2010 Marian Chace Lecture
The Need to Be Seen: From Winnicott to the Mirror Neuron System, Dance/Movement Therapy Comes of Age

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Introduction

This is an exciting and important moment for dance/movement therapy. As nonverbal communication and embodied experience relate to emotional aspects of human function, and consequently to clinical therapeutic applications, dance/movement therapy is at the forefront of the current scientific knowledge. We have an opportunity to enter this discussion through our deep bodily-felt understanding and experience of these concepts. Through this lecture I will share how I have entered this conversation by sharing the research and infant mental health literature that has resonated with my experience of being a dance/movement therapist. It is my hope that this sharing will spark the reader’s own mind-body-emotion connections, stimulating further discussion as well as body, movement and dance exploration.
What Has Motivated My Work

In her classic paper, “How is the dancing teacher equipped to do dance therapy?” Irmgard Bartenieff (1958) demonstrates how the dancer’s understanding and experience of the body in motion can be used in therapeutic intervention. She states:

To the dancer every physiological posture is charged with a definite mood…. Dance fundamentals must develop the common denominators of dance and everyday movement if dance is to be enriched by science and be used in conjunction with other tools of science. I have to leave unanswered the questions of where and how this will be done; and how a new generation of dancing teachers will grow up, performing and applying research in dance fundamentals which will enable them to become useful in therapeutic fields. A need for correlation of dance and certain areas of science cannot be denied. (pp. 5–6)

Over 50 years later our time has come to solidify Irmgard’s vision. It is this quote that has sustained me during my career as a dance/movement therapist. I have made Irmgard’s vision my mission.

I have focused my experience on the application of dance/movement therapy to infant and early childhood development. I have spent many years studying the research and scientific literature in the field of infant mental health to understand, explore, and explain how and why dance/movement therapy is an effective therapeutic tool. I believe now, more than ever, that this is a very exciting time for us to take up Irmgard’s uncharted mission. I will make this point throughout this lecture using the lens of infant mental health, by providing you with quotes and research from the literature that I find especially relevant to our work. These citations reference the interrelationship between the mind, body, and emotions, highlighting what we know through the nonverbal and experientially-based methods with which we work as dance/movement therapists.

The Importance of Being Seen


Early on Winnicott (1958) acknowledged that the underlying basis of how a person comes to gain a sense of self comes from early body experiences between oneself, mother, and the environment. He acknowledged the importance of the mother—baby dyad (Winnicott, 1964/1987). As the baby looks toward the mother and the mother reflects back to her baby with heightened affect, the baby begins to feel he exists. Winnicott (1958) emphasized the role of the experience of the body in the primary relationship and in the integration of the self, which includes a “satisfactory working arrangement between the psyche and the soma… The basis of a self forms on the fact of the body which, being alive, not only has shape but also functions” (Winnicott, 1972, p. 14). He further notes: “The self finds itself naturally placed in the body” (p. 16).
Simply stated, through the mother’s nonverbal responses to her baby’s nonverbal expressions she acts as a mirror “introducing” (Winnicott, 1972, p. 15) this relationship between the baby’s body and psyche. Though Winnicott did not know it, we consider him one of the leading figures who laid the groundwork for our field.

There are several important threads in Winnicott’s perspective that relate to dance/movement therapy principles, nonverbal communication, and body experience as they inform the development of the psychological self.

Nonverbal Communication

It is primarily through the nonverbal dynamics of the relationship that the mother and baby observe, attune to, and mirror each other. They first begin to know each other through nonverbal exchanges. Nonverbal observation, attunement, and mirroring are core communicative tools dance/movement therapists consciously use. The information thus obtained is utilized to create dance/movement and play-based therapeutic explorations to support deeper expression and understanding.

Body Experience

Winnicott (1972) acknowledges the influential role of body experience in the development of the self. His writings about the psyche-soma relationship set the tone for the concepts of an embodied baby and an embodied self. This body-to-body communicative experience, which Winnicott (1964/1987) noted as a primary element of the mother and baby relationship, is a foundational principle of how we work with patients. We recognize body experience as a direct communication to and about the self, influencing our understanding of the self. Our intervention strategies are constructed by creating opportunities to explore psychic material through the body, dance, and movement.

