5-2022

Embodied Self-Care: Cultivating Compassion Through the Art of Surrender

Grace Holden
Sarah Lawrence College

Recommended Citation

EMBODIED SELF-CARE: CULTIVATING COMPASSION THROUGH THE ART OF

SURRENDER

Grace Holden

May 2022

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

Abstract

Self-care is a vital component to the well-being and professional longevity of dance/movement therapists. Empathy, honored as a gift among highly sensitive therapists, invites exploration into certain vulnerabilities that contribute to the risks of compassion-fatigue and vicarious trauma in therapy professions. A collaborative intersection connecting the origins of self-care, kinesthetic empathy, energy healing and creativity provides therapists with an embodied self-care method. Radical love energy and interpsychic communication awaken nuanced opportunities for regenerative harmony to be experienced in the body, while enlivened states of compassion and surrender offer restorative possibilities. Practicing porous body-boundaries encourages sensory stimuli to pass through the body during emotionally charged therapeutic encounters and invites present moment revitalization. The spiritually rejuvenating nature of artmaking through sensory transmutation provide additional pathways for recuperation for therapists. These elements, supported by an exploration into the dynamic intersubjectivity within therapeutic relationships, evolve into an embodied self-care method for dance/movement therapists. This method encourages collective-care and moves away from a commodified self-care agenda within capitalism.

Keywords: dance/movement therapy, self-care, compassion-fatigue, embodiment, empathy, kinesthetic empathy, radical self-love, intersubjectivity, mindfulness, energy healing, sensory transmutation, porous, boundaries, vicarious trauma, surrender

Table of Contents

Introduction

In my training as a dance/movement therapist, I have become aware of a permeable and extra-sensory receptiveness to the experiences of my clients within my body. When I would enter into a therapeutic relationship, I would absorb the tone of the environment and be curious about what might be present for the client by noticing nuanced sensory manifestations in my body and drawing connections to associated feeling states and emotions. Detailed awareness of temperature, gut reactions, muscle tensions, breath and movement impulses became information for keenly attuning to emotional energies and for adapting to an ever-changing environment and understanding the people within it.

At first, I recognized my sensitivity to what feels expansive and diffuse as therapeutic tools for relating to my clients; my receptiveness to the sensed state I felt from another human being allowed me to connect to emotional experiences and meet the client where they are. In time, I learned this level of sensing others' experience was difficult to disengage from following an encounter. Moreover, the weight of emotional energy being transferred onto my body was increasingly heavy to carry, and in the beginning stages of my practice I had not acquired the tools for letting it go. I feared I lacked boundaries necessary for delicately separating myself from others and found myself merging with the client in their experience. Unable to recover from the days' work, I would enter into another day uncharged, and accumulate more emotional energy. Over the course of many months, I became increasingly fatigued. On a nuanced and often nonconscious level, I began suffering from the same physical and emotional afflictions as my clients.

It became my goal to close the pores of my extra sensitive body; to absorb less and hopefully feel less fatigued, drained and depressed. I explored various walling techniques like

holding an invisible shield during intense moments of trauma work and interactions with clients but found that it shielded replenishing aspects I wanted to have in my therapeutic relationships, like joy, humor and connection. While engaging in movement, I brought attention to the boundary of my skin and explored a forcefield slightly beyond my body, protecting and separating me from my environment. In metaphoric movement, I imagined my body and my development growing outward like the rings of a tree; with more years, with more experience, I'd eventually have a thicker, more mature bark to protect my core. I visualized a real wall made of impenetrable material—but it didn't matter. None of these walling techniques worked for me.

The way I sensed, felt and absorbed energies had become harmful, leaving me increasingly isolated. No longer interested in social interaction in my personal life, I discovered being alone was the only method that prevented serious fatigue brought on by the emotional expenditure it took to be amongst others. This was not realistic or sustainable. It required research and the development of different strategies for self-care and present moment recuperation during emotionally charged interactions in my work.

