

Mindfulness and Dance/movement therapy for Treating Trauma

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Present awareness through mindfulness creates a foundation for embodiment, an enlivened sense of oneself in the world. Dance/movement therapy can facilitate the movement from mindfulness to embodiment by helping a client to kinesthetically engage with sensations, images, emotions and memories, leading to improved physical, mental and emotional well-being. However, for clients who have experienced ongoing trauma throughout their lifetime, the body is perceived as unsafe, and requires a more subtle approach to healing.

This chapter explains how mindfulness is used as a pathway toward embodiment, as it is applied in an inter-disciplinary somatic psychotherapy and dance/movement therapy session with a client, “Hanna,” who had been sexually assaulted the previous year. That trauma triggered repressed memories of a lifetime of physical and sexual abuse, and the vignette illustrates how I help Hanna safely track her awareness from a dissociative state back into her body. By engaging in mindfulness, Hanna shifts from intellectualization to identification with herself and finally is able to express herself as an enlivened, embodied woman. Using creativity and imagination through images, body awareness and movement, Hanna emerges from a frozen dissociated state to an enlivened place of embodied action.

Theoretical Framework

Somatic Modes of Attention

Somatic Modes of Attention (Csordas 1993) is a theory from anthropology that delineates the ways in which people perceive themselves by differentiating between attention *to* and attention *with* the body. Attention *to* the body, for the purposes of this chapter, will be aligned with mindfulness—a gentle awareness to one’s own physical, emotional and/or cognitive experience and a first step toward self-awareness in the present moment. Although this type of attention often appears to originate from outside of the self, it can be a safe place to start for those who have experienced trauma. [AQ] Attention *with* the body will be expanded upon in this chapter as embodiment, or the spontaneous enlivened response to one’s attention to the body, such as a spontaneous exhale, a smile or even a joyous movement.

To the healthy individual, mindfulness and embodiment might at first seem to be inseparable. For instance as you read this sentence, bring attention to your breath. The moment that you do that, it deepens—an enlivened response to the attention that

you just gave it. The next thing you might notice is attention to your body's subtle sense of grounding or relaxation from the deeper breathing that just happened. This is a cyclical loop that naturally occurs in healthy individuals, and can be so quick and subtle that it feels as if it happens simultaneously.

However, for clients who have experienced complex trauma (exposure to multiple traumas or prolonged exposure to extreme levels of stress), there is a clear body/mind split that might best be addressed [AQ] as it is prior to attempting an integration. Trauma is felt and held in the body; therefore, to avoid or "block out" feeling any part of the trauma, clients also avoid or "block" their embodied experience. Under these circumstances, even mindfulness applied as *attention to the body* can feel overwhelming and possibly retraumatizing. For work with these clients I suggest that mindfulness does not have to start with attention directly *to the body*, but may begin from outside of the body. In this chapter I introduce how mindfulness may be directed through three sequential *arenas of attention* that precede embodiment for working with traumatized clients:[AQ] (1) attention to environment; (2) attention to body boundary; and (3) attention to sensation within the body. These three arenas are explored as they illustrate a gentle path that leads a client's dissociative state toward the integrated experience of embodied awareness.

MINDFULNESS: ATTENTION TO THE BODY

Mindfulness has been found to increase psychological well-being by increasing awareness of one's current experience (Brown and Ryan 2003). In healthy clients, the practice of bringing attention to their present experience usually produces a simultaneous feeling of relief and aliveness that is accompanied by the realization that one can "be" without having to "do" anything. This state of awareness helps one to know that there is a way to respond to experiences without feeling flooded or distanced from them.

Mindfulness has been successfully used to treat patients with psychogenic and dissociative disorders (Baslet and Hill 2011) and integrated into dance/movement therapy practice to treat clients with severe mental illness (Barton 2011), increase resilience in victims of torture (Harris 2007) and increase well-being in clients with medically unexplained symptoms (Payne 2009). Present awareness of thoughts, emotions and sensations can facilitate a client's awareness of what is happening in a current experience without feeling overwhelmed by it.

Mindfulness is also a cornerstone in the practice of somatic psychotherapy (Weiss 2009). When a client has trouble bringing attention within oneself, bringing attention to areas of the room can facilitate the client's sense of safety in the environment (Levine 1997). Once the room feels safe, a client may then begin to become aware of themselves in the room. In terms of treating trauma, feeling safe enough to show up in the present moment is the beginning of mindful awareness.