Being Seen

Understanding and reading nonverbal cues as a means of supporting and developing relationships has been an important focus of several infancy researchers. Bowlby (1982), the attachment theorist, emphasizes the role of the mother in providing a safe haven. The mother’s ability to accurately read and respond to her baby’s cues greatly contributes to the creation of a solid base of support from which the baby receives pleasure, understanding, and comfort. From this safe base, the baby develops explorative behaviors and proximity seeking behaviors. Bowlby (1982) states that these dynamic spontaneous nonverbal exchanges create mental representations, which in turn organize experience for the baby.

As the mother accurately respond to her baby’s cues through attuning and matching the feeling tone of her baby’s expressions, mutually affective exchanges occur on a pre-symbolic level (Beebe, 2004; Beebe & Lachmann, 2002). This
enables the baby to perceive contingencies between her own actions and those of her mother, experiencing a sense of self-efficacy. Beebe and Lachmann (2002) elaborate that these contingent exchanges create predictable relationships, central to the future development of symbolic forms of self and object representation. This primitive sense of causality is perceived through time, space, facial and vocal affect, and the baby’s level of arousal during the moment-to-moment exchange (Beebe, 2004; Beebe & Lachmann, 2002). Beebe’s and Lachmann’s emphasis on the nonverbal elements of time, space, and facial cue reading again create a point of meeting between our fields. For these nonverbal parameters are an integral part of Laban’s and Kestenberg’s movement analysis systems, which together have formed the cornerstone of dance/movement therapy observational methodology (Bartenieff & Lewis, 1980; Bernstein, 1979, 1981; Laban, 1975, 1976; Laban & Lawrence, 1974; Lewis & Loman, 1990; Levy, 2005).

Stern (1985, 2004, 2008, 2009, 2010) also has long been interested in the primacy of movement and the dynamic aspects of experience within the developing mother-infant relationship. He has used a variety of terms including “vitality affects” “temporal feeling contours” and now “dynamic forms of vitality” to describe the qualitative sense of aliveness that is inherent in all actions. In recent years Stern (2009, 2010) has come to embrace Laban’s Effort terminology stating that time, space, directionality and force are the “four daughters” of movement that provide the dynamic experience of vitality (Stern, 2010, p. 4). This is a welcome admission from a prominent infancy researcher.

Sensing Body-to-Body

Stern (2010, p. 11) and his colleagues (Boston Change Study Group, 2010, p. 1) have explored the embodied experiential nature of these interactions using the term “implicit relational knowing” to describe the way we know implicitly how to be with each other. Stern states that implicit knowledge is non-verbal, non-symbolic, non-conscious, and occurs through body-based experiences. This communication exists in the immediate moment through body-to-body dialogue. It occurs without the need for words, and is unconscious, multi-sensory and action based.

We dance/movement therapists know this. It is the primary way that we connect and communicate with our patients. We listen, attune, and respond to the tones, rhythms, and multi-layered textures of our patient’s expressions both nonverbally and verbally. We translate this information we have obtained through our embodied sensibility into psychotherapeutic methodology using the body, dance, and movement. This is our way of seeing the person we are working with.

There has been mounting interest in the field of psychology to find a way to acknowledge this experience-dependent way in which we come to know one another through nonverbal conversation. Pally (2001, p. 72) describes this interpersonal exchange as existing “body to body” and “biology to biology.” She puts emphasis on the experiential difference between the “verbalizable self” and the “experiencing self,” stating that “language also causes a rupture between what one says and how one feels” (p. 73).
Stern (1985) makes the same distinction in his comment that “language is inadequate to the task of communicating internal states” (p. 178). As dance/movement therapists we work extensively with these different internal states, keenly attuning to, and differentiating between the nonverbal material that emerges when the movement experience is led by the mover’s body felt-experience, defined in authentic movement as being moved (Adler, 1985, 2002; Whitehouse, 1956) in comparison to when the mover’s actions are being dictated by her mind and thoughts. This shift in initiation and focus creates a different level of expression, body experience and body awareness.

