose to send them, will be accepted. Additionally, further in the research process you will be asked to review preliminary findings in order to have the opportunity to contribute to their accurateness.
- Interview questions will begin with some fact gathering (e.g. “What your role is within the agency?” and current and past experience working in the adoption field) It will proceed with open-ended questions that will address your experience regarding parental trainings and education. Questions will also address your philosophy behind the services offered at your agency/organization.
- The research will be conducted in the Spring of 2013 at a location of your choosing. The interview can take place in your work place, or if preferable a neutral location such as a café or library. The interview will take a maximum of 1 hour.
- The interview will be audiotaped.
- If you agree to participate in this study, you will be asked to do the following:
 - Agree to be interviewed for 1 hour at a set date and location.
 - Respond to follow up questions that may be sent to you.
 - Review preliminary findings and respond to questions that will be sent with the findings within a specified time frame.
 - The principal investigator will arrange a resonance panel consisting of non-participants who will be responsible for reviewing preliminary findings, consisting of de-identified data to illuminate possible areas that need more attention or do not make sense. Participants’ confidentiality will be maintained through this process. Panelists will have access only to de-identified data and no raw data.

POSSIBLE RISKS OR DISCOMFORTS

The risks in this study are:

- Length of interview may be inconvenient
- There is potential for questions to raise topics of personal importance and therefore illicit strong emotions.

POSSIBLE BENEFITS

The possible benefits of being in this study include

- Contribution to the advancement of research and knowledge in the field of adoption as it pertains to post-adoptive services.
- Awareness of how dance/movement therapy informed practice may benefit the population you serve.

CONFIDENTIALITY

Confidentiality means that the investigator will keep the names and other identifying information of the research participants private. The investigator will change the names and

identifying information of research participants when writing about them or when talking about them with others, such as the investigator's supervisors.

- All participants' privacy and confidentiality will be maintained throughout the study. All electronic files containing personal information will be password protected and all communication will be erased at the end of the research period (Spring, 2014).
- All interview audio recordings will be transcribed by the main researcher and will not be heard by anyone else. All audio recordings will be erased within six months of the final submission of the thesis, anticipated to be Spring, 2014.
- Information about you that will be shared with others will be unnamed to help protect your identity.
- No one else besides the investigator will have access to the original data.
- At the end of this study, this researcher may publish her findings. You will not be identified in any publications or presentations.
- In the situations of reports of child abuse and neglect, or harm to self or others, confidentiality cannot be guaranteed.

The following procedures will be used to protect the confidentiality of your information:

1. The researcher(s) will keep all study records electronically in a password protected laptop.
2. Any audio recordings will be destroyed within six months of thesis submission.
3. All electronic files containing personal information will be password protected.
4. Information about you that will be shared with others will be unnamed to help protect your identity.
5. No one else besides the investigator will have access to the original data.
6. At the end of this study, the researchers may publish their findings. You will not be identified in any publications or presentations.

RIGHTS

Being a research participant in this study is voluntary. You may choose to withdraw from the study at any time without penalty. You may also refuse to participate at any time without penalty.

We will be happy to answer any question(s) you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator Eva Glaser, 917-617-3088 or the faculty advisor Kimberly Rothwell, 312-968-3154. If you have any questions concerning your rights as a research subject, you may contact the Columbia College Chicago Institutional Review Board staff (IRB) at 312-369-7384."

COST OR COMMITMENT

- You may incur minimal fees from your involvement in this research study, such as parking fees, public transit costs, or cell phone charges.
- The time commitment includes one 1-hour interview, possible travel time if interview is located somewhere other than participant's place of work and additional time for future data review.

PARTICIPANT STATEMENT

This study has been explained to me. I volunteer to take part in this research study. I have had opportunity to ask questions. If I have questions later about the research or my rights as a research participant, I can ask one of the contacts listed above. I understand that I may withdraw from the study or refuse to participate at any time without penalty. I will receive a copy of this consent form.