Literature Review

Self-care for dance/movement therapists is not only encouraged but included as an ethical requirement in the American Dance Therapy Association's Code of Ethics (2016). Statute 2.4. a. states, "dance/movement therapists recognize the stressors that are inherent in the practice of therapy and routinely engage in self-care to support their capacity to be fully present and capable of sound judgment within the therapy process" (American Dance Therapy Association [ADTA], 2016). The ADTA Code of Ethics supports dance/movement therapists being, "fully present" as an outcome of routine self-care which invites further exploration into what constitutes self-care and how it supports being fully present (2016, p.11).

The Origins of Self-care: Radical Love

Self-care was originally conceptualized in the 1980's by Black activist Audre Lorde (2017) as a form of resilience during her fight with cancer, to support Black activist communities, and as a radical act of disrupting corrupt political systems within one's own body (Allen, 2021; The Audre Lorde Project, 2022). Lorde's perspective maintained that for Black and Brown women of color especially, to thrive amidst the oppressive systems deeply embedded in American culture relies on self-care as a form of self-preservation and is, "an act of political war-fare" (2017, p. 129). Self-care is supported as a radical act by Black, feminist activists (Lorde, 2017; Taylor, 2021; brown, 2019) because it fiercely resists White supremacist and patriarchal systems of oppression. Taylor (2021) emphasizes that, "using the term *radical* elevates the reality that our society requires a drastic political, economic, and social reformation in the ways in which we deal with bodies and body difference" (p. 8).

Lorde (2017; 2022), and supporters (Dionne, 2015; Kim, 2021; Taylor, 2021; brown, 2019; hooks, 2018), view self-care as being rooted in love that must first be cultivated within oneself. Taylor (2021) emphasizes the importance of body politics when cultivating love, where she asserts that unapologetically taking up space with one's body and the intersections of identity one's body holds, is a radical act of self-love and resistance. From a body politics perspective, the impacts of racism, sexism, ableism, classism, xenophobia, fatphobia and homophobia, among other complex intersections of oppression (Dionne, 2015; Taylor, 2021), are harmful and can be deadly to navigate for Black, Brown and Indigenous people of color, women, people with disabilities, impoverished communities, LGBTQIAA+ communities, and individuals socially marginalized by dominant societal systems. By empowering individuals and communities to take up space with their bodies and provide their bodies with self-care as a form of resistance,

harmful and potentially deadly societal constructs are dismantled and transformed from within one's physical vessel (brown, 2019; Taylor, 2021; hooks, 2018).

Furthermore, Taylor (2021) suggests that humans are prone to blame themselves for the perceived inability to change the societal systems from which they are oppressed. Radical self-love viewed as an innate way of being (brown, 2019; Taylor, 2021; hooks, 2018) is obstructed by social, political and economic systems of oppression where self-blame emerges as an internalized response to the inability of enacting change (Taylor, 2021). Taylor (2021) and others (Lorde, 2017; brown, 2019) suggest self-care as a remedy for absolving oneself from self-blame brought on by oppression. Adopting self-care and self-love as integral to one's identity can form a foundational embodiment of love that generates the capacity to show compassion for others (Taylor, 2021). From one's embodied foundation, love and care can be organically sourced, accessed and retrieved within one's body and ripple outward to others (brown, 2019).

