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## Abortion And Dance/Movement Therapy: A Mind-Body Approach To Healing

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ABORTION AND DANCE/MOVEMENT THERAPY: A MIND-BODY APPROACH TO  
HEALING

Jacqueline McNally

May 2020

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Submitted in partial fulfillment  
of the requirements for the degree of  
Master of Science in Dance/Movement Therapy  
Sarah Lawrence College

## ABSTRACT

Abortion is one of the most common procedures in the United States with roughly a quarter of the female population receiving the procedure before the age of 45. Abortion is often an emotionally significant event that changes the course of someone's life. For some of those women, negative physical and psychological symptoms can emerge post abortion. Grief, depression, trauma-based disorders, and concealable stigmas may accompany the range of physical changes. Communication is 55% nonverbal, therefore using a body-based modality for expression and healing is crucial. Dance/movement therapy is a body based modality that's core principle uses the body as a form of communication. Addressing the physical and psychological symptoms therapeutically through bodily-felt experiences facilitates healing by integrating the mind-body connection. Fueled from the feminist movement which included agency over women's reproductive rights and their bodies, dance/movement therapy was recognized as a profession in the 1960s. Using various techniques and interventions, dance/movement therapy honors the entire woman, where they are in their mental health journey, respecting their choice of reproductive health, and acknowledging the agency they have over their bodies and minds.

*Keywords:* dance/movement therapy, abortion, termination of pregnancy, stigma, negative psychological symptoms, nonverbal communication

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Abortion may be one of the most highly contested, controversial topics in American society. The debate over women's reproductive health is fueled by philosophical and ideological beliefs, often represented by an individual's political affiliation. The debate on abortion tends to focus on the ideology around the event rather than focusing on the individual experience of the woman. I acknowledge that this subject is fueled by politics; and in the debate to have say in what one believes, the individual involved, and her experience, is overshadowed. This paper is not intended to discuss the ideological implications surrounding abortion, but rather to focus on the individual women who have lived, and continue to live, with the experience. It is my hope that the readers of this paper from either side of the aisle can focus not on politics, but rather on the women who share this experience.

Abortion takes place all over the world, both legally, and illegally. For this paper, statistics regarding women living in the United States will be discussed. Although the majority of women do not suffer negative psychological responses due to undergoing an abortion, there is extensive research citing a number of women who do suffer negative physical and psychological responses post abortion. This paper is focused solely on the women who do suffer from negative physical and psychological responses and is in no way claiming that every woman experiences negative outcomes from the procedure. Each woman's decision, and responses regarding her procedure are unique to her, and so too are her emotions.

## **Abortion Procedures and Statistics**

One of the most common medical procedures of the Western world is the termination of a pregnancy, known as an abortion (Casey, 2010). There are five different abortion procedures that can be performed, however, only two methods are most practiced in the United States. In the first trimester, the most frequent method performed by doctors is the electric vacuum aspiration (EVA), better known as a surgical abortion. This takes place in a doctor's office or hospital setting, where the patient and doctor are involved in the procedure. Nonsurgical methods, such as the medical abortion, are becoming increasingly popular. Medical, or chemical, abortion (RU-486) can be performed in a private setting, such as the patient's home, where a prescription pill allows the body to initiate a miscarriage, therefore eliminating the presence of the doctor who plays a less active role in writing the prescription. Medical abortions can terminate a pregnancy up to 10 weeks, while surgical abortions can be performed up until 16 weeks. After the 16th week, there are two more invasive procedures available to eliminate the pregnancy; however, induction abortion (a lethal injection usually used to cause fetal death, where labor is induced to expel the fetus) is rarely used in the United States (Rousset, Brulfert, Sejourne, Goutaudier, & Charbol, 2011; Speckhard & Rue, 2011).

As of 2007, 34 years after Roe versus Wade was passed, over 45 million legal abortions have been performed in the United States (Angelo, 2007). The annual estimate of abortions in the United States is 1.2 million (Kaplan, 2009). Of these 1.2 million women, each has a different story to tell, and each woman's abortion experience is unique to her situation. Women may seek abortions for a variety of reasons, including bad timing, domestic issues with a partner, financial instability, not being emotionally, physically, or mentally prepared for a child, the age of the

woman, or an unviable fetus (Biggs, Upadhyay, McCulloch, Foster, 2017). No matter the reason for the choice, evidence states there are adverse reactions and varying symptoms when it comes to abortion (Daugirdaite, van den Akker, & Purewal, 2015). The decision to terminate the pregnancy does not discriminate based on age, education level, socioeconomic status, sexual orientation, religion, marital status, whether the woman has previous children, or geographical location; however, statistics show that abortion is more prevalent among certain groups of women. Sixty per cent of abortions occur with women in their 20s, 59% of women have previous children, and 49% of women who obtain abortions are living below the federal poverty line. Roughly half of the women living in the United States will face an unintended pregnancy in their lifetime, and approximately half of those women will terminate the pregnancy through legal abortion (Grinnell, 2018; In Guttmacher Institute, 2019). In 2017, 862,320 abortions took place in the United States. Among women ages 15 to 44, abortion is one of the most common medical procedures, meaning 24% of women living in the United States will have an abortion before the age of 45 (Coyle, Coleman, & Rue, 2009; In Guttmacher Institute, 2019; Kaplan, 2009). An abortion can be performed in any trimester of pregnancy; however, over 90% of abortions take place within the first trimester, or one to 12 weeks post conception (Grinnell, 2018; Major et al. 2009). Given there is a large number of women having abortions within the United States, even a fraction of that number who report negative psychological symptoms constitutes as a significant number of women who can benefit from counseling (Speckhard & Rue, 2011).

## The Body

*Alyson brings me to the clinic at eight in the morning. I am hungover. I am scared. And I feel alone. Alyson, while kind, doesn't understand exactly what I'm going through. The main thing I'm nervous about is the physical ramifications. Is it going to hurt? How long will it last? When can I eat? Why me? I hate not knowing what to expect. My friends were supportive, but I kept feeling like they weren't treating this like a big deal. Isn't it supposed to be a big deal? (Raschkowan, 2019, para.15)*

The body physically changes from the moment of conception through the aftermath of the abortion. In pregnancy, the first trimester comes with ever evolving physical changes in the woman's body. Within the first three months of pregnancy the waist thickens and changes in weight occur (Hodgkinson, Smith & Wittkowski, 2014). Metabolism increases, which causes an increase in appetite, while the uterus begins to enlarge, all contributing to the increased weight gain (Mayo Clinic, 2018). Along with weight gain, breast size increases, bringing with it side effects of pain and swelling (Gerds & Schwartz, 2016; Hodgkinson, Smith & Wittkowski, 2014). In the waist and breast area, the increased growth causes stretch marks for some women on one, or both areas of their body (Hodgkinson, Smith & Wittkowski, 2014). The hormones secreted while pregnant cause the hair and nails to become thicker, the gums to bleed, changes in acne, and mood swings (Gerds & Schwartz, 2016). The amount of blood in a pregnant woman's body increases which may produce high blood pressure (Hodgkinson, Smith & Wittkowski, 2014; Mayo Clinic, 2018). Hormonal changes happen in abundance. The hormone progesterone soars during pregnancy, causing fatigue, while the hormone relaxin loosens the joints and

ligaments throughout the body which may lead to lower back pain, sciatica, or pain in the pelvis (Gerds & Schwartz, 2016; Mayo Clinic, 2018).