Participant
Signature:

Print Name:

Date

Principal Investigator's
Signature

Print Name:

Date

Appendix D: Data Collection Tools

Interview Questions for Adoption Professionals

Welcoming Remarks: Thanks for meeting with me today. As you know, I'll be asking a series of questions regarding your experiences as an adoption professional, focusing in on parental support. Please feel free to go into as much detail as you feel comfortable with, including your personal thoughts and feelings in this discussion. Before we begin, I also want to give you a brief explanation of dance/movement therapy so you have an understanding of my background. Dance/movement therapy is defined as the psychotherapeutic use of movement for the furthering of social, emotional, and cognitive development. It is used in a variety of contexts and can be implemented as prevention or in clinical settings as part of treatment for mental health issues. In the context of working with young infants and small children, dance/movement therapy has been used to increase positive relationships within families by increasing effectiveness of nonverbal communication. Before we begin, do you have any questions about the interview process of dance/movement therapy?

→Focus of my inquiry: Needs of parents from an adoption agency's perspective (*To keep in my mind, not to be asked aloud*)

- What are the current structures in place for parental education and trainings at your agency?
- What are the main goals of your parental education and trainings?
- Do you offer specific post-adoption services? If so, what are they? If not, where do you refer parents who are seeking support after adoption?
 - What is the difference between the types of services that are offered pre and post placement?
- What do you find to be the greatest needs of adoptive parents post placement?
- Do you feel that there are resources available to meet parents' needs post-adoption (regardless of whether your agency offers them or not)?
- Regardless of who provides the service, what is your experience of meeting parents' needs post adoption? Do you feel successful in meeting those needs? In what ways?
- What would you like to see more of, if anything, with regard to parental training?
- What is your most rewarding experience as a provider for adoptive families?
- What is one of the most difficult experiences as an adoption provider?
- Given what you know about dance/movement therapy (based on my explanation and previous knowledge),

how do you see that it might be effectively applied to adoptive families' parenting experiences?

Interview questions for adoptive parents

Welcoming Remarks: Thanks for meeting with me today. As you know, I'll be asking a series of questions regarding your experience with your adoption. Please feel free to go into as much detail as you feel comfortable with, including your personal thoughts and feelings in this discussion. Before we begin, I also want to give you a brief explanation of dance/movement therapy so you have an understanding of my background. Dance/movement therapy is defined as the psychotherapeutic use of movement for the furthering of social, emotional, and cognitive development. It is used in a variety of contexts and can be implemented as prevention or in clinical settings as part of treatment. In the context of working with young infants and small children, dance/movement therapy has been used to increase positive relationships within families by increasing effectiveness of nonverbal communication. Before we begin, do you have any questions about the interview process of dance/movement therapy?

→Focus of my inquiry: What was the experience of your parental training and education in your adoptive experience? (*To keep in my mind, not to be asked aloud*)

- When did you adopt? How old were your children then; now?
- What type of adoption was it? (Inter-country, domestic, open, closed, special needs, trans-racial, etc.)
- What needs were you anticipating most before adopting? This can include concerns, practical things, etc.
- What were your needs after adopting?
- Was there any difficulty in bonding with your child?
 - If so, did you seek support?
- What method did you use specific to bonding, if any?
- Were there any needs or issues that felt surprising or unexpected?
- How did you feel about the services focused on parental training that were provided from your adoption agency?
- Did you engage in any post-adoptive services, at your agency or otherwise?
 - If so, what do you remember being the most useful aspect of them?
- Did you feel that anything was missing from your support-services? Why?
- What has been your most rewarding experience after becoming an adoptive parent?

Appendix E: Documents Sent to Resonance Panel

Resonance Panel Feedback Form

Thank you for your willingness to serve as a resonance panelist in this study. The purpose of a resonance panel is to provide validation to the study. Resonance panels are comprised of people who have similar or related experiences to the study participants. They comment on the findings by indicating their degree of resonance to the findings thereby providing another valuable lens to the study.

Instructions: You have received the abstract and parameters of my study. Please read the findings from my study put forth in this document, which include the tables in which the themes are listed as well as the narrative descriptions of the themes. Please complete the Likert scales (included in the tables) indicating the degree of resonance you feel toward each theme. Additionally, after each narrative theme summary, please indicate what is serving as the basis of your resonance reaction – these may include your experience, intuition, feelings, bodily reactions, research, etc. There is also space to include narrative reactions where you can comment however you like; you may choose to include what you think is relevant or what is left out from the finding.

