

## Mioi Forster-Nakayama

registered dance movement psychotherapist (DTAA/PACFA)

Moving Circle - Dance Movement Therapy, Adelaide, SA

### 1 Background

#### Preverbal Trauma stored in the body



Preverbal trauma (conception – age 3) was once largely overlooked because young children were believed unable to experience or remember pain.

Decades of research (neurobiology, neuroscience, psychoanalysis) show **it is stored in the body – as sensation and motor pattern**, not narrative – held in **implicit** memory in the right brain.



Preverbal trauma **disrupts core attachment**, showing up as hypervigilance, withdrawal, and dysregulation

### 2 Australian Foster Care Context

Grounded in **the UN Convention on the Rights of the Child**, adapted into Australian federal/state law

Children in foster care  
(2023-2024)

**46,000**

~ **3%** of all children  
aged 0-17

Children with  
child-protection contact

**179,000**

**1 in 31** Australian children  
(under 18: 2023-24)

Children enter care for complex, overlapping reasons — abuse, neglect, family violence, parental substance use or mental illness



### 3 Preverbal Trauma

#### How it's remembered — in the body, not words

- Bion first argued trauma is held in the body, not the mind
- Memory splits into two systems: explicit (language, forms ~age 3-4) and **implicit (body-based, sensory, active from birth)**

#### The impact

- Schore's regulation theory: the right brain — which fosters social and emotional wellbeing — develops first, shaped by early attachment.
- Left unresolved, disruption here can progress to PTSD.

#### Interventions & the gap

- Children access preverbal trauma through reenactment and play, not conversation
- Body-based therapies (e.g. dance movement psychotherapy) remain under-researched specifically for children in foster care

## 4 RESEARCH THEME & METHODOLOGY

Theme: How foster caregivers experience building attachment with children who have had preverbal trauma – an **embodied** lens.

- **Interpretative Phenomenological Analysis** (IPA) to explore caregivers' lived experience
- **8 foster caregivers** from **4** Australian states



### A. Restoring child's rights

- Safety built through routine, boundaries, honest conversations
- Trauma shows as developmental delay, hypervigilance, somatic cues

*"I think he knew that I understood him in a world that doesn't understand him... No ifs or buts." – Caregiver*

### B. Rebuilding attachment

- Attachment styles vary widely, including indiscriminate attachment
- Children often "parentified" beyond their age
- Separations hardest – past abrupt loss fuels lasting fear

*"I could see just a little tear roll down her eye." – Caregiver*

### C. Meeting children's unmet needs

- Need for individual attention and a sense of being seen and heard
- Sensory needs – touch, water, movement – support regulation

*"I know you're angry. I'm here if you want to cuddle...I would cuddle her like a baby, rock her a little bit, and she would calm down." – Caregiver*

### D. Play is crucial

- Play often needs to be explicitly taught
- Reveals inner world – nurturing and explosive play both surface
- Stories and fantasy are important to understanding preverbal trauma

*"She picked up a doll and then she goes, 'I kill you.'" – Caregiver*

### E. Comprehensive support required for caregivers

- Caregivers feel powerless in system decisions
- No mental health funding without a disability diagnosis
- Caregivers burn out with little support; need a trauma-informed system

*"You're fighting not people, you're fighting systems." – Caregiver*



## 5 CONCLUSION

**Healing preverbal trauma requires attachment, embodiment, and play as one integrated process.**

- Trauma before language lives **in the body** – **attend to somatic cues**, not just behaviour, and **invest further in body- and movement-based therapies to address it**
- **Play** is both a developmental need and a window into a child's inner world
- Caregivers' consistent, attuned presence supports child's emotional wellbeing
- **Funded psychological support must be available** for all children in care, not only those with a disability diagnosis
- **A trauma-informed society** is essential to prevent re-traumatisation and intergenerational trauma



## 6 REFERENCES (Selected) Full reference list available at [movingcircle.au/research](http://movingcircle.au/research)

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## 7 CONTACT

<http://www.movingcircle.au>



More details of this  
research project  
found --->