After the abortion, the return back to the woman's "normal" body is desired; however, women may be dealing with a non-ideal version of their body brought on by changes in their appearance (Hodgkinson, Smith & Wittkowski, 2014). Within a week of becoming pregnant a hormone called oxytocin begins to flow through the woman's body. The levels of oxytocin in the body increase from the first to third trimester to prepare the body for labor and form a bond with the baby (Levine, Zagoory-Sharon, Feldman & Weller, 2007; Prevost et al. 2014). Oxytocin is responsible in the development of milk, therefore post abortion lactation may occur from the developed breast tissue. It can take weeks after an abortion for the breast to return to normal (Gerds & Schwarz, 2016). Essentially pregnant and post pregnancy women are living in a body that is drastically changing without her control. Understanding, navigating, and relinquishing control to a changing body can be extremely overwhelming and difficult.

### **The Mind**

*I have problems as a consequence of my experiences of having that abortion. . .but it isn't to do with the actual aborting a baby or any of the, all of that kind of stuff, it was actually about having to deal with what I felt where totally unsympathetic, insensitive and intrusive ways of dealing with me. (Goodwin & Ogden, 2007, p. 243)*

There is an abundance of research relating abortion to mental health findings that agree that having an abortion can contribute to negative psychological outcomes for at least some women (Kimport, Foster & Weitz, 2011; Major et al. 2000; Reardon, 2018). According to the American Psychological Association (APA) Task Force study, 1.5% of women two years post abortion presented with symptoms from abortion-specific Post Traumatic Stress Disorder

(PTSD). These same women reported lowering rates of relief and decision satisfaction, and rising rates of depression (Major et al. 2000; Reardon, 2018).

For the women who experience negative psychological symptoms, a variety of factors in the woman's life can contribute to the severity of the symptoms and the way the woman copes post abortion. The type of abortion procedure (either medical or surgical) impacts the individual's experience (Rousset, Brulfert, Sejourne, Goutaudier, & Charbol, 2011, ) while the socio-cultural environment, the patient's pre-abortion mental history, her personality traits, her belief system, exposure to violence, her support system, and the stigma that abortion carries may all affect the patient's coping mechanisms (Foster, Gould & Kimport, 2011; Littman, Zarcadoolas, & Jacobs, 2009). Stress is the overwhelming response to the moments leading up to the procedure, however, in a study done by Plus One in 2015, immediately following an abortion 95% of women did not regret their abortion and stated relief as the most common response (Sanghani, 2015). Although relief may be felt immediately following the procedure, stress and coping research states negative reactions to the procedure co-exist with relief in some (Major et al. 2009). For some, over time, relief of positive emotions regarding the procedure declines, and negative emotions such as grief, sadness, shame, guilt, and disassociation all increase (Major et al. 2000). Symptoms can range from short term mild distress, with feelings such as emptiness, sadness, guilt, shame, and re-experiencing, to major psychological disorders including depression, complicated grief, psychological arousal, panic disorders, addictive behaviors, acute post-traumatic stress disorder, anxiety, suicidal attempts, and psychotic responses (Angelo, 2007; Coyle, Coleman & Rue, 2009; Major et al. 2009; Rousset, Brulfert, Sejourne, Goutaudier, & Charbol, 2011; Speckhard & Rue, 2011). Based on clinical research, it is estimated that 20% of women who have had an abortion suffer post abortion distress responses in some form or

another, while trauma associated sadness is often overlooked (Speckhard and Rue, 2011). Abortion participants show higher levels of avoidant thoughts and feelings such as re-living the experience, remorse, guilt, shame, anger, and emotional numbness than women who have not experienced an abortion. Between the moment of pregnancy diagnosis, and the procedure, studies have shown that 40-45% of women experience high levels of anxiety. Twenty per cent of those women experience high levels of depression, while 50-60% experience emotional distress. Of the 50-60%, 30% of those cases experience emotional distress that is reported to be severe, arising within the first year after the procedure (Canario, Figueiredo, & Ricou, 2011). Of the many negative psychological responses experienced, research indicates that women are more likely to report substance abuse, depression, anxiety and trauma-based disorders such as post-traumatic stress, over all other severe symptoms (Bellieni & Buonocore, 2013; Gomez, 2018), while shame and guilt are of the milder symptoms reported (Canario, Figueiredo, & Ricou, 2011).

### ***Complicated Grief and Depression***

*when I woke up. . .there was an immediate sense of loss. . .I didn't feel very well and I felt quite empty. . .I felt just like lying down in bed. . . . But I just wanted to shut everything off. . . .The period immediately after, I did have to deal with a lot of guilt. (Goodwin & Ogden, 2007, p. 236)*

Abortion is not always viewed as a socially acceptable loss, as society's belief is that pregnancy is an experience of joy (Astbury-Ward, 2008) and abortion is considered a choice. Therefore, grief may not be accepted as a justified emotion for some women post abortion. Grief is a universal concept and natural response that manifests after a loss occurs. Society, the woman's upbringing, and her belief system are a few components that dictate how someone

responds to grief, and how their grieving process manifests. Grief is a healthy emotion, experienced as mental, physical, social, or emotional reactions that assist in various ways of coping with loss (Littman, Zarcadoolas, & Jacobs, 2009). Feelings of sadness and emptiness associated with thoughts and memories of the loss are prevalent in grief (American Psychiatric Association, 2013). Anger, guilt, and sadness are felt through varying ways of sleep disruption, changes in appetite, or crying. However, when complications of grief arise that are no longer tied to the thoughts or memories of the loss, but rather manifest into persistent unhappiness, self-loathing, or feelings of worthlessness, the grief becomes problematic (American Psychiatric Association, 2013). Individuals may lose social support or validation from others when the grieving deviates from society's norms and expectations (Dominguez, 2018). Disenfranchised grief occurs when a loss is not openly acknowledged, so the individual does not receive the needed social support (Dominguez, 2018). Disenfranchised grief not properly addressed can manifest into complicated grief, a symptom reported in conjuncture with post abortion coping (Canario, Figueiredo, & Ricou, 2011; Daugirdaite, van den Akker, & Purewal, 2015; Rousset, Brulfert, Sejourne, Goutaudier, & Charbol, 2011; Speckhard & Rue, 2011), which can include mental fatigue, mood swings, sleep disruptions, and depression (Littman, Zarcadoolas, & Jacobs, 2009).