In the second section, “Implications for Dance/Movement Therapy,” there are not theme summaries, but you are asked to rate your degree of resonance in the table and provide comments. Once completed, please save the document with your comments and email the file to me. If you prefer to handwrite, you may print the document, make comments, scan and email it or send a hard copy to my personal address. If you have any concerns/questions during the process, please do not hesitate to contact me. Thank you!

Your Information:

***Please note this information will be listed, but not identified with your name in the written thesis. Your name will not be appear anywhere in the written thesis. If you have any concerns about sharing this information, please let me know.**

Age:

Gender:

Profession:

Experience as it relates to adoption:

Preliminary Findings

Introduction

The themes outlined were chosen and elaborated on based on quality and importance, opposed to pure prevalence within the interviews, although prevalence was also considered. Given the small sample size, I was not only looking to discover those needs which arose in all participants, but also those that felt particularly strong or heart-felt to the participant who discussed it. I discuss these needs to give voice, not just to that participant, but also with the assumption that other adoptive parents face similar issues.

During data analysis, three categories (parent-specific needs, relationship-specific needs, child-specific needs), seen in the table below, emerged as a way to organize the dense and vast amount of data collected. The interview questions were not geared toward these themes specifically, so their natural emergence from analysis is not a result of the organization of the interviews. Because of the interdependent nature and clear connections between these three categories, they should not be understood as singular or without overlap. Rather, categorization is meant to increase clarity in the interpretation of the results.

Themes of Adoptive Parent Needs by Category

Place an x under your degree of resonance for each theme.

Themes	Degree of Resonance				
	Strong Dissonance	Dissonance	Neutral	Resonance	Strong Resonance
Trainings specific to adoption-type and close to time of placement					
Parenting skills					
Support around parental insecurities and hardships					
Release of control of adoption process					
Adoption-competent therapeutic support					
Support and maintenance of maternal wellbeing					
Community support					

Spousal harmony					
Relationship-Specific Needs	Strong Dissonance	Dissonance	Neutral	Resonance	Strong Resonance
Healthy bonding and attachment					
Effective soothing techniques					
Space and time for family connection					
Support around separation anxiety					
Feeling of belonging within family unit					
Child-Specific Needs	Strong Dissonance	Dissonance	Neutral	Resonance	Strong Resonance
Birth-parent relationships					
Physical health					
Identity exploration at various developmental stages					
Cultural/racial connections to heritage					
Specific issues requiring outside support					

Theme Descriptions

Parent-Specific

- Trainings specific to adoption-type (close to time of placement)

The majority of study participants who received pre-adoption classes, by in large, found it useful. Both adoption counselors spoke to the programming offered by their agency being based on the specific type of adoption the parents were entering into (interracial, international, domestic, special-needs, etc.) Some participants also spoke to their desire for more parenting skills based trainings, namely those who did not have biological children. Even if a parent was resistant to being forced to take classes at first, she found that material was useful or interesting. Some found it to be too theoretical and desired more practical parenting skills, while others wanted it to include even more theoretical material, such as the moral issues around adoption.

My reaction was based in _____.
(e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Parenting Skills

First time parents (i.e. participants for whom the adopted child was their first child) commented that they had some anxiety or felt unprepared in the area of parenting skills and would have benefited from more offerings based in care for the baby, such as soothing techniques, washing, dressing, etc. Most parents commented that they received this information and support from their informal networks (family or friends).

My reaction was based in _____ . (e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Support around parental insecurities and hardships

While not all participants identified feeling insecure in their parenting, for many there was a strong and palpable sense that at one point or another they questioned if they were parenting well. The issues ranged from feeling insecure about the decision to adopt to questioning how to navigate separation anxiety to feeling inadequate to make parenting decisions to feeling a lesser parent because of being an adopted parent.

My reaction was based in _____ .
(e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Releasing control of adoption process

The theme of control emerged in many of the participants' interviews. One of the adoption counselors described that the lack of control in the adoption and parenting process can be very difficult for many of the parents she served who are used to managing their lives with strong control and certainty.