Lorde (2017) emphasizes the link between self-care and relishing in the uncertainty of the present moment to bring about life-affirming experiences of joy. brown (2019) and others (Dionne, 2015; Taylor, 2021), highlight how Black women and women of color so often shoulder the burden of caring for their families and communities all while navigating the weight of a White, patriarchal society, making self-care a vital practice for resilience and happiness. Women from a multitude of racial and ethnic backgrounds are often gendered into nurturing and care-giving roles in society (brown, 2019; Lorde, 2017) rendering self-care as even more necessary for rejuvenation, personal replenishment and pleasure.

brown (2019) suggests that self-care and self-love can become a reciprocal expansion of giving love and care for others when she asserts, "what we need right now is a radical, global love that grows from deep within us to encompass all life" (p. 61). Honoring one's body goes

hand-in-hand with respecting and honoring the bodies of others (Taylor, 2021). Self-care as a

component in honoring one's body provides the foundation for building a more compassionate

community as a whole (Taylor, 2021), and as a political and radical act for profound expressions

of love and bliss (Taylor, 2021; Lorde, 2017). These ideas center around the belief that humans,

"arrived on this planet as LOVE" (Taylor, 2021, p. 7), and are in a continuous dance of returning

to one's natural state. Given this perspective, care of the self provides the foundation toward

caring for others.

Self-care in the Helping Professions

Literature on self-care in the helping professions highlight empathy as vital to building

therapeutic relationships with clients (Barnett et al., 2007; Coaston, 2017). To be an empath is to

have the gift of experiencing another; to be with their thoughts, emotions and energy—and feel

these elements within one's own body (Markowitz, 2013). Emotional energy and attentiveness

are needed for cultivating empathy within a therapeutic interaction (Markowitz, 2013). Empathy

as an exertion of energy can be rebalanced with intentional recuperation, or self-care. In

dance/movement therapy, empathic reflection, or the capacity to sense the emotional tone of the

client's experience within oneself and respectfully reflect it back to the client is practiced as a

therapeutic process (Chace et al., 1993; Levy, 2005; Burns, 2011). Therapists are often drawn to

their work because of an innate empathic response to others (Barnett et al., 2007), including a

heightened awareness to their surroundings (Markowitz, 2013), and a particular sensitivity to the

experiences of their clients (Skovholt et al., 2001).

Empathy is viewed as a central component for providing effective therapy (Chace et al.,

1993; Levy, 2005); however, it may also present certain risks and vulnerabilities for therapists

(Coaston, 2017). Therapists who possess the gift of a highly attuned empathic ability may also be

more vulnerable to take in adverse sensory stimuli (Markowitz, 2013). Sensitivity to multitudes

of affective experiences from their clients and within themselves situate therapists as highly

skilled practitioners (Monetti et al., 2017; Barnett et al., 2007), for whom self-care is suggested

as a valuable and restorative resource to complement their gift of empathy (Coaston, 2017).

Radical self-care perspectives (brown, 2019; Lorde, 1988; Taylor, 2018) and literature on

self-care in therapeutic practices (Barnett et al., 2007; Markowitz, 2013), highlight how certain

therapists may be more vulnerable to a heightened sensitivity to their clients due to their own

experiences of personal trauma, shame and other difficult emotional experiences in their own

lives. brown (2019) and Taylor (2018) include self-care as necessary for those who have

survived traumas and who may be experiencing shame from hiding their trauma as a form of

survival. A therapist who has gone through a similar experience as their client may be the most

effective helper due to their understanding and empathy for a familiar wound (Monetti et al.,

2017). From this perspective, the relationship between the therapist and the client is defined by

Skovholt et al. (2001) as "collaborative" yet "not reciprocal" where the therapist is engaged in

the process and also largely responsible for providing the foundation for emotional work to be

processed for their clients. Providing the therapeutic foundation while managing their own

personal needs outside the workplace can be difficult and may eventually lead to exhaustion for

the therapist if an imbalance is left unresolved (Markowitz, 2013).

Markowitz (2013), a practicing healer who works with therapists, described exhaustion

resulting from an empathic response as being like a "sponge" where the empathic individual

absorbs the experience of another person, thus causing harm to the empath. Absorption of the

client's experience is suggested as being particularly challenging to navigate for novice

therapists as well as therapists with a history of trauma or abuse (Monetti et al., 2017; Barnett et

al., 2007). Markowitz's (2013) work correlates with the literature on self-care for career

counselors and therapists that underscores the vulnerability of exercising empathy without

restoration, and the resulting risk of vicarious trauma, especially those more susceptible to re-

traumatization (Barnett et al., 2007; Bush, 2015; Coaston, 2017; Skovholt et al., 2001).