One of the most reported negative psychological symptoms women suffer from post abortion is depression. Abortion can be experienced as a loss, and a loss is most often a trigger for depressive symptoms (Casey, 2010). Depression can diminish self-esteem, increase shame and guilt, and intensify sadness and regret (Canario, Figueiredo, & Ricou, 2011; Major et al. 2000; Speckhard & Rue, 2011). A longitudinal study compared data from women who had abortions from 1980-1992 and concluded that, eight years after the procedure, women whose

first pregnancy was aborted were 65% more likely to be at a high risk for clinical depression (Kaplan, 2009; van Emmerik, Kamphuis, & Emmelkamp, 2008), while 20% of women report depression post abortion (Canario, Figueiredo, & Ricou, 2011). Depression is not only felt internally, but is held within the body, manifesting outwardly in the physicality of the woman. Depression symptoms, and sadness can be seen in the body through a variety of movement patterns (Acolin, 2016), often seen in the chest (Acolin, 2016; Caldwell, 1996). The chest will concave and sink inward, allowing the shoulders to roll forward, while the spine shrinks and compresses; the individual may feel less grounded while exhibiting dead weight and hollowness (Chaiklin & Wengrower, 2009). As the muscles loosen, sadness is expressed (Berrol, 1992). The neck and head will droop, forcing the breathing to become shallow, oftentimes appearing to look “burdened” (Dominguez, 2018). Depression can be viewed by gestural and functional changes in body mechanics, with bound muscle tension and holding patterns within the body (Dominguez, 2018). In restless activity, depression can take form in repetitive actions; for example, pacing multiple hours of the day, or constantly rocking back and forth while seated. Limited movement patterns and indirect eye contact that is focused downward with a passivity and flat affect are exhibited (Sandel, Chaiklin, & Lohn, 1993). Blocked emotions can be seen through distortions in body shapes and rigidity in the body parts that appear disconnected or lifeless, which often exhibits an unconscious response to unresolved pain (Sandel, Chaiklin, & Lohn, 1993).

### ***Trauma & Post Traumatic Stress Disorder***

*It doesn't really go away... it probably did influence my self-image. I... was probably less confident in my own abilities and fundamental moral values... I guess I had a high opinion of myself before... I felt pretty disappointed with myself that I allowed the whole*

*thing to happen. I thought it would be something that could never happen to me, that I was too mature. (Goodwin & Ogden, 2019, p. 238)*

What constitutes a traumatic event is highly subjective, and whether abortions constitute a traumatic event has been debated by researchers. Traumatic events are deeply personal reminders of life-altering experiences, therefore, the reaction to the event is highly subjective (Federman, Zana-Sterenfeld, & Lev-Wiesel, 2019). According to Bellieni & Buonocore (2013) fetal loss, no matter the cause, constitutes a traumatic event. The freedom of deciding the outcome of life can be stressful and traumatic (Speckhard & Rue, 2011), and unlike other reproductive losses, in most cases, abortion allows for that choice. While not all women will view their abortion as traumatic, evidence shows that some women do experience their abortion as a traumatic event in their life (Angelo, 2007; Canario, Figueiredo, & Ricou, 2011; Major et al. 2009; Reardon, 2018).

Second and third trimester abortions (known as late-term abortions) are associated most with trauma-related symptoms such as disturbing dreams, intrusive feelings, or trouble falling or staying asleep (Canario, Figueiredo, & Ricou, 2011). Intrusive and avoidant symptoms are significantly present right after an elective surgical abortion, however, two months post-abortion these symptoms are reported to have decreased to moderate levels of avoidance (van Emmerik, Kamphuis, & Emmelkamp, 2008). Several factors, including a previous history of depression or abuse, little to no social support, and the type of abortion procedure, contribute to trauma or serious emotional pain stemming from the abortion procedure (Paul & Lichtenberg, 1999). Trauma can elicit anxiety; however, the range of intensity in which anxiety can physically manifest can vary. Bodily symptoms can range from mild symptoms, such as trembling of the hands, and feet, to eyes widening as if approaching with caution. More severe physical

manifestations can range from gasping for air, heart palpitations, cold sweats, jumpiness, and even dry mouth (Chaiklin & Wengrower, 2009). A loss in spatial orientation, and a loss of connectivity to one's weight and time are all bodily disruptions stemming from trauma (Kestenberg Amighi, Loman & Sossin, 2018). Fear can cause explosive, quick movements throughout space, often seeming impulsive, explosive, unregulated, and having a lack of control (Sandel, Chaiklin, & Lohn, 1993). With women suffering symptoms of PTSD post abortion, digestive upsets, chronic pain, and an inability to trust may be present (Federman, Zana-Sterenfeld, & Lev-Wiesel, 2019).

A perceived traumatic abortion experience can cause fear, anxiety, and trauma to live in the body for an undetermined amount of time. Severe emotional trauma causes lasting changes in the area of the brain that regulates emotional responses (Sweeton, 2018). Consequently, trauma affects the brain in three areas which are responsible for empathy, awareness of self, decision-making, thinking clearly, regulating emotions, and the production of the fight or flight response (Sweeton, 2018). Trauma resides in the amygdala, which resides in both brain hemispheres, deep within the lower brain. The body is perceived simultaneously through both the right and left hemisphere of the brain (Sweeton, 2018). Expressing trauma is more reliable through movement responses because movement involves lower brain activity which is a function of less conscious awareness (Chaiklin & Wengrower, 2009). For those women who have experienced trauma related to their abortion procedure, the amygdala is hyperactive; therefore, thinking clearly and concentrating can be difficult, while feelings of fear, stress, and hypervigilance may be at the forefront.

Because trauma lives within the brain, the physical and psychological effects of an abortion have no time constraint. Symptoms can be lifelong, presenting during different stages in

life as events can trigger traumatic flashbacks of the procedure. PTSD is characterized as a response to a major traumatic event that provokes fear, anxiety, and acute distress, interrupting life through avoidance, flashbacks, and re-experiencing (American Psychological Association, 2013, p. 274; Rousset, Brulfert, Sejourne, Goutaudier, & Charbol, 2011). As trauma is subjective and not always recognized, abortion trauma comes with ambivalence and debate (Casey, 2010). Clinical levels of PTSD are prevalent in some women (Coyle, Coleman & Rue, 2009; van Emmerik, Kamphuis, & Emmelkamp, 2008) as there is a considerable impact on the entire self from the moment of learning about the pregnancy, through the decision, to the procedure, and finally the aftermath (van Emmerik, Kamphuis, & Emmelkamp, 2008). According to Rue and Suliman's research, 12%-18% of women post abortion meet the full diagnostic criteria for PTSD (e.g. avoidance, flashbacks, sleep disturbances, psychological distress that disrupt everyday life, lasting for over one month), while a higher number of women meet a criteria for post-traumatic reactions such as fear, anxiety, guilt, nightmares, and panic attacks, lasting from three days to one month (American Psychiatric Association, 2013; Coyle, Coleman & Rue, 2009; Lundell et al. 2013; Roussett, Brulfert, Sejourne, Goutaudier, & Charbol, 2011). According to van Emmerik, Kamphuis, & Emmelkamp (2008) elective abortions produce clinical levels of post-traumatic stress in a substantial number of patients, with re-experiencing and avoidance taking precedence. The immediate effects of abortion may not produce symptoms of PTSD; however, an abortion can cause intrusive, negative feelings that may not be present until a delivery, loss, or random everyday activity triggers an effect of the procedure, contributing to the presentation of PTSD symptoms. Daily life activities can induce flashbacks; the sound of a vacuum, a TV show watched at the abortion clinic, even a gynecological exam can trigger a flashback causing the person to relive the procedure (Angelo, 2007). Flashbacks can

be triggered through somatic cervical pain with intercourse, reminding the woman of the pain during a surgical abortion (Speckhard and Rue, 2011).