Several participants described, in various ways, the feelings of shock, unpreparedness or abruptness in how their match and placement occurred – going from being childless to a parent in a short amount of time was overwhelming. Others expressed their initial frustration with the long wait period for the match to occur and the difficulty in surrendering to the unknown circumstances of being matched with their child. One participant, who waited many years for her international adoption to occur, described the match with her child as “destiny.” Other participants enrolled with multiple agencies to increase their chances of being matched faster.

My reaction was reaction based in _____.
(e.g. intuition, experience, felt-sensation, etc.)

Comments:

- **Adoption-competent therapeutic support**
Another common theme of the interviews was the desire for therapeutic support during the process. Some participants utilized their agency for this support, while others felt that their agencies did not provide the support they were looking for. Several participants commented on the agency’s social worker visits during the home study/supervision visits after the child was placed. Some found it reassuring to have someone to ask questions to, while others felt that they could not be vulnerable to appear at all inept for fear that the social worker had the power to take their child away. One counselor commented on this as well. She was aware of parents’ hesitation to talk about problems despite the fact that the social worker is not there to take the child from the home, except in extreme circumstance. Given the particular nature of adoption, participants voiced the need for support from someone who understood the adoption process and could provide expertise as well as support.

My reaction was reaction based in _____.
(e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Support and maintenance of maternal wellbeing

The theme of maternal wellbeing emerged in many of the interviews. Perhaps, most succinctly, one participant stated, “if the mother is doing good, then hopefully the baby is doing good. That’s just kinda how it is.” Another participant, in describing the sacrifices she made for her child, clearly indicated that her own rhythms, including sleep and privacy were severely disrupted after adopting her child. Another participant commented on her surprise in how quickly she wanted to reclaim her alone time, despite waiting so long to have a child. Some participants commented on the similarity to sacrifices made for biological children. However, one participant pointed out that after the birth of her biological child visits to her OB/GYN served as check ins for her own physical and mental health, whereas after adopting, she did not receive similar support because doctor visits were solely to the pediatrician, who was only concerned with the child’s health.

My reaction was reaction based in _____ . (e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Community support

The importance of community was another clear theme within parent-specific needs. One parent remarked on her gratitude to the community she lived in because of its acceptance of adoption as well as its commonness within the neighborhood. She felt that her daughter could more easily accept herself and feel “normal” because of the context of her community. Another parent explained her frustration at the lack of playgroups for adopted children in her area as well as her difficulty in running one herself. Another family discussed the shift in community centers from schools and churches to more specific programming, such as music and movement classes and the growing need for this type of community. Within this theme, the idea of relying on social networks for parenting advice and support was also relevant to many participants. Also significant was one participant’s account of her frustration with community programs (schools, classes, etc.). She found many were not adoption-sensitive, in that they were unwilling to meet her request for special arrangements for her daughter due to issues of separation anxiety and loss (issues she believed were connected to the adoption).

My reaction was reaction based in _____ . (e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Spousal harmony

Of lesser significance, but a prevalent topic was the importance of the partner relationship for the participants. Some participants remarked on the joy it brought them to see their significant others as a parent. Others commented on the stress it brought to the marriage because of the disagreements over parenting decisions, both pre-adoption and after they had the child.

My reaction was reaction based in _____. (e.g. intuition, experience, felt-sensation, etc.)

Comments:

Relationship-Specific

- Healthy bonding and attachment

While the adoptive parent participants in this study all experienced relative success in bonding and attachment with their child, most participants had placed considerable attention and care into the process of bonding with their child. Some also discussed the awareness of this issue pre-adoption. One participant's pediatrician played a role in enforcing the importance of attachment and advised that while many issues can be fixed, an unhealthy attachment is difficult to undo. All participants discussed their bonding process as being instinctual and filled with love and meaning. Participants stated various ways they connected to their child, including using continual physical touch, co-sleeping, reading, etc. Also of note was the need to adjust the ways of connecting and bonding to the unique needs of the child. For those parents that did encounter bonding issues along the way, they often had to do with external variables, such as medical needs. While some parents described an "instant connection" between mother and child, others felt that bonding was gradual. One mother commented on how breastfeeding played a role in bonding with her biological son, and her inability to do so with her adopted son changed the process for her. Adoption professionals also felt attachment and bonding were important topics for adoptive families, but according to them, most attachment disruptions occurred in international adoptions of older children.