Over time, providing care without adequate recuperative strategies for the therapist may

result in vicarious trauma, often referred to as compassion-fatigue or burnout (Alkema et al.,

2008; Barnett et al., 2007; Coaston, 2017; Mayorga et al., 2014; Pehlivan & Güner, 2017;

Skovholt et al., 2001; Rand, 2003). Compassion-fatigue is defined as a, "secondary traumatic

stress response resulting from the desire to help or to help suffering individuals from traumatic

events" (Pehlivan & Güner, 2017, p. 130). Therapists enter their field because they want to help

people but may neglect the recuperation required from providing continuous care. Therapists

aiding in the healing of their client's wounds must address and prioritize the healing of their own

wounds as vital to their health and practice (P. Sevett, personal communication, February 12th,

2022). Furthermore, if therapists are not successful in helping their clients, their reason for

entering their field can lose meaning, which threatens the purpose of making a difference in a

client's life. Over time, this lack of meaning and purpose can be internalized and lead to an

increase of burnout (Barnett et al., 2007; Skovholt et al., 2001).

Burnout perpetuates low efficacy for the therapist and can lead to less competent

practices resulting from decreased engagement in the therapeutic relationship. Skovholt et al.

(2001) defined this as a, "decreased ability to attach with the next client because of the emotional

depletion accumulated over a period of caring for others" (p. 171). Fundamentally, burnout can

cause a person in any helping occupation ill-health. When burnout and fatigue are not addressed,

therapists may risk serious impairment in their professional practices and are at greater risk for

mental health issues (Barnett et al., 2007).

Barnett, et al. (2007) observed several studies where colleagues notice impairment in

their peers but do not intervene. It is suggested that in high stress environments where therapists

are overloaded with caseloads and fatigued by other-centered care, they are less likely to support

a peer due to barely recuperating themselves (Barnett et al., 2007). From this perspective,

burnout amongst therapists is a systemic issue (Barnett et al., 2007). This correlates with feminist

and anti-racist theories that prioritize self-care as a form of resistance to systemic burnout

(Lorde, 1988; brown; 2019; Taylor, 2018). Cognizance of the intersectional identities of

therapists is critical when examining systemic issues within the culture of helping professions;

therapists experiencing systemic marginalization are at greater risk to the harmful effects of

burnout (Taylor, 2021). Skovholt et al. (2001) suggest that building supportive relationships for

therapists enriches their practice and promotes healthy work-life balance.

Novice therapists at the beginning of their career are most susceptible to burnout, fatigue

and physical impairment associated with stress in the workplace (Barnett et al., 2007; Skovholt et

al., 2001). Along with the risk of compassion-fatigue inherent in providing therapy, novice

therapists have increased fear and anxiety from perceived expectations of their role in caring for

patients (Skovholt et al., 2001). Training therapists are encouraged to take care of their vessel;

however, this may be unrealistic due to the increased demands for productivity. Unrealistic

demands as well as the stigma around help-seeking must be critically investigated in graduate

programs to counteract the perpetuation of systemic burnout in therapy professions.

Self-care for therapists must involve practices for recharging and revitalizing in

nourishing ways (Coaston, 2017). Practitioners in helping professions should be encouraged to

utilize self-care to refuel their mental, emotional, physical and spiritual bodies (Barton, 2019; Coaston, 2017; Mayorga et al., 2014) which includes a variety of methods unique to an individual's preferences for recuperation, as well as reaching out to community for support (Allen, 2021; Barnett et al., 2007; Delany, 2020). Engaging in healthy practices that replenish the mind, body and soul help to protect therapists against burnout (Barnett et al., 2007; Coaston, 2017), and may promote a fuller presence in their practice.