Abortion is an experience unique to women; likewise, PTSD is a psychological diagnosis that is more prevalent in women, with the experience of the symptoms lasting longer than their male counterparts (American Psychiatric Association, 2013). The abortion procedure alone can contribute to PTSD symptoms, especially if the procedure was physically painful, life threatening, or the woman experienced abuse from the abortion providers, demonstrators, or their partners (Speckhard and Rue, 2011). Any elevated levels of post-traumatic stress reported is a significant issue when evaluating the number of elective abortions occurring (van Emmerik, Kamphuis, & Emmelkamp, 2008).

### ***Concealable Stigmas***

*... Nobody at any time did or said anything that made me feel like [having an abortion] was okay, like other women go through this, like you're not a bad person. It was just the opposite. I felt judged ... felt like everything I was doing was wrong. (Altshuler, Ojanen-Goldsmith, Blumenthal, & Freedman, 2017, p. 112)*

Abortion and the aftermath bring with it a sense of ambivalence. Positive and negative emotions are both present and reported, where in some cases dissatisfaction increased as the years progressed (Casey, 2010). Social support is difficult to achieve if the woman has trouble describing her feelings; this can be particularly complicated if she feels compelled to secrecy to hide a perceived stigma. The lack of social support is an important predictor of post-traumatic stress (van Emmerik, Kamphuis, & Emmelkamp, 2008).

Concealable stigmas are characteristics that are not seen by the onlooker. A concealable stigma is a status or experience that is perceived as negative by the current society in which one lives. People living with concealable stigmas are aware of the social devaluation that is held, perpetuating a sense of devaluing one's self and the need to conceal the stigma (Major & Gramzow, 1999). Social systems such as the government, schools, and faith-based institutions bring deep social shame for the person living with the stigma. Concealable stigmas carry profound physiological, behavioral, interpersonal, and bodily consequences (Littman, Zarcadoolas, & Jacobs, 2009). Feeling vulnerable to others interrupts how a woman sees herself and her place within society (Roberts, 2016). Concealable stigmas arise from cultural perspectives, social messages, and social practices that all contribute to negative psychological feelings. These messages often stigmatize abortions, the women who have them, and the doctors who perform them. Negative messages encourage women to adopt negative perceptions towards themselves and their choice. A negative experience and ambivalence may arise from stigmatized messages (Major et al. 2009). Some women feel vulnerable being stigmatized and keep the abortion a secret.

Pretending nothing happened often encourages negative emotions to increase over time (Major & Gramzow, 1999). When emotions are repressed, the body loses sensations of the felt experience, impacting movement and interfering with the mind-body connection (Caldwell, 1996). Individuals living with concealable stigmas often lack core support, breath support, and head-tail connectivity (Roberts, 2016). This is evidenced by shallow, rapid breathing; movements that move through space more directly rather than interacting with the environment; and a lack of verticality in the spine. Some women find only years, if not decades later, that the emotions reemerge and physical symptoms ail them, which all require healing (Major et al.

2000). Social messages encouraging women to view their abortion in a more negative way can increase feelings of guilt, shame, and emotional distress. Therefore, the media, government, and a larger cultural context come into play with how some women value themselves and implement coping mechanisms (Major et al. 2009). Women experiencing feelings of conflict around the decision to abort, as well as women who have other preexisting symptoms, will be at greatest risk of experiencing negative emotions immediately and shortly after the procedure (Reardon, 2018). However, women who do not regret their decision, are asymptomatic, and do not have preexisting conditions, may experience negative symptoms years following an abortion. Subsequent studies have shown there are a percentage of women who experience negative psychological emotions in the future (Reardon, 2018).

### **Dance/Movement Therapy**

Spearheaded by Marian Chace, the conception of dance/movement therapy began in the 1940s. Dance/movement therapy was built on the foundations of movement and psychology. As the years progressed, such pioneers as Mary Whitehouse, Blanche Evan, Trudi Schoop, and Alma Hawkins developed further practices and studies with various populations. It was through the research of theorists such as Rudolf Laban, Warren Lamb, Irmgard Bartenieff, Marion North, and Judith Kestenberg that a standardized language of describing, interpreting, and documenting movement characteristics relating movement to personality and emotional attributes (Levy, 2005) was conceived. This standardized means of describing and interpreting movement correlated all movement characteristics with a person's psyche (Levy, 2005); therefore dance/movement therapy's foundation training in movement analysis is unique in highlighting all nonverbal communication. Dance/movement therapy offers unique clinical training by integrating the structure of the psychological well-being of the client, and the use of movement

analysis to view the client with a body-mind lens regarding coping, sense of self, and navigating the world.

The groundwork was set in the 1940s; however, it was not until the 1960s that dance/movement therapy was recognized as a profession within the United States. The 1960s was an era of change for the American woman within society. The field of dance/movement therapy blossomed from the energy around the feminist movement, which included demands for, and work towards, equal rights and pay, an end to sexual harassment, and access to a choice in reproductive health care. Fueled from the energy of the early 1970s feminist movement surrounding the Civil Rights Movement, Roe versus Wade, and female empowerment, dance/movement therapy programs were established within higher education institutions. The American Dance Therapy Association was legally incorporated and dance/movement therapy has been recognized as a therapeutic model for over 50 years (Miller, Aaron-Cort & White, 2016). With a profession invigorated off the energy of a movement encompassing women's rights, and a right to her body, it seems only natural for there to be research with dance/movement therapy and the large population of women who have undergone an abortion. Unfortunately, this woman-centered, highly charged topic of abortion has left authors within the field of dance/movement therapy reluctant to publish works that can be perceived as politically driven (Caldwell & Leighton, 2016). Regarding the American Dance Therapy Association journal, "the journal has never before published a single article that deals directly with women's rights" (Caldwell & Leighton, 2016, pg. 280). It is the author's opinion that because dance/movement therapy is still a relatively new profession, there may not have been the resources of dance/movement therapists in the field, a means of locating this specific community, or a climate that allowed for the

research to take place, which may have contributed to the lack of research with abortion. As the field grows, so too should the research with varying populations.

Essential for all lifeforms is movement, it is a response to internal and external stimuli to support survival and expression (Hartley, 1995). Movement has been a part of human function since in utero. The way one moves their body through space, the amount of weight with which they move, and the duration of time in their movement pattern is inherent in our characteristics and personality. How one feels about themselves is shown through the body. As women may experience ambivalence towards the self and decision-making skills post abortion, seeing how a woman moves through space in the aftermath of the procedure can more accurately describe her attitude of self and self-confidence. Therefore, movement allows opportunities for expression, self-awareness, and communication with others. Dance/movement therapy is an embodied therapy utilizing the whole self, body, mind, and spirit, for reintegrating the bodily-felt and conscious connection that has been lost. Dance/movement therapy finds healthy ways to work through pain, trauma, sadness, and unresolved issues that some women struggle with around the abortion experience. Dance/movement therapy promotes inclusion, fosters both verbal and nonverbal socialization and communication, while providing a safe space, allowing the client to divulge information if, and when, ready. Essentially dance/movement therapy provides a culture of support.