My reaction was reaction based in _____. (e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Effective soothing techniques at various developmental stages
 Related to bonding and connection, most parent participants commented on their need to soothe their baby—this was an immediate need and provided both moments of connection as well as hardship when it felt challenging. The need for new possibilities and techniques also emerged as the child progressed developmentally. Some parents commented on the feeling of being “the one” to be able to soothe the child as a rewarding feeling as a parent. Others discussed the heartache in seeing their child in discomfort and not knowing how to calm them. One parent also shared her daughter’s profound ability to soothe her (the mom) in surprising ways.

My reaction was reaction based in _____ . (e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Space and time for family connection
 Adoption counselors commented on their experience with adoptive parents’ desires to have more opportunities to connect with their child through classes or workshops. Most parent participants also expressed desire or concern that while they loved spending time as a family they felt they were not able to create enough time for it. All participants seemed to prioritize spending time with the child, including going to classes that involve parents and children and arranging schedules as to allow for maximum time to be spent with the child. Some participants explained the importance of taking time away from work in allowing for this connection. Others expressed concern that after the adoption, their lives had resumed at a fast pace and there was not enough time to spend as much quality time together as a family as they would like. One mother, in describing waking up with her son in the night, commented that she felt she couldn’t truly connect or bond when other things were distracting her, as was often true during the daytime. The lack of distractions during the night made that time of soothing significant for her.

My reaction was reaction based in _____ . (e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Support around separation anxiety

The desire for support around child's separation anxiety was only significantly discussed in one adoptive parent interview. However, its importance in that interview and the strength of the mother's concern felt that it warranted mention in the results. This parent felt particularly in tune with her four year old child's emotional reactions to any time the mom could not be seen, which was leading to some distress over making decisions about pre-school. While this mom made multiple efforts to ease the daughter's distress, she felt concerned that the daughter's experience of abandonment (at the time of birth) was triggered when the daughter wasn't aware of where the mother had gone. The mother was very interested in possible techniques to ease her daughter's anxiety, but she conceded that she was seeing some signs of improvement, such as making more friends and beginning to show more interest in interactions with others. Another participant described her child's shyness, but felt certain it was a personality trait rather than an adoptive issue, particularly because it had decreased over time.

My reaction was reaction based in _____.(e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Feeling of belonging within family unit

Several participants described the significance of moments in which they felt their adopted child felt they belonged to the family—this ranged from seeing their children (adopted and biological) play together or engage in sibling rivalry to the simple act of hearing their child call them “mom.” It also came from the sense that this child was theirs—that they would fight for them and love them with the same strength as a biological child. Participants with biological and adopted children all noted the equal strength of love they felt for each child. For some participants, this equality even felt a bit surprising. Another expression of this theme was the sense of excitement in seeing their adopted child engage in hobbies or interests similar to the parents, for example an artist's adopted child becoming interested in drawing at a young age. The theme of belonging to the family unit often came out of the question, “What has been the most rewarding experience as an adoptive parent?”

My reaction was reaction based in _____. (e.g. intuition, experience, felt-sensation, etc.)

Comments:

Child-Specific

- Birth-parent relationships

Adoption professionals commented on their role in supporting open adoptions, both in the beginning stages as well as in birth parent reunions. One adoption professional named facilitating birth parent reunions as one of her most rewarding experiences. While for the adoptive parent participants this was not a focus, a few of them remarked that they were unsure what those relationships would look like in the child's life. Other parents who did not have birth parent information desired to have it for the sake of their children's interest.

My reaction was reaction based in _____ . (e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Physical health

While beyond the scope of the dance/movement therapy lens used in this study, it is worth mentioning that many adoptive parent participants first' main need and concern was the physical health and wellbeing of their child. For several of the participants, there was some type of health concern at the time of placement, although in these cases all of the serious concerns were resolved quickly. While health concerns were present in both domestic and international adoption in these participants, international adoption cases tended to cause more concern, in part because health records and histories of the child and/or birth parents were not available.