Feeling safe enough to acknowledge oneself in the present moment offers an opportunity to bring attention to one's own body boundary. The body boundary that is created by the skin is the barrier of protection that separates the client's internal world from the external environment. This can be discovered by touching the back

of one's own hand, or touching to explore the temperature of one's own face. When working with clients who have had trauma, arriving at this step may take a long time, and only after clients feel comfortable noticing and exploring their boundary should a therapist invite further exploration of the internal experience. Helping clients to explore their internal experience might mean bringing attention to their viscera, such as heartbeat or digestion. Attention to physical sensations such as these may feel less threatening than internal emotional awareness that may feel overwhelming and out of control, so a vacillation between the skin boundary and internal physical experience may be a large piece of the work. Once safety is established in the internal physical awareness, an exploration of connections between internal physical and internal emotional experience might be possible. For instance, "I feel my heart beating quickly, and it's telling me that I am very anxious" is an example of connecting the internal visceral with emotional experience from a mindful perspective.

EMBODIMENT: ATTENTION WITH THE BODY

Embodiment—the enlivened expressive response to awareness of one's present-moment experience—is the cornerstone of dance/movement therapy. Both mirroring and rhythmic variation are two fundamental techniques for cultivating embodiment in dance/movement therapy (Levy 2005; Sandel 1993). By mirroring a client's rhythm, posture and gesture, a dance/movement therapist can cultivate a healing relationship. Mirror neurons are the source of inter-subjective empathy (Gallese 2003) and are activated in movement (Sheets-Johnstone 2011) as applied in dance/movement therapy (Berrol 2006). A dance therapist can vary her rhythm while moving with a client to help identify or even change emotional states. For instance, slowing down a quick rhythm can deepen a client's embodied emotional experience providing potential for insight and change.

Just as mindfulness is not limited to *attention to* the body, embodiment is not limited to *attention with* the body. Although Csordas correlates *attention with* the body to physical exercise and dancing, in dance/movement therapy, *attention with* the body applies a much deeper meaning. From the subtlest movement of the breath to the grand movement of the limbs, *attention with* the body in dance/movement therapy is the active aliveness of feeling one's own presence. More than physical sensation alone, embodiment includes a gestalt of a client's total experience (Anderson 2002). Koch and Fuchs (2011) suggest that the mind does not direct the body, nor does the body act without consciousness, but there is an integrated experience. "The embodied self unifies phenomena of embodied cognition, perception, emotion and action" (p.277). In dance/movement therapy, embodiment is *attention with* the body and expressed through movement that emerges from within—a celebration of the true nature of oneself in the present moment. Embodiment brings mindfulness into a living form of expression.

Clinical Application

Work with Individuals with Dissociative

Symptoms in Dance/movement therapy

When a new client begins dance/movement therapy sessions with me, I often hear the pressing desire, “I want to get back into my body.” Ironically, the clients with the most pervasive traumas are those who want most to get into their bodies, yet simultaneously feel the most unsafe there. In particular, clients who have experienced complex trauma often present with medically unexplained symptoms (Payne 2009). Dissociation is abandonment *from* the body rather than an expression of it. Rothschild (2000) describes dissociation as “the mind’s attempt to flee when flight is not possible” (p.66) and it becomes a part of a client’s life long after the threat is gone. From a dance/movement therapy perspective, dissociation is a psychosomatic split of the mind from the body.

When treating clients with dissociation, the process of awareness *to* and *with* the body requires a particular approach. Dissociation is a cumulative effect of the “freeze response” that originated during a traumatic event (Rothschild 2000; Scaer 2005) and is characterized by intense rigidity and undetectable breathing within a client’s body. The freeze response is often referred to as *frozen torso*—a metaphoric term that describes the physical appearance of simultaneous panic and resignation. Concurrent with a frozen torso, bodily dissociation is also characterized by a client’s avoidance of internal experience (Price 2007). A lack of natural movement and disconnection from one’s internal states provides a unique challenge for dance/movement therapists that necessitates a refined attention to the client’s more subtle movements. Depth and rhythm of breath, posture and muscle tension, or a shift and direction of eye gaze are ways in which a dance/movement therapist can attune to a client’s non-verbal experience when larger, intentionally expressive movement may be too overwhelming, or even retraumatizing.