Abortion is an event that begins within the body from the moment of conception through post-procedure. Pregnancy and abortion are often an emotionally significant event that changes the course of someone's life. An individual deciding to have an abortion may deal with the distress of their decision and bodily issues that come with hormonal responses that can be misunderstood mentally but felt physically. Navigating identity shifts of self and others, while

contemplating role and identity changes may accompany the physical changes and negative psychological symptoms. Verbalizing the many emotions and physical changes that come with an abortion can be overwhelming. Even with the tremendous number of women receiving abortions throughout the United States, having an abortion can be an extremely isolating experience where dance/movement therapy provides social support to help alleviate the pain and sense of feeling alone. For women struggling with their decision, or shame attached to it, dance/movement therapy facilitates the practice of self-empathy. Dance/movement therapy is a field where women can embody advocating for equality of their bodily experiences (Caldwell & Leighton, 2016). Particularly when living with an experience that can hold profound social consequences, it can be extremely difficult to verbally advocate for empowerment of their choice. Dance/movement therapy is a body-based modality promoting living in the moment. Instead of reflecting and analyzing, the woman is living and feeling what is happening to her whole self in the here and now, promoting the re-lived experience. As the client stays in the moment, connecting to themselves, feelings of uncertainty, disconnection, and anticipatory anxiousness dissipate (Jordan, 2018). Utilizing practices that allow staying in the here and now can support and validate in the grieving process (Dominguez, 2018).

### **Dance/Movement Therapy as a Modality of Therapeutic Healing**

*I think any time you go through a rough period, something happens that you don't want to happen and then you have to deal with it, I think I dealt with it well. . .in some respects you become more creative as a result of that so you have to go through something that wasn't planned, struggle through. . .it did kind of make me a little bit more creative.*  
*(Goodwin & Ogden, 2019, pg. 241)*

As with abortion, dance/movement therapy begins with the body; the place where negative physical and psychological symptoms live. Therefore, starting with the body helps to regain the wholeness of the self. Dance/movement therapy integrates body parts, and externalizes inner thoughts and feelings, while promoting awareness of self (Sandel, Chaiklin, & Lohn, 1993). The core principle of dance/movement therapy is that the body communicates information about internal states. As abortion is an event that literally takes place within the body, engaging in a therapeutic modality that uses the body as the vessel for growth and expression is essential for reintegration. Dance/movement therapy is a creative arts therapy that utilizes the body to unlock and express inner emotions and past experiences, and work towards therapeutic goals. Dance/movement therapists acknowledge the mind-body connection to integrate the wholeness of the self, while using verbal and nonverbal empathetic understanding. The hybrid of best practices in dance and psychology allow dance/movement therapists to work with a variety of populations (McNally & Yuhas, personal communication February 19, 2019).

Founded by modern dancers who were influenced by the field of psychology, dance/movement therapy was created on the foundation that the body and the mind are inseparable. Dance/movement therapists assess a client's movement and postural patterns to discern their emotions and state of being (Hartley, 1995; Levy, 2005). Dance/movement therapists experience their client's movement configurations by embodying the client's shifts in space and time, holding body parts with muscle tension, and mirroring the same body attitude to feel the corresponding emotions of their clients (Sandel, Chaiklin, & Lohn, 1993). Embodying a client's movement patterns post abortion can give insight to the women's self-image and sense of self in their environment. For example, the more space a person takes up in space directly correlates with their self-confidence.

In dance/movement therapy, one's lived experiences and personality manifest in the body. Positive and negative experiences surrounding the abortion are stored in the mind, either consciously or unconsciously, as well as held within the body (Acolin, 2016; Brooks & Stark, 1989; Dominguez, 2018). The mental and physical attributes that make up an individual all share the same neuromuscular pathways, illustrating the significance of the mind-body connection (Acolin, 2016; Brooks & Stark, 1989; Chodorow, 1991; Dominguez, 2018). This connection can be lost as the mind is able to repress emotions for survival, whereas, the body remembers and holds onto the experience. Somatic reactions manifest in the body, as past experiences dealing with trauma or grief from abortion are held deep in the nervous and muscular system (Brooks & Stark, 1989; Dominguez, 2018), therefore, movement has the capacity to release feelings associated with the experience (Federman, Zana-Sterenfeld, & Lev-Wiesel, 2019).

Fifty-five percent of communication is nonverbal (Mehrabian, 1972); nonverbal communication may more accurately access past lived experiences than verbal communication (Federman, Zana-Sterenfeld, & Lev-Wiesel, 2019). Verbalizing can rupture the connection between what one says and how they feel, ultimately causing a disconnect between the mind and body (Sheets-Johnstone, 2009). Experiences with abortion may be difficult to verbalize, however, the body has a way of communicating nonverbally through breath and movement (Caldwell, 1996). Breath is used to calm, center, and ground an individual (Littman, Zarcadoolas, & Jacobs, 2009). Breath can be influenced by changes in thoughts or feelings: for example, shallow breaths can indicate tension, fear, or anxiety (Hackney, 1998). With abortion clients, lack of energy, muscle weakness or tension, immobility, headaches, tightness in the chest disrupting breathing patterns, emotional tone or mood, health conditions, and gestural habits, can be expressed through the body revealing characteristics, and the affect of a person (Acolin, 2016;

Caldwell, 1996; Dominquez, 2018). Postural components can offer inferences about the attitude of the woman; for example, the body moving towards an object represents being drawn to that stimuli, while body parts moving away represent the stimulus as noxious. The means in which the body moves vertically and horizontally directly correlate to comfort and pleasure, or discomfort and displeasure (Kestenberg Amighi, Loman, & Sossin, 2018). Widening in the chest, as well as lengthening of the spine supports confidence, and comfort, taking the world in around her; while narrowing in the chest and shrinking of the spine can represent physical or emotional discomfort (Kestenberg Amighi, Loman, & Sossin, 2018). Dance/movement therapists practice an embodied therapy working with the elements of the body in space, the weight of body parts, postural and gestural movements to embody a client's state of being (Chaiklin & Wengrower, 2009). Shifts in attitudes are deeply linked with shifts in postural changes. Dance/movement therapists notice these shifts in emotional states and attitudes by observing the actions of the body (Sandel, Chaiklin, & Lohn, 1993; Sheets-Johnstone, 2009). Attention to involuntary movements can awaken the body, making it feel more energetic and alive while supporting a sense of agency and capability in one's self (Sheets-Johnstone, 2009). This is particularly beneficial for women who experience a numb area within the pelvis, where the event physically took place. Consciousness of one's symptoms and movement patterns will allow women to understand and regulate their emotions, aiding in the healing process (Acolin, 2016).