My reaction was reaction based in _____ . (e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Identity exploration at various developmental stages

Participants with children at varying ages remarked on their child's interest in their identity and anticipated that curiosity would manifest in various ways such as interest in their country of origin, birth parents, or racial identity. Several participants felt that identity exploration may become more explicit during the teenage years. Most had not seen any evidence of it yet, except for one mom whose daughter suddenly become interested in seeing her birth mother. Other parents commented on the usefulness of the pre-adoption courses that focused on specific racial issues that may be an issue at a later point in their child's life.

My reaction was reaction based in _____ . (e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Cultural/racial connections to heritage

Similar to the above discussion on identity, some participants felt that their child may experience a range of emotions from curiosity to sadness regarding their birth heritage. This was particularly true in transracial and international adoptions. Participants discussed their lack of knowledge about a country or language and some expressed a desire to learn something about the culture of the child's heritage with the child. Another participant described her anticipation of navigating racism with her son and her desire for him to feel accepted in society. The adoption professionals also commented that the issue of race was prevalent and families needed support with the subject at different stages.

My reaction was reaction based in _____ . (e.g. intuition, experience, felt-sensation, etc.)

Comments:

- Agency support and resources for specific issues

In speaking with the participants, both adoptive parents and adoption professionals made clear that many issues are child-specific and would be determined by the unique makeup and personality of each child. While adoption may play be a factor in some of the issues, most of these issues would be referred to other specialists because of their wide range. These issues include

- Behavioral
- Academic
- Learning or developmental delays

My reaction was reaction based in _____ . (e.g. intuition, experience, felt-sensation, etc.)

Comments:

**Implications for Dance/Movement Therapy
Propensity toward movement**

While I did not gear a specific interview question toward children’s movement, another theme that emerged from the data was children’s propensity toward movement. This may have occurred because of the participants’ knowledge of my background. Several parents indicated that it was instinctual to move with their child, either to soothe as in rocking or for enjoyment as in having “dance parties.” One participant commented that she felt engaging in movement with her son was essential, and yet it was not prescribed or recommended the way reading or singing often are. She also commented that she felt that movement for her under 2 year-old son was empowering because it “gives him control of his world.” Another participant noticed that her daughter enjoyed various movements at different stages of her life- rocking, bouncing, jumping. She noted that her daughter, at times, was able to use these movements to self-soothe.

Theme	Degree of Resonance				
	Strong Dissonance	Dissonance	Neutral	Resonance	Strong Resonance
Propensity toward movement					

My reaction was based in _____.
(e.g. intuition, experience, felt-sensation, etc.)

Comments:

Applications to Dance/Movement Therapy

The themes in this table emerged from the specific question asked at the end of each interview, “How do you see dance/movement therapy based practice as being beneficial in the adoptive process, if at all?” The themes listed in the table are not elaborated on because they are expressed here as they were stated by the participants during the interview process. The discussion portion of my thesis will include more elaboration connecting these themes to dance/movement therapy theory and application. The following explanation of dance/movement therapy was also given to the participants:

Dance/movement therapy is defined as the psychotherapeutic use of movement for the furthering of social, emotional, and cognitive development (American Dance Therapy Association, 2009). It is used in a variety of contexts and can be implemented as prevention or in clinical settings as part of treatment for mental health issues. In the context of working with young infants and small children, dance/movement therapy has been used to increase positive relationships within families by increasing effectiveness of nonverbal communication.

Please comment on the potential implications by completing the Likert scale for each application. Below, please include any other thoughts or comments you have about potential applications of dance/movement therapy based on your current understanding of it.

Implications for Dance/Movement Therapy Application by Category

Place an x under your degree of resonance for each application.

Application	Degree of Resonance				
	Strong Dissonance	Dissonance	Neutral	Resonance	Strong Resonance
Parent-Specific					
Therapeutic support coinciding with various points in process					
Body control and ownership					
Stress reduction					
Safe and non-judgmental space to express emotions					
To connect to self and others					
Relationship-Specific					
Relationship builder through nonverbal communication					
Creation of family dances					
Understanding one another's emotions					
Space for connection without distractions					
Specific techniques for calming and soothing					
Child-Specific					
Connection between birth and adoptive families in open adoptions					
Self-soothing/regulation					
Expression of adoption story					
Expression of personal and cultural identity					
Connection to culture and heritage through movement					
Safe way to express					

emotions					
To feel connected to self and others					

Comments (including other potential applications, thoughts, impressions, etc.):