Accurate Reading of Body Cues

An integral ingredient of body-to-body sensing is the ability to empathically communicate on a nonverbal level. The accurate reading of nonverbal cues is at the core of a securely developing early attachment relationship (Bowlby, 1982). Similarly our dance/movement therapy principle of following the patient’s lead requires us to consciously match, mirror, and attune to the mover’s nonverbal style. It is through this keen embodied way of sensing another that the dance/movement therapist is able to create activities that both resonate and expand the movers’ presenting nonverbal vocabulary and in turn their ability to be more emotionally expressive. Through this process a sense of trust and relationship develops, strengthening the therapeutic milieu.

The Neurophysiology of Body-to-Body Relating

We can look again toward scientific research to elucidate what we have always known from our dance/movement therapy felt-sense mode of experiencing. The interest in the mind–body connection that has grown in the last 20 years of the last century (and continues to date) highlights how nonverbal experiences greatly affect the infant’s development, and more specifically, his or her attachment style. Hofer’s (1981, 1994) landmark research linked the infant’s developing physiology, neurophysiology, psychology, and the process involved in developing attachment relationship, with the quality and style of the mother’s multisensory and nonverbal actions. Hofer’s (1981, 1994) coined the term “hidden regulators” to describe the regulating effect that a mother’s ongoing nurturing behaviors has on all aspects of her baby’s growth. These regulating actions include the quality and rhythm of the mother’s touch, her warmth and scent, as well as the child sensing mother’s physical proximity, and the positioning and movement of her body and limbs during their dynamic interactions. Hofer’s (2000) and Tronick’s (2007) continued research with mothers and infants demonstrates that these early nurturing experiences affect maternal interaction patterns with their children. Emphasizing how the multisensory, nonverbal aspects of the ongoing mother-infant exchange shape the infant’s attachment development, both Tronick (2007) and Hofer (Tortora 2004b) advocate for the implementation of more nonverbal multisensory approaches to early intervention.
The implications for dance/movement psychotherapy are clear for our interventions and activities with populations of all ages, focusing on the body, movement, and dance during both self-explorations and interactive exchanges with the dance/movement therapist. Our interventions enable patients to explore these early relationship patterns by actually experiencing new ways to engage with self and other in the moment-to-moment explorations, both of which are physical and psychologically metaphoric in nature.

The research of the 1990s, known as the decade of the brain in infancy literature, further expanded this concept of the mind–body-experience connection. During this time the mind and body began to be regarded as mutually influencing each other through a bi-directional exchange. Schore (2001, p. 2) used the term “psychoneurobiological” to emphasize the dynamic interactive role between the neurological and psychological aspects of the mind, body, and brain.

The terms embodiment, experience, energy, and flow, all elements familiar in dance/movement therapeutic interactions, are beginning to be used to describe the mind–body connection both inter- and intra-personally. Siegel (2001) defines the brain as an integral organ of the central nervous system. As neural pathways are formed, neural maps create mental images which are represented both on sensory and linguistic levels. He states that the embodied social nature of the mind emerges from this structure and function of the brain. It is the mind that regulates the flow of energy and information between self and other. He discusses the mind experientially as an embodied and relational process that occurs quite literally within the body.

Goodill (2005) defines the body as a “physiological, neurological, hormonal, and immunological” structure (p. 23). It is within the body that experiences are first registered on somatic, kinesthetic, and sensorial levels and emerge as cognitive symbolic understandings (Gaensbauer, 2004, 2010). Gaensbauer (2004) has used the term “perceptual-cognitive-affective-sensory-motor schemata” (p. 30) to describe the early forms of infancy memory that occur through multifaceted, multisensory modalities. All of these researchers emphasize the role of the embodied experience during interpersonal interactions.

The neurophysiological functioning of the infant’s body, mind, and brain, when in relationship with others, has been a growing fascination in the field of infant mental health. The groundbreaking research of Meltzoff and Moore (1977) tracked the neonate’s ability between 12 and 21 days of age to imitate facial and manual gestures of adults engaging with them. This discovery, named Active Intermodal Mapping (AIM), revealed that infants imitate across domains transforming information visually obtained into a motor enactment. The implications of these findings indicates that infant’s are able to associate their own unseen behaviors with actions they observe others execute. This discovery opened the door to further studies which have focused on the mind–body–brain interrelationship to advance our understanding of the infant’s (and human) emotional, social, and cognitive development.