As some women experience their abortions as difficult events, they may tend to mute their bodily sensations, storing painful memories of the experience in their unconscious (Caldwell, 1996). By lacking awareness of bodily sensations, these women lack access to their lived experiences (Roberts, 2018). Distinguishing, identifying, and verbalizing feelings can be

difficult when emotionally processing perceived traumatic events. Difficulty verbalizing feelings can prevent memories of the event from consciously surfacing, repressing the event for later in life (van Emmerik, Kamphuis, & Emmelkamp, 2008). For women who cannot identify their feelings, or feel uncomfortable speaking to their symptoms or emotions, the body provides another vehicle to express themselves. Nonverbal expression allows the body to speak for the mind while integrating experiences that are dormant in the subconscious. Dunphy, Elton & Jordan (2014) assert that the nonverbal and symbolic method emphasized in dance/movement therapy makes working with the somatic aftermath of abortion (dimensions of trauma, grief, depression, and anxiety) unique to the field.

Dance/movement therapy allows the body to be the conduit for change, facilitating the healing process. Therapy can aid this group of women in becoming aware of their experiences by acknowledging their body and its sensations (Caldwell, 1996). The body serves as a tool for expressing emotions and re-establishing the mind-body connection (Brooks & Stark, 1989; Dominguez, 2018). Changes in bodily function, posture, and mobilization result in important psychological changes (Acolin, 2016). Dance/movement therapy provides the women in the group with freedom of choice in an affirming, stabilizing, safe, inviting environment (Brooks & Starks, 1989; Dominguez, 2018). The practice of dance/movement therapy supports alternative ways of coping with emotions. By alleviating psychological and behavioral symptoms reported by women who have had abortions, dance/movement therapy facilitates a positive effect on mood and body image, all increasing one's quality of life (Acolin, 2016; Roberts, 2018). Dance/movement therapy can help women traumatized by the experience consciously integrate movements to bodily sensations forming healthier pathways (Chaiklin & Wengrower, 2009).

Dance/movement therapy allows for feelings and movement to be supported in a non-judgmental manner (Caldwell, 1996), crucial for women who are stigmatized for the decision they made.

Dance/movement therapy uses a system of movement analysis and interventions for client's expansion to move within their world (Roberts, 2016). In a dance/movement therapy session, the therapist matches the women's qualities, thus sharing affective states and creating trust, allowing the women to feel truly understood by the therapist (Chaiklin & Wengrower, 2009). For individual women living with the consequences of an abortion, group dance/movement therapy sessions can foster community. In group sessions, moving with others encourages feelings of support and allows the individual to feel "seen," building intimacy and relationships while decreasing feelings of isolation (Roberts, 2018). In a group session, the women can recognize others' emotions on an unconscious level, promoting empathy, and a further connection among members of the group (Brooks & Stark, 1989).

Dance/movement therapy aids in organizing the body, increasing socialization, and grounds the client back into gravity and the earth. Creating a safe space is necessary when working with women who are exhibiting symptoms of PTSD, trauma, body image, depression, and grief subsequent to having undergone an abortion procedure. The therapist is an anchor for the client providing stability and organization (Dominguez, 2018). In dance/movement therapy, healing trauma can begin nonverbally through touch, rhythm, movement, and spatial interaction (Federman, Zana-Sterenfeld, & Lev-Wiesel, 2019). Establishing an emotional connection between the therapist and the client begins through kinesthetic empathy (Federman, Zana-Sterenfeld, & Lev-Wiesel, 2019), while mirroring and the use of touch in a considerate manner fosters trust. Each woman may use self-applied touch to different body parts where comfort is sought (Federman, Zana-Sterenfeld, & Lev-Wiesel, 2019). Assisting the women to acknowledge

the trauma, without re-experiencing it, is a goal for treatment (Payne, 2006). Firstly, as the symptoms live physically within the body, clients' understanding of their own body and bodily-felt sensations is essential. By beginning with an element that is familiar and essential to all beings, breath allows for the connection to the inner self. Facilitating the use of breath to gain more self-awareness, decipher areas of numbness or uncomfortable sensations, allows the client to get back into her body to realize, and analyze the trauma (Federman, Zana-Sterenfeld, & Lev-Wiesel, 2019). The use of mirroring to accurately resonate the client's movements and rhythm allows these women to see their bodies' struggle on another's form. Feeling the effects of the abortion on a body-felt level allows integration of past and present feelings to confront the painful, discouraging, unsettled memories, and transform them (Payne, 2006). Treating the body as an ally can alleviate negative self-image and improve self-esteem which is imperative for women who may feel as they are living in a changed, unfamiliar body (Roberts, 2016).

### **Techniques and Interventions**

In a dance/movement therapy session, a variety of interventions and techniques aiding in body awareness and enhancing proprioceptive information and muscular activity (which is essential in the mind-body connection) are used (Brooks & Stark, 1989; Hagensen, 2015; Levy, 2005). Dance/movement therapy allows the therapist to embody their client's movement patterns through various interventions such as kinesthetic empathy, mirroring, concrete imagery and symbolism, and the use of rhythm to understand the women's emotional states better to achieve therapeutic goals.

#### ***Kinesthetic Empathy***

Kinesthetic empathy relies on the therapist to understand their own inner sensations. By using their movements to understand, acknowledge, and interpret the experiences of the client's movements, the dance/movement therapist can decipher how to make sense of it to gain insight into how the client is feeling. The therapist is experiencing the client's inner self through reflection of their own movements (Chaiklin & Wengrower, 2009). By matching the qualities of each woman, kinesthetic empathy shows acceptance of her state which creates intimacy, trust, and pride within her. In turn, acknowledging differences in movements facilitates a possible exchange between the therapist and client (Chaiklin & Wengrower, 2009). Kinesthetic empathy acquires information in delicate ways allowing the woman to be expressive in a judgement free environment (Sandel, Chaiklin, & Lohn, 1993).

### ***Mirroring***

Mirroring is an intervention used to incur empathy. Abortion is an experience that can feel extremely isolating; therefore, mirroring is used to establish an empathetic relationship with the isolated individuals. With women who feel stigmatized regarding their decision to abort, empathy from others and empathy towards the self can feel non-existent, thereby creating empathy allows for further interaction to develop. Mirroring is not imitating the client, rather matching the emotional tone, pattern, and qualities of the client. Mirroring can help the woman see her behavior in another's movements (Sandel, Chaiklin, & Lohn, 1993). This assists women's understanding of their movements and themselves in a more well-rounded manner.

### ***Imagery and Symbolism***

Imagery and symbolism allow externalizing difficult experiences without directly correlating the experience to the emotional content (Bernstein, 2019). Imagery shifts clients' connections between feelings of the event to symbolic communication. Imagery provides a

distance from the women's emotions regarding the experience, which often these feelings have not been consciously experienced (Sandel, Chaiklin, & Lohn, 1993). The dance/movement therapist identifies an image the women's body is expressing, leading her to access the symbolic action. Feelings can all be symbolically humanized; symbolism allows for a client to re-enact and re-call experiences. Content can be introduced by the therapist after embodying the symbolic expression of the clients (Lewis, 1979), consequently not enforcing the women to relive the experience, rather work through it.