Since direct attention to the body can increase the dissociative response, it is also important to resist the desire to “teach” a method for helping clients feel their body, but rather to notice where the client’s attention is already focused. Attention away from one’s body is often an indicator of avoiding internal experience. In many instances I have asked a client: “What are you aware of in your experience right now?”—expecting a response in reference to clients’ awareness of their bodies. Instead, I heard replies that referred to areas of the room such as “the door,” “the clock” or sometimes, “your shoes.” By following clients’ awareness that started from outside of their bodies, I’ve discovered a graduated approach to bringing them back to their bodies. The following describes three *arenas of attention* that delineate this subtle use of mindfulness as a gateway toward embodiment.

EXPANDING ATTENTION IN HEALING TRAUMA

Figure 6.1 illustrates three *arenas of attention*: attention to the environment (area surrounding the body outline), attention to body boundary (thick outline of the body), and attention to internal sensation (space inside the outline). By sequentially and

separately bringing attention to these arenas, clients can find a safe way to navigate their experience from the outside in, eventually culminating in an opportunity for embodiment.

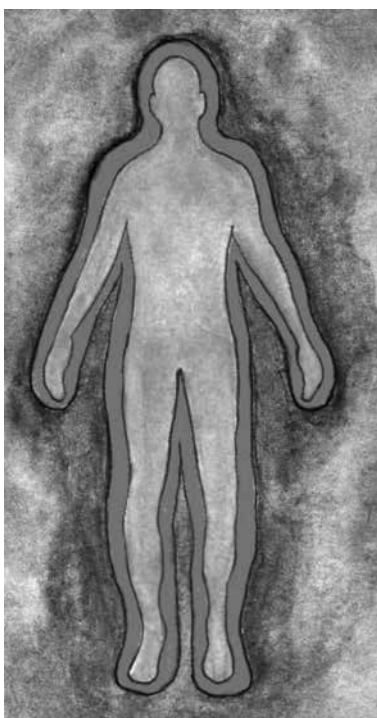


Figure 6.1: Arenas of Attention (digitally enhanced watercolor by Caitlyn Densing)

The first arena—attention to the environment—is an initial step in establishing a client’s safety. In trauma healing, Levine (1997) calls this the “orienting response” (p.92). To address this, I ask clients to name aloud the things they see in the room. By orienting to the space surrounding them, clients may begin to find the capacity to judge the level of safety in the room without having to address their own body. By using vocal and auditory reinforcement, clients create a feedback loop to their sense of present awareness.

The second arena—attention to body boundary, sometimes called exteroception (Fogel 2009)—creates a defining sense of locating oneself in the environment and a safe invitation toward sensory awareness. “All of our senses—smell, vision, hearing, vestibular input, taste, touch, nociception (pain) and proprioception—contribute to the formation of these boundaries that eventually tell us where we as a perceptual whole [end], and the world begins” (Levine 2007[AQ], p.B2.32). Inviting attention to the body boundary might include suggestions, such as bringing clients’ attention to contact with their chair, awareness of their skin through self-touch, or measuring the distance between their body and the door, the wall or even the therapist. This mindful practice of attention to one’s body in the space creates another level of

safety by helping clients to locate themselves as both separate and in relation to the environment.

Finally, the third arena—attention to one’s internal experience or interoception—can help a client to recognize the way in which bodily sensations are correlated with emotions. Gendlin (1981) named this a felt sense (p.10), an embodied awareness of one’s present internal experience. A foundation for somatic psychotherapy practices (Aposhyan 2004; Barratt 2010; Hartley 2004; Kurtz 2007), the felt sense is used successfully in trauma healing practices (Levine 1997; Ogden and Minton 2000). When a sense of safety and present experience accompanies mindful attention of one’s internally felt sense, clients can begin to feel freed from a frozen state and even begin to express themselves in movement. *Attention to the body as mindful interventions* can foster the safety, self-awareness and self-efficacy that may then fortify *attention with the body in movement*, offering the possible experience of an integrated healthy aliveness.