A widely suggested strategy for therapist self-care that takes place within the body is mindfulness (Bentley et al., 2018; Dorian & Killebrew, 2014; Christopher et al., 2006; Fernros et al., 2008; Mayorga et al., 2014; Newsome et al., 2006; Suzuki, 2011). Adler and Fagley (2005) described focusing on the present moment as foundational to bringing attention to bodily sensations so as to attune to cognitive and emotional experiences in the body. From this perspective, mindfulness may build awareness required to cultivate compassion and appreciation for oneself (Adler & Fagley, 2005; Coaston, 2017). Self-compassion, or having self-acceptance and gentleness toward the self during experiences of perceived inadequacy, is studied as a vital component in therapist self-care (Coaston, 2017; Devenish-Meares, 2019).

Self-compassion is further defined as being kind to oneself and holding oneself in a positive light, even during painful moments (Coaston, 2017). For the self-compassionate practitioner, mindfulness is practiced to increase awareness of emotions and bodily sensations, including those that are painful, and accepting the full scope of one's experience with kindness and as part of the human condition (Coaston, 2017). Having appreciation for oneself has also been linked to an increased experience of well-being (Adler & Fagley, 2005).

Therapists develop caring attitudes and compassion in order to address a client's trauma, difficult emotions and painful life experiences (Bush, 2015; Coaston, 2017; Skovholt et al.,

2001). A client in need of guidance and support requires a compassionate response from the therapist to build a relationship as the groundwork for therapeutic collaboration (Coaston, 2017). Skovholt et al. (2001) suggest that finding balance between the depletive aspects of counseling work and the self-care needed to revitalize the therapist are at the core of providing compassionate care. Pehlivan and Güner (2017) define compassion as a response to human suffering where one becomes motivated to help and reduce the suffering of others. Barnett et al. (2007) maintain that therapists enter into their field because of their compassionate approach for helping others.

Paradoxically, therapists are highly trained to have compassion for others, yet they often neglect self-compassion and their own needs for self-care (Skovholt, et al., 2001). Inherent within this paradigm is the focus toward outward care that enables a professional culture that values caring for others over caring for oneself. For instance, a therapist may encounter an inability to set limits, resulting in prioritizing the patient before themselves (Skovholt et al., 2001). Even in pursuit of their own well-being, therapists, and novice therapists in particular, may have difficulty relinquishing personal responsibility for helping the client (Barnett et al., 2007; Skovholt et al., 2001). Therapists may become unaware of what constitutes "too much" helping and inadvertently put their own health at risk (Skovholt et al., 2001; Markowitz, 2013).

In addition, valuing outward care may be ingrained in therapy culture from larger societal constructs and may also be learned from a young age in family structures (Barnett et al., 2007). Many therapists report having taken care of an adult or a sibling at a young age, making their care-taking abilities and empathic gifts strengthened from childhood (Barnett et al., 2017). Part of what attracts therapists into their field may include intimate, or even traumatic experiences of

caring for others (Barnett et al., 2007). Experiencing early traumas can make therapists even more vulnerable to re-traumatization or vicarious trauma (Barnett et al., 2007).

Therapists are at higher risk for impairment, not just vicariously, but directly as clients themselves (Barnett et al., 2007). Data reveals many therapists have experienced trauma, abuse and child abuse in their own lives (Barnett et al., 2007; Monetti et al., 2017). Strong emotional content in a client can feel close to home for a therapist with familiar or resonant emotional experiences (Monetti et al., 2017). When therapists resonate with the client's affliction, it can be felt more intensely from being remembered and therefore accessed on a body-level (Barnett et al., 2007; Monetti et al., 2017; Vulcan, 2009). When there is a sensed familiarity between both the therapist's personal trauma and the trauma of their client, therapists might unknowingly access their own past experiences during an interaction (Bruscia, 1998; Monetti et al., 2017; Vulcan, 2009).