Perhaps the discovery of the mirror neuron system (Gallese, 2005, 2009; Gallese, Fadiga, Fogassi, & Rizzolatti, 1996; Gallese, Eagle, & Migone, 2007) has attracted the most interest for dance/movement therapists. It provides an explanation for the core experience we have in being able to resonate so deeply, both emotionally and physically, with our patients during nonverbal dance/movement dialogues. This

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resonance goes beyond words and often does not need words to create mutual understanding and therapeutic change. The mirror neuron system has been identified as providing the neural basis for emotional cognition (Gallese, 2005, 2009; Gallese et al., 2007). This research found that pre-motor neurons fire within an individual’s brain when both observing an action performed and when actually executing the action. The neural mirroring of an observed action causes a simultaneous body “resonance” in the observer, and it is referred to as “embodied simulation” (Gallese, 2009, p. 523). A shared “body-state” is created as multisensory sensations, actions, intentions, and emotions of others are experienced and understood by the observer through embodied simulation (Gallese, 2009, p. 524).

The discovery of the mirror neuron system has placed even more emphasis on the multilayered role of body experience as it functions with the mind and brain in social and emotional development. The mirror neuron system, which creates a “shared neural mapping” between self and other is believed to be at the root of intersubjectivity (Gallese, 2009; Trevarthen, 2009). Intersubjectivity is defined as the motivational system present at birth, compelling infants to create a joint social consciousness and identification with self and other (Gallese, 2009; Trevarthen, 2009). Again the sensory-motor system is highlighted as the mechanism that enables this coordination and sharing of psychological states occurring through reciprocal nonverbal communications (Trevarthen, 1979, 1980, 2009). This exchange occurs as two individuals match and compliment the feeling and tone of their affects. The embodied “shared neural mapping” aspect of intersubjectivity is underscored by the term “intercorporeity” which Gallese (2009) defines as “the mutual resonance of intentionally meaningful sensory-motor behaviors—as the main source of knowledge we directly gather about others” (p. 523).

These discoveries provide a means of explaining the deep visceral ways in which we gain insight into our patients when we move with them and witness them during nonverbal dance and movement oriented therapeutic explorations. The mirror neuron system provides the means by which two partners use perceptive and proprioceptive experiences to match and complement affect and feeling tones in order to come to know the psychological state of the other. As dance/movement therapists we coordinate and attune our bodies to our patients’ bodies quite consciously to allow us to enter into their experiential worlds. Entering through movement exchanges, we learn with them how their body and personal signature movement styles reveal, hold, and express their experiences. The past, present and future unfold in each moment-to-moment-embodied exchange. During this process, all of our senses must be acutely attuned and simultaneously coordinated for the immediacy and temporality of movement to be revealed. It is a complex process, which dance/movement therapists bring to conscious awareness.

**Ways of Seeing Principles**

*Ways of Seeing* (Tortora, 2004a, 2006) highlights this highly coordinated manner in which we attune our minds, bodies, and brains with our patients during embodied movement and dance exchanges. *Ways of Seeing* underscores the deep attention we
pay to nonverbal expressions, through both keen observation and experiential body-movement dialogue, as well as the concept that the lived experience of the body must be the core organizing experience from which all other aspects of self emerge. Stern (1985) set a precedent for this way of thinking, in his theory of sense of self, in which emergent and core senses of the self organize seemingly unrelated sensory stimuli into integrated experiences, during the first few months of life.

My sense of body concept (Tortora, 2004a, 2006) puts greater emphasis on the multisensory-nonverbal-embodied experience as the core source that communicates, organizes, and explores intrapersonal experiences and external interpersonal experiences. 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. Embodied nonverbal experience underlies how we process and organize at all developmental levels—emotionally, socially, communicatively, cognitively, and physically. We first begin the dance of relating through sensing our own moving bodies within our selves and in relationship with others, as they communicate through their moving bodies. The deep multisensory physical nature of our experiences occurs without our conscious direction. These body-based multisensory felt-sensations infuse the emotional expressivity of our communications. It is from this embodied sensing fueled by intersubjective motivation that social exchanges grow into meaningful relationships, which in turn become understood, processed, and analyzed through our cognition.

In essence I am entering the body–mind-emotion continuum with an emphasis on the body. We can enter this continuum from any point, yet I am highlighting the body portal, for it is the way through which we, as dance/movement therapists, enter the therapeutic relationship.