Case Example: Thawing the Frozen Body

The following illustrates a vignette of “Hanna,” a 34-year-old European female, suffering from moderate dissociation and bursts of rage. Hanna recently moved to the United States to marry her American fiancé. Strikingly beautiful, Hanna had thick black hair, flawless complexion and always dressed in designer clothes with tastefully expensive jewelry. An artist who used painting as her preferred medium, Hanna arrived at my office eager to understand her “out of control” emotions that had recently worsened. She also wanted to work somatically, stating, “Talking isn’t helping anymore.”

During our first session, Hanna told me how “chaotic” the past year had been, and that she was unsure about her decision to move to New York. I asked what other things had happened in her life that year, and along with her marriage, moving to a new country, and being unemployed for the past year, she also revealed that the previous summer she had been raped by two men after being given a date rape drug. She then added that she had been sexually assaulted by several men throughout her life. During our second session Hanna further revealed that she and her husband often engaged in physical altercations, but refused to speak about it.

Despite Hanna’s beautiful exterior, her blunted affect and tense body immediately revealed her pain. Torso curled forward in a frozen position, she would sit with her thin legs crossed twice around each other; right knee over left, with her right foot twisting again around the back of her left ankle as if to double-lock her security. Her face jutted forward, intensifying her eye contact with very little blinking—a frozen deer in the headlights who wanted me to see only her face and disregard the rest of her presence. Her prolonged gaze seemed to dominate the sessions, and as I would gently hold her gaze, it was often evident that she had “left the room.” If I reflected that she seemed to be “somewhere else,” she would “snap back” to the present and change the subject by suddenly noticing a picture on the wall, or complimenting my outfit. She was unknowingly teaching me about her safe zone, the *arena of attention* outside of her body. Despite her desire to do “body things,” Hanna was clearly not safe enough to go there.

Her posture remained hunched and “frozen” for about six weeks. In my own discomfort, I would sometimes ask: “Are you comfortable right now?” to which she would respond, “Yes, I’m OK,” contradicting her frozen, unblinking body while my own internal alarm screamed loudly from the disconnection between her posture and her words. Hanna’s posture reflected the immense fear and shame that she could not verbalize. Layers of clothing attempted to cover bruises over her ghostlike skin. She also negated her needs by not eating. In addition, Hanna reported harmful rituals such as biting herself and hitting her head against the wall when she became stressed—possible attempts to feel her body boundary.

Hanna minimized her feelings by telling me that crying was a waste of time and that it didn’t change anything—a perspective she learned from childhood. She recounted being beaten with her father’s belt for misdemeanors, such as not finishing a full hour of violin practice. She often disconnected from her experience by stating, “That was interesting,” but without further insight. Whenever I asked Hanna what she felt in her body, she would pull back her chin and look down at her chest and arms as if expecting them to do something. It surprised me each time, but I began to realize that she might not have an internal sense of herself. Our initial work began by focusing on her sense of safety in the room.

Attention to the Environment

The first time I invited Hanna to notice what was happening in her experience, she offered an unusual response. When I suggested: “See if you can take a moment to check in with whatever you might be experiencing right now. See if you can just notice what’s happening,” she listed things in the room—“that picture” (pointing to the wall with her eyes)... “your chair” (clearly avoiding eye contact)... “the clock” (scanning her attention from the left side of the room to the right). Recognizing that her arena of awareness was in the environment outside of her body, I asked her to explore other aspects of the room that she found interesting. By bringing attention to her environment, Hanna could assess her safety in the present moment, and even though she might not have felt it, began the process of self-regulation.

After a few months Hanna began to identify feelings in her body symbolically as colors, shapes and textures, and would “point” to locations of her body to identify them—an indicator that her perspective was coming from outside her body. Sometimes Hanna would identify an emotion as if it occurred accidentally. At those moments, she would immediately shift in her seat as if shaking it off. She would then lean forward, crossed elbows resting on crossed knees and say, “That’s very interesting,” and change the subject. When I asked her what was interesting about her observation, she would return, “I don’t know. It’s just interesting.” I learned that this was her way of telling me that she had had enough exploration for the moment.