A therapist's confrontation of past experiences during an interaction with a client has been defined as countertransference, or the largely unconscious response from the therapist in reaction to their client's transference (Bruscia, 1998; Vulcan, 2009). Transference can be described as the sublimation of the client's experience of someone else onto the therapist (Bruscia, 1998; Vulcan, 2009). Countertransference can be an informative and functional tool for therapists when their awareness and attention to the present moment are maintained (Bruscia, 1998). When left unresolved, countertransference can be harmful to the client and/or therapist and can damage the therapeutic relationship (Bruscia, 1998). Conscious acknowledgement of the therapist's own personal stressors and past experiences could be viewed as complementary to the idea of self-compassion as a form of self-care, where well-being is central to the development of ethical therapeutic skills (Coaston, 2017; Devenish-Meares, 2019).

In addition to the aforementioned vulnerabilities contributing to burnout, Markowitz (2013) listed three main conditions that were commonly found amongst his clients and contributed to ailments associated with compassion-fatigue, or what he described as symptoms brought on by being an "energy sponge." Empathic individuals with an unrealistic sense of responsibility for the physical manifestations of others' stress were at greatest risk for compassion-fatigue (Markowitz, 2013). From this perspective, when a therapist's felt responsibility is misattributed, the client's affliction being transferred onto the therapist can become internalized, often unconsciously, and leave the therapist feeling personally and physically responsible for the ailment (Monetti et al., 2017; Markowitz, 2013). Over time, the internalization of responsibility for repair may lead to greater emotional and physical imbalance within the therapist.

Sensing what others are feeling can increase a therapist's capacity for compassion, but when too much of the client's experience is "taken in," the therapist can misunderstand the ailment and attribute the experience as their own (Vulcan, 2009), creating misattributed responsibility that leads to burnout (Markowitz, 2013). The internalized suffering of the client can become attached to the therapist's body, causing vicarious trauma, which Devenish-Meares (2019) points out can be prolonged due to self-blame common in trauma processing. Self-blame as a response to vicarious trauma is a form of taking responsibility for the physical experience of suffering and a learned embodied mechanism for making sense of the pain (Taylor, 2018; Devenish-Meares, 2019).

Markowitz (2013) described differences between empathy and compassion when he suggested that, "empathy is an emotion of responsibility and enmeshment—a very low vibration and comes from a misapplication of the concepts of oneness and responsibility" (pp. 34-35).

From this perspective, the act of empathizing alone can be destructive and requires boundaries to differentiate the client's experience from one's own, and a strategy for releasing or expunging any remaining empathized material in the body. Markowitz goes on to suggest that compassion, a higher vibrational energy, encompasses the healing skills of empathy while minimizing responsibility for the healer, thus supporting longevity from less accumulated emotional matter, and a greater capacity for therapeutic work (2013).

A desire to help, a felt sense of purpose for helping, and an ability to empathically relate—continuously practiced without enough self-care—is described by Markowitz as, "a recipe for ill-health that never heals" (2013, p. 13). Recuperative strategies are key to balancing the skilled qualities of empathy, the felt responsibility for wellness, and spiritual growth for therapists (Markowitz, 2013). Markowitz (2013) and many others propose that strategies for releasing "soaked-up" experiences from clients, or recovering from compassion-fatigue, depends heavily on diligent self-care.

As part of a thorough practice, relinquishing responsibility for the full scope of the client's ailment may be a necessary component of self-care for therapists (Skovholt et al., 2001). Additionally, coming to terms with the realization that therapists are not physically responsible for the pain of others can provide relief (Skovholt et al., 2001). Acceptance of this self-care component cultivates healthy and realistic goals for the therapist as they come to understand they are not capable of helping everyone, nor should they feel responsible to do so (Markowitz, 2013). Often times, therapists and counselors do not have the answers, and are unable to make a significant difference in a client's life (Taylor, 2017). Therefore, letting go of perceived incompetency and accepting the humanness of one's limited abilities incorporates the element of

surrender into the professional identity for the therapist and serves as another ingredient for self-care toward the goal of well-being (Taylor, 2017; Devenish-Meares, 2019).