### ***Rhythm***

Body awareness comes from feeling one's internal rhythm, such as their breath, heartbeat, and gait (Lewis, 1979; Sandel, Chaiklin, & Lohn, 1993). Rhythm is a unifier that creates a universal response. As women who may feel alone in a session share the same rhythmic structure, there is a heightened sense of community and security (Berrol, 1992; Lewis, 1979). Rhythmic dances have been used in many cultures since civilization began. These rhythmic dances focused around personal transformations and were used as a bridge between the conscious and unconscious (Lewis, 1979). When working with women who are struggling with physical and psychological symptoms, transformation into a healthier, happier woman is a goal for the group. In dance/movement therapy, rhythm is a means to communicate and foster relationships. Techniques of rhythmic use may vary from listening to the individual's internal or external rhythm, creating a rhythmic pattern using the body, using musical props or recorded music, or by combining the various methods. Rhythm is used to organize, structure, and ground the individual (Berrol 1992). The group moving in unison facilitates living in the here and now, being an active participant for transformation (Chaiklin & Wengrower, 2009). Rhythm alleviates

the feelings of isolation by forming solidarity and reuniting everyone into one solid group (Sandel, Chaiklin, & Lohn, 1993), stimulating a feeling of connection.

### ***Polarities***

One way to explore varying emotions is using polarities. Polarities are the extremes of contradictory tendencies; two opposites. Polarities allow the client to experience two extremes to feel the shifts in what is holding them back, what feels uncomfortable, and what feels comfortable. Clients can try on polarities, allowing them to go further into themselves for exploration and expression. For example, if a depressed client exhibits small, shallow breaths, and sinks into their chest, the therapist may first ask the client to narrow and collapse into themselves more, making their breaths shallower. With depressed clients (as is true with clients suffering any impairment or trauma,) moving to the opposite extreme right away can be particularly jarring. Starting with where the client is, and exaggerating that state, may feel safer and allow for increased trust in the process. Once the client is comfortable using polarities, explorations from one extreme of close, contracted, narrowed sunken chest to expansion and widening their chest as fully as possible while taking long, deep breaths filling up their chest and belly may be explored. Working through the full range of polarities on all different levels of the spectrum facilitates finding a balance within the body. Allowing time for the women to explore uncomfortable sensations can illicit self-expression, words, images, and emotions (Roberts, 2016). Understanding the bodily-felt sensations aids in emotional regulation which facilitates self-awareness, self-regulation, and internal control; awareness of all reshape the way trauma, depression, grief, and stigmatization is held in the body (Federman, Zana-Sterenfeld, & Lev-Wiesel, 2019).

### ***Additional Supportive Techniques***

Props, meditation, guided imagery, breathing techniques, creative dance, and dramatic reenactment aid in the therapeutic process of a dance/movement therapy session. By focusing on the body action of the client, symbolism that is occurring, introducing rhythm, and mirroring in a nonjudgmental manner, the therapist can facilitate the client in self-awareness (Sandel, Chaiklin, & Lohn, 1993). Dance/movement therapy aids in emotional regulation while identifying boundary issues; determining one's self in the environment while supporting individualization; increasing self-awareness of symptoms and feelings; increasing kinesthetic empathy, increasing sense of worth and self-esteem; all while empowering the client both mentally and physically to be more present for felt experiences (Brooks & Stark, 1989; Caldwell, 1996; Dominguez, 2018; Hagensen, 2015; Payne, 2006; Roberts, 2018).

### ***Goals***

Providing a group that supports women in their reproductive decisions, addressing stigma, and validating both physical and psychological symptoms is invaluable. It is imperative that women feel empowered to express their feelings and receive help for any symptoms they may be experiencing. As abortion can feel isolating, holding a group specifically for those who have had abortions is already a unifying aspect. A highly valued component of abortion care is emotional care, which may be difficult to achieve due to the high degree of stigma related to the event. Dance/movement therapists provide a safe, comfortable environment; full of warmth, trust, unbiased opinions, and confidentiality to build trust with the clients while meeting them where they are and validating the client's feelings and concerns. Overarching goals for this population are creating group cohesion to diminish the sense of isolation; foster feelings of acceptance; alleviating physical pain through movement while fostering a realistic, self-

accepting body image to become comfortable in a changing body; reducing the negative psychological symptoms by becoming aware of the client's inner sensations; and feeling empowered to externalize inner feelings. Therefore, the group would address themes of safety, both in the internal self and the external environment, socialization, self-acceptance, processing grief, empowerment, and destigmatizing abortions all to regain a sense of wholeness.

### ***Structure within the Session***

In each dance/movement therapy session the structure is the process of the session. First, to create consistency and to ease anxiety regarding the possibilities of the group's progression, the sessions would begin and close in the same manner. Setting up a ritual allows the group to prepare and ground themselves to start, and closes the group in a reaffirming, community-based manner. Each session begins with a warm-up. Warming up the body allows the client to yield to the outside world and listen to herself. The warm-up builds trust, relieves tension, and fosters a relationship with the self, and other members of the group. The warm-up also allows the therapist time to assess where the clients are currently. For women who have had an abortion the warm-up is a time for the therapist to expand the client's movement repertoire while gauging the comfort level of the participants. As the session progresses, theme development is the bulk of the session. This is where themes through imagery and symbolism emerge within the group. The development allows for each woman to have her own experience, whether singularly or with other women within the group, although social support and interaction are emphasized during theme development. Following the theme development is the closure of the session. The closure does not always have to end in a similar fashion as the beginning, however, with women whose safety and structure is compromised, ending in a similar fashion as the beginning brings the session full circle. Closure brings the experience back to the individual woman and the group.

### ***A Dance/Movement Therapy Session***

*I had to make a real life-changing decision. I mean, it's not easy ... I don't think we just get up to just say, okay, today, you know what, I'm going to ... kill a baby. You don't think like that. You look at all the things .... and I just didn't want to bring the kids in like that. (Altshuler, Ojanen-Goldsmith, Blumenthal, & Freedman, 2017, p. 112)*