Ways of Seeing Body-Based Regulation of Attention

There are three phases in the Ways of Seeing intervention strategy to support emotional expression and the development of social relationships from this embodied perspective. I developed this perspective through the many years I have worked with children, especially along the Autism Spectrum, and adults and children with traumatic early histories due to abuse, neglect, birth or perinatal difficulties, or childhood illness. At the core of their presenting difficulties is dysregulation either emotional, physiological or both. This state disrupts their ability to engage in effective social relationships. These patients often feel misunderstood and are not able to express their needs effectively. Emotionally they may appear self-protective presenting as distant, self-occupied or uninterested in social interaction. At the other extreme they may appear very fragile, emotionally unstable or, in the case of a young child, extremely attached or unable to separate from their parent.

Physiologically they may present as very hyperactive, unable to maintain focus or attend to an activity for an extended period of time. Children in this state often enter my office running, literally bouncing off the walls as they circle and circle the perimeter of the room for at least a quarter of an hour. These children frequently tell me this is their preferred state of being, for feeling calm makes them nervous. It is
so unfamiliar. The way they know themselves is through this more seemingly chaotic embodiment. Adults also demonstrate this lack of focus and speedy style, though it may come across more in the rhythm and content of their verbal conversations, and in awkward ways of maintaining eye contact, and in nonverbal gestures, than in how they physically engage in the room.

At the other extreme of physiological dysregulation are those who present as overly sensitive or hypersensitive to sensory stimuli. These can include touch, smell, sound, vision as well as particular food preferences or very unique eating habits. They also may pay acute attention to facial expressions, and gestural and whole body actions. They are vigilantly watching and reading the nonverbal cues of those they are engaging with. Their own nonverbal gestures, facial expressions, and full body actions may be very tense with a lack of free flowing sequential coordination from one area of the body to another, or they may have areas of their body that lack energy or appear “dead,” heavy, weighted or disconnected to the rest of their body.

These presenting behaviors interfere with the person’s social and emotional functioning. Their ability to be aware of, to match, compliment or join in a shared psychological state with another person is impaired. Reciprocal communications both verbal and nonverbal are difficult and lack coordination. It is as if intersubjectivity is not online in a way that supports the ability to express oneself or relate socially in an effective manner.

My first focus with these types of patients is to help them become regulated affectively and on a multisensory/physiological level. In this phase of treatment the dance/movement activities support patients attuning to their “sensational voices.” Once this level of sensational regulation is achieved, patients are better able to attune to and relate to the thoughts and feelings of others.

In essence, during this second phase of treatment, I work on bringing intersubjective functioning back online in a manner that allows the person to more successfully engage in verbal and nonverbal reciprocal psychological exchanges. These dance/movement and play activities led to the third phase of treatment during which relationships become established. As patients become more regulated by attending to their sensational voices, they are able to develop more balanced embodied states. Learning how to attune to one’s own emotional and physical states, leads to more successful intersubjective attunement, which supports the development of healthy attachment relationships.

D.A.N.C.E.

An integral aspect of each of these phases of treatment involves continual analysis of the patient’s nonverbal expressive style while in interaction with me and in the case of a child, with his/her parents. Based on the Laban Movement Analysis (LMA) method, I have created several observational tools to systematically analyze the nonverbal elements of individual and dyadic interactions (Tortora, 2006, 2010). The one called Dyadic Attachment-based Nonverbal Communicative Expressions, or D.A.N.C.E., is specifically used to understand and analyze the nonverbal nature of the developing attachment relationship.
Its nonverbal elements reflect specific nonverbal experiences I believe play a major role in the dynamic and embodied nature of how significant relationships form. These elements facilitate the analysis of how each member of the dyad attunes and communicates with the other on a pre-verbal and experientially-based implicit level (Table 1).

Three interactional questions, taken from my more extensive nonverbal analysis tool called Movement Signature Impressions (Tortora, 2006, p. 217), guide my observations:

- How do turn-taking interactions occur through each participant’s movements, specifically looking at how they initiate, withdraw, and resume contact?
- How do mirroring, attuning, and mismatch and repair cycles occur through body movement dialogue?
- Describe the type of “base of support” that is established between the adult and the child during times of pleasure and understanding and when and if the child attempts to seek comfort during times of perceived danger or discomfort.