One day Hanna identified a knot in her stomach that was “pulling in” toward her spine. Surprised at her own sensation, she immediately identified it as “disgusting,” and tried to change the subject. This time instead of going with her resistance, I suggested that she gently pursue this new discovery: “Try to stay with this experience if you can. Just notice it; see if you can give yourself just enough distance from it to

be curious about it, rather than feeling that you have to run away from it.” She sat for a moment and soon associated “pulling in” and “disgusting” with the feeling that she has when she sees her parents. Hanna said, “I really don’t like this. I want to get rid of it.” Supporting her experience including her desire to “get outside” of her body, I invited her to physically reach with her hand and pretend to “take the knot out of her stomach” and set it outside of herself. With a smirk on her face she reached with one hand and, roughly grabbing the imaginary knot, tossed it out in front of her.

I asked her what it looked like, and as tears pooled in her eyes, she laughed. She told me that it was a gorilla in a cage, and called it a “stupid” image. I asked her what it was doing. She said, “He’s lonely,” and after a moment, “He wants to play.” She then tossed something gently toward the gorilla. “There. I gave him a ball to play with.” Silently attentive for a long time to the gorilla image, she then said with a slight smile, “He’s hungry.” I asked if she might give him some food. “He can have some bread,” she said, and tossed imaginary bread toward her gorilla. Sitting quietly again she finally said, “He wants to sleep.” When I asked if there was anything that she could give him to sleep more comfortably, she said, “He’s fine.” In dance/movement therapy, imagery sometimes precedes movement, especially in clients who are in a “freeze” state of dissociation. Hanna’s propensity for imagery might have also been fortified by her work as a visual artist. In a creative psychodynamic way, Hanna was externalizing herself as a gorilla in order to justify caring for herself. By “acting out” the process of nurturing the gorilla, she enlivened her experience in the present moment. She embodied both her desire for being nourished as well as her desire to nourish herself. In this way, she was addressing basic homeostatic needs of eating, sleeping and play, as she *physically took action* to nourish the gorilla rather than just thinking about it.

After deep experiences such as these, Hanna would revert to her defenses stating, “That was interesting,” without further insight. However, I realized that Hanna was describing an autonomic nervous system (ANS) regulation.¹ Play is an active sympathetic response in the nervous system, while eating and resting are down-regulated activities of the parasympathetic nervous system. Hanna was using symbolic imagery that described the way a healthy nervous system functions, rather than the freeze state in which both are activated simultaneously. By using the image of the gorilla, she was able to externalize compassion that she could not yet give to herself.

Attention to Body Boundary

One day Hanna came into the session and burst into tears. She said she felt afraid and was awake all night, and the only thing that felt “right” to her was to paint her whole body red. She said that the thought was crazy, but it really did feel “right.” I invited her to draw it as an attempt to facilitate what seemed to be a self-soothing gesture. Instead, trumped by her own self-degradation, she said that drawing was childish. I asked if she could feel the red on the surface of her body and what the temperature might be. In somatic psychology, delineation of a body boundary by identification of one’s own skin and in dance/movement therapy the awareness of one’s body in proximity to another person often facilitates a separate sense of self—a shift toward autonomy from the symbiotic dyad of mother and infant. Hanna then

identified areas of heat in her torso and cold from her elbows to fingers and knees to toes. She then called the “paint” comforting. I encouraged her to feel the comfort that her image/sensation had provided. She reported a feeling of calmness and could feel her presence inside the “red paint.”

At a subsequent session, I offered an exercise to help Hanna strengthen the comfort of her body boundary. I asked her to gently touch the back of her left hand with her right fingertips, inviting her to oscillate between sensing what her right fingertips feel, and sensing what it felt like for her left hand to “be felt.” Hanna spent a very long time doing this as I quietly witnessed. After a while she said, “I really like that. It’s so gentle.” About self-touch in dance/movement therapy, Chodorow (1999) suggests, “As the mover’s hands shape themselves to the bulges and the hollows, the hard bones and the soft flesh, there is a profound sense of self-recognition—as if meeting oneself for the first time” (p.292). Hanna was beginning to locate herself through contact with her body.

Attention to Internal Experience

After several weeks, a “golden frog” replaced the “disgusting knot” and Hanna smiled awkwardly while describing the frog, as if having difficulty criticizing it, yet simultaneously delighted at its appearance. I surmised that Hanna’s awareness of herself was facilitating a natural healing process. Although she had difficulty providing further description about her experience, she said that she liked the golden frog and that it needed protection. As the golden frog reappeared in our sessions with quiet, comforting presence for several more months, something unexpected happened. One day while touching her stomach to address the frog, she suddenly remembered being a little girl imagining herself as a fairy princess. However, instead of a wand, the princess held a sword. Hanna immediately judged the image as silly, and berated herself for thinking such a childish thought “in therapy.” She then took a breath and to my surprise continued her thought path, telling me how she used to fence. As she said this, she made a sweeping motion with her hand that created an arc in the air.