From the way the participants enter the session, i.e., the intensity and volume level, how enthusiastically the group comes together, facial expressions, and the engagement of their breath, the therapist can determine the emotional undertones of the group. This nonverbal communication gives insight into the tone of the session. The group would begin in a circle with participants looking into the center at one another, being acknowledged by the therapist as a group. Beginning with the women in a circle will serve as a safety container to block out the outside world around the participants. For women who feel a sense of isolation, viewing a circle of women who have a shared experience can dissipate those feelings. A circle unifies the group and allows each participant to gain the sense that they are participating in a shared practice, both with what they are about to embark on in the session, and the reason (dealing with the effects of an abortion) in which the group is based upon. The sessions draw these women together for a universality of a shared adventure. The participants may begin with their eyes closed, or open with a soft gaze. As a group, three deep breaths will be taken, making sure to pause between each breath to allow the participants time to feel the air fill up their bodies, center themselves, and calm the world around them. Breathing together not only unites the group but allows each client to listen to their body in a gentle, relaxing way. Participants will learn to actively tune into the rhythms of their body, while learning to understand and trust their inner experience. As the warm-up continues, the therapist may make suggestions to warm-up different body parts or may

pass leadership to each participant asking what area they would like to warm-up. Passing leadership gives an opportunity for every individual to have agency over their body and feel seen and empowered. The mood of the group allows the therapist to determine what type of music, if any, should be put on. For example, if the mood of the group feels quiet and listless, the therapist would put on softer slower music to mirror the group's feeling. However, if there was some sense of anxiousness, i.e. twitching of the feet or hands, erratic eye contact, or lots of chatter, the therapist can mirror the feeling with a faster tempo, more rhythmic selection. Music does not have to match the mood of the group. Mismatching the music to the mood of the session can be used, however, if making the clients feel comfortable is a priority, matching the majority allows the client's needs to be the focus. Music would accompany the remainder of the warm-up and throughout the session. At this point some clients may break away from the group which can signify a few different meanings. Some women may feel reluctant to have an intimate experience around strangers, some women may be apprehensive as to what can come up during the session and find it necessary to isolate themselves, others will express defiance, while other women may crave individuality from the group and the experience. Mirroring participants movements and establishing eye contact, while providing appropriate spatial distancing, creates one-on-one contact with the therapist and client and allows for individualism and choice. Participants may make contact with one another, fostering different relationships. By using kinesthetic empathy, the therapist assesses what she is seeing by mirroring the client's movement characteristics, inquiring as to the imagery that is being nonverbally spoken and inviting participants to join in while allowing the choice to say, "no" to be an appropriate option. The warm-up smoothly progresses into the theme development.

Theme development deepens the affect and emotional content of the session. Theme development is where images are presented, expanding into symbolic material, and movement metaphors. This is a time in the session where past experiences and unresolved emotions can be explored. Theme development is most often where individual expression is shown. The therapist may empathetically reflect the client's expressions either through movement or verbalization. For example, a client viewing her abortion as traumatic may feel that the divisive emotions in her body are wrong and that something is simmering inside her that should be hidden or buried. Going off the client's movements or verbal cues, the dance/movement therapist could offer an image of the body being soil and growing that feeling into a tree, or a flower, in the garden that is her life. Working with imagery that allows taking a universal shape encourages a sense of stability and provides sustainability within the internal and external relationship.

As the theme develops, props such as scarves, shaker eggs, or beanbags can be introduced as an offering, rather than a requirement. Props can serve as a barrier if touch from the group or therapist is unwanted or uncomfortable, while other props can facilitate imagery. For example, aggression can be present in a session as it is an emotion that denotes uncomfortable feelings. Clients who present with unresolved emotions of depression, PTSD symptoms, who are ashamed and embarrassed about the procedure may exhibit aggression within a session. If a client is feeling aggression, throwing a beanbag onto the floor is a safe way of releasing repressed feelings. For women dealing with the loss of the fetus physically and mentally, holding the weight of the beanbag could symbolize holding the weight of what was lost, while purging the weight can be cathartic. Colorful scarves provide a beautiful, airy distraction that allow movement to come forth without the pressure of the client needing to "dance," or produce something. The prop allows the focus to be on the scarf moving through the

air as the unconscious brings about imagery and symbolism. The pelvis may hold symbolic meaning, being a source of physical and emotional trauma as it is the physical area where the procedure occurred. A scarf can be used as a barrier to mask a sensitive area. The scarf can be tied around the pelvis to comfort or protect that area from the group. In contrast, a client may use the scarf to gain a more positive body image, undulating and twirling the scarf around as if she were a belly dancer, promoting feelings of strength, confidence, sensuality, and revitalizing her sexuality. If the group needs to be unified or the environment requires some shaping or structure, adding in some rhythmic beats with the shaker eggs, or rhythmic sounds with the body such as clapping, stomping, or snapping can be introduced. Rhythm can provide reorganization and promote grounding, as well as stimulate a fun celebration of beats. Celebrating together can slice through the pain and stigma of an abortion procedure. Ultimately props enhance expression and imagery in a less threatening way to connect with others. Props allow an avenue that is more playful and fun, which is essential in healing for clients who have experienced trauma, loss, and stigmatization.

The closure wraps up the session while unifying the group in their shared experience. The closure grounds the client back into the space so that they can leave the session feeling resolved and ready to go back into the world, this is the time for deeper reflection and integration of the movement experience. The closure of the session will end the same way as it began, reconnecting back to the circle. Once back in the circle, clients may provide self-touch. Gently patting, rubbing, or squeezing different body parts brings the mind back to conscious thinking and the here and now. Self-touch creates direct focus and attention allowing the client to bring their experience to a close. After self-touch, participants can choose whether to hold hands, or hold a scarf to connect to the persons on either side. Again, three deep breaths are taken

collectively as a group. Verbalization at the end would be encouraged, however, not required if not comfortable. Verbal processing shifts the bodily-felt experience into the consciousness. A client who chooses to verbalize their experience, giving names to the emotions they are feeling, oftentimes validates the feelings of others. Sharing experiences with others can help a client to gain insight into their own experiences, linking the unfamiliar to the familiar. Verbalization is a way to keep the group connected and close the session. For the women who feel alienated from their bodies post abortion verbalization can be the link between the movement and kinesthetic experience which allows for realistic body image and awareness of self. For example, take in the theme development a woman using the scarf to conceal her pelvis from the group, this action may have seemed like nothing more than wanting to shield the area of discomfort. As the development progressed other images and feelings could arise with that area of the body, however, it may not be until the woman verbalized the feelings and images that arose in the session that she could conceptualize that the specific area brings feelings of guilt, trauma, or sadness. Further reflection with the group may allow her to honor possible feelings of shame of concealing the abortion procedure, honoring the buried emotions in advancement towards healing.

*I just remember closing my eyes, praying, and just, before I knew it, the words were coming out, and I said, I can't. Doctor, I can't. I knew I was at peace with it. I knew my God was at peace with it. I think it was one of the first major decisions I made with no consideration of anyone else. I knew that I needed to be the best mother that I could be to the children I had. (Planned Parenthood Federation of America, 2020, 9:53)*

Abortion is an experience within the body and mind. Dance/movement therapy is a healing modality of the body and mind. The intertwining, delicate dance of owning, and

honoring the all-encompassing experience of abortion within the container of origin makes dance/movement therapy unique in reclaiming physical and mental stability. Dance/movement therapy allows women who have experienced an abortion to be in the space, and in their bodies, while connecting, and honoring themselves and others with whom they have had a shared experience. Dance/movement therapy reintegrates the mind-body connection and facilitates healing through self-awareness of felt bodily sensations, allowing unresolved emotions in the unconscious to move to the forefront, and allowing clients to have agency over their bodies. This allowance over the woman's bodily felt expression circles back to the 1960s feminist movement of claiming the right to maintain control over their body. In dance/movement therapy women are not only allowed permission but celebrated in the mind-body connection of empowerment in their bodies.

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