A video clip of my work in the Ukraine with a young child approximately 5 years old, diagnosed with cerebral palsy, demonstrated how I attuned to his limited movement range to support his ability to initiate his own expressive dance. As his actions and expressions became more expansive, I felt as if my ability to see him provided a way for him to see himself through our multisensory dialogue.

Table 1  D.A.N.C.E. (dyadic attachment-based, nonverbal, communicative, expressions)

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Conclusion–The Importance of Being Seen

In conclusion, I would like to address seeing, the fundamental dance/movement therapy principle that is the title of this lecture—the need to be seen. I have spent much time contemplating the many literal and metaphoric meanings that the action of seeing and the need to be seen encompass.

Seeing is an important element of our multisensory system. Through our visual sense we both receive information and communicate. Observation is a key means by which we learn about ourselves in relationship to others and our surroundings. Seeing is associated with a certain level of absorption, for simply looking does not necessarily entail seeing.

The term seeing in dance/movement therapy, the need to be seen, implies that we all have a desire, and a need to be known and understood for who we really are (Adler, 1985; Tortora, 2006). This notion of being witnessed without prejudice guides how we enter each session. Observing the nonverbal actions and gestures of our patients as communicative expressions is the crucial means by which we come to know and engage in dialogue with them, through dance, movement, play, and verbal discussion.

This is what my dance/movement therapy program Ways of Seeing strives to encompass while inviting practitioners to be opened to new ways of observing, understanding, and working with nonverbal expression.

We have an opportunity, (not just a need) now more than ever, to be seen—to be recognized for the contributions we make as team members with other mental health practitioners, as well as researchers in the exploding field of mind–body and brain research.

It is my hope that this lecture has provided you with links to contemporary research and theories in support of our very intuitive way of working. I hope that this dialogue will support you in strengthening your voice in your current place of work, help you find a place where you would like to work, or develop an avenue of research you would like to pursue. As dance/movement therapists we are trained to see deeply, in exquisite ways which enable our patients to be understood, be known, and to grow. It is now time to follow Irmgard’s vision and apply these skills to support our own growth as a field, enabling it to be seen, and more widely known.

The focus we place on individuality, creativity, and intuition in our profession supports current trends in psychotherapeutic treatment. In this exciting climate we each have the opportunity to continue to be pioneers. There is still much work to be done. Go out and do it. I hope that this lecture today encourages all of you, and especially the fourth, fifth, and sixth generation of dance/movement therapists entering our ever-growing field, to take up my mission, based on Irmgard’s vision, and make it your own.

And now, as “I hope you dance” plays (Sanders & Sillers, 2000) let’s close with an experiential. Think of a new or expanded pathway you want to take for yourself and your dance/movement therapy career. It can be very small or quite large. Visualize a place to travel to in this room. Now connect inward to this heart felt drive, goal or yearning, just as I did with the Ukrainian boy you just watched. Create a gesture starting from center, reaching out into the direction you chose in this room.
Start small and then reach out ever further and further. Find your own gesture, or full body action, which will connect you to the goal you have placed somewhere in this room and reach for it.

References


infancy development from Teachers College, Columbia University. A Board Certified dance/movement therapist, a Certified Laban Movement Analyst (CMA), a Kestenberg Movement Profiler (KMP), she has studied Body-Mind Centering with Bonnie Bainbridge Cohen; Authentic Movement with Janet Adler; anatomy, kinesiology and ideokinesis with Irene Dowd; and received certification in Yoga for the Special Child with Sonia Sumar. Her postgraduate continued professional education courses include Dr. Greenspan’s Infancy and Early Childhood Intervention training course, and numerous Zero-to-Three Training Institutes. In private practice in New York and Cold Spring, New York, she developed and is the senior dance therapist for the Integrative Medicine Services pediatric program Dréas Dream, at Memorial Sloan-Kettering Cancer Center, in New York. She trains and lectures about her work nationally and internationally. She is on the board of the New York Zero-to-Three Network and holds faculty positions at the postgraduate Institute for Infants, Children & Families, the dance therapy program at the 92nd Street Y, Pratt Institute, and The New School. She has published numerous papers about her work and a book, The Dancing Dialogue: Using the communicative power of movement with young children.