Surprised at the sudden movement, I chose to mirror her movement verbally rather than repeating her movement with my body. I learned early in our sessions that too much physical expression from me seemed to shut her down. I reflected: “I just noticed that when you said that, you kind of brightened a little bit, and I saw a strong sweeping motion with your arm, like a rainbow. Did you notice that, too?” As suspected, Hanna constricted in embarrassment, but then stated that she did notice her movement. She also seemed conflicted about her own spontaneity. I asked gently if she would like to investigate the gesture. She cautiously agreed.

Integrating Attention “To” and “With” the Body

I asked Hanna if she would repeat the action but this time slower. Slowing movement increases the mover’s awareness of physical and emotional presence. She appeared confused about how to make a movement in the air even though she had just done it (a lack of ego awareness often accompanies a lack of proprioception). Since she was

an artist who used paint as her medium, I asked if she could imagine painting the movement onto a wall. I also asked if I could join her, since by mirroring her movement, I could provide her with a visual connection with feeling her own movement while offering her my presence for support.

Shadowing her movement, I carefully followed her lead to support her autonomy as she created the stroke in the air. This time, her movement expanded into a large arc using her whole arm, akin to the defending action of drawing a foil, known as a “Parry” in fencing (Figure 6.2).

She gasped and started to laugh. Her eyes became wide, and she exclaimed, “How did that happen? It felt so good to do that! This is really weird. I can never tell anyone what we do here!” I asked, “What did you sense in your body when you did that?” She described a sudden rush of “incredible energy” through her body and that it felt good. She said she felt powerful and protective (an interesting word choice, indicating that she was identifying with “the protector” rather than victim). Hanna added that the arc that she drew was purple and it was exhilarating, but she didn’t know why.



Figure 6.2: “Arc” “Parry” move in fencing

I asked if she wanted to try it a few more times to sense what it is like to command this type of feeling (following her “protector” identification); she smiled as she continued to “parry” her color (Figure 6.2). I offered different sized strokes as we moved together to help her expand her movement repertoire, but after a short time I slowly stopped my own movement as I noticed that she was working on her own.

Hanna’s spontaneous movement of “drawing” the streak of purple, and “drawing” her sword was a spontaneous expression of self-efficacy in self-protection. Although she was just beginning to own her emotions through her felt sense, there was a leap of faith in her movement that connected the dainty princess, the adult artist and the adept fencer with the ability to protect rather than fall victim to circumstance.

This experience catalyzed Hanna’s sense of embodied power and resilience. Following this session she was able to engage in further somatic work with me and

eventually began to discharge the residual energy from her body caused by the rapes. Eventually we were able to address her emotions and connect her relationship with her husband to her childhood relationship with her father. In one session she cried, and when I verbally reflected it to her, she said through her tears, “Oh, it’s OK. I understand now. Tears are a way to release emotion from the body.”

Conclusion

As illustrated in this chapter, mindfulness can be used as a pathway to embodiment when clients are not ready to engage directly with their body. When Hanna became mindful of her environment, she was able to stay present and assess her level of safety in the room. Engaging her body boundary by touching her hand, she was able to perceive her physical existence and increase awareness of her presence. Finally, by being mindful of her internally felt sense, Hanna arrived at an enlivened sense of embodiment, and her creativity became a tool for self-efficacy. Identifying with the images produced by her “fairytale” relationships; the princess holding a sword, frogs and gorillas allowed Hanna to address and begin to integrate the split-off parts of herself. Finally, the spontaneous movement that emerged from within facilitated Hanna’s ability to express herself in a “safe” way, an expression that had previously been suppressed and met with abusive repercussions. With mindfulness, Hanna was able to define a secure inner sense of herself that eventually led to empowerment through her “stroke” of enlivened embodiment.

Notes

- 1 ANS regulation is the reciprocity between two branches of activation: the sympathetic branch, which activates during increased physical arousal and activity, and the parasympathetic branch that activates during activities such as rest and digestion.

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