Furthermore, reflecting on the meaningful work of providing care can be processed alongside the internalized fatigue brought on by helping the distressed client (Alkema et al., 2008). Mindfulness, self-compassion, surrender and an openness to new ideas may support the integration of insight and revitalization for the therapist (Skovholt et al., 2001). Acknowledging the emotional spectrum of success and normalizing perceived incompetency for therapists can increase self-awareness and self-understanding. In turn, therapists may experience personal wellness and fuller presence in their therapeutic practices (Coaston, 2017) with satisfying outcomes extending into other facets of life.

The above practices synthesized from self-care literature are predominantly geared toward talk-therapists who interact with their clients through verbal exchanges. Engagement through non-verbal communication, or the largely unconscious, subtle shifts and body adjustments observed in the interaction, is considered essential to holistically attend to the client's full spectrum of communication (Mohacsy, 1995; Burton & Ancelin-Schutzenberger, 1977). Research maintains the validity of non-verbal communication as linked to cognitive and emotional processes and therefore a vital source of information in the therapy session (Mohacsy, 1995; Burton & Ancelin-Schutzenberger, 1977).

Self-care for Dance/movement Therapists

Dance/movement therapy expands on building connections with the client via verbalization by giving voice to movement and non-verbal communication in the therapeutic encounter (Levy, 2005). Early dance/movement therapists (Evan, 1982; Chace et al., 1993), theorized that the client's physical expressions of movement are linked to the internal processes

of emotion. Evan's (1982) perspective of, "dance as creative transformation" (p.5), and Chace's (1993) assertion of dance as communication support the theory of movement as a metaphor for feelings, thoughts, emotions, beliefs, memories and dreams. Physical expressions and changes in the clients' movement are honored as being linked to cognitive, emotional and spiritual processes in dance/movement therapy (Koch & Fischman, 2011). Together in mind, body and spirit, movement supports developmental growth and therapeutic processes for the client. To support body-mind integration, cognitive, emotional and social experiences are physicalized in the body and brought to fuller consciousness through movement (Koch & Fischman, 2011).

Dance/movement therapists observe the client's movement and non-verbal expressions such as postures, gestures and breathing as relevant to cognitive and emotional processes within the therapeutic interaction (Levy, 2005). Non-verbal communication in dance/movement therapy invites the full scope of the client's body movements to be heard (Levy, 2005), including choices to activate the body and express oneself through dance and movement (Evan, 1982; Chace et al., 1993; Levy, 2005; Koch & Fischman, 2011). Attending to movements brought forth by the client increases opportunities for connection and understanding in the dance/movement therapy session (Chace et al., 1993; Levy, 2005).

Dance/movement therapists not only observe, but often join their clients in breath and movement to form expansive, empathic connections (Chace et al., 1993; Levy, 2005; McGarry et al., 2011; Fraenkel, 1983; Boadella, 1998; Brauninger, 2014). This may involve mirroring the client's movement or mirroring the underlying feelings or emotions sensed in the interaction (Chace et al., 1993; Siegel, 1995). Exploring the client's movement in one's own body through mirroring invites the dance/movement therapist to access a deeper well of embodied information, both their own and the client's, to be sensitively discerned for attending to the client's needs

(Chace et al., 1993). By reflecting the movement back to the client, the dance/movement

therapist communicates that the client's movement expression was heard and accepted,

facilitating trust and safety required to cultivate the therapeutic relationship (Chace et al., 1993).

Research on mirroring as being conducive toward forming empathic relationships is

supported by attachment theory (Stern, 2002; Karen, 1998). From this perspective, empathy

development stems back to mirroring that takes place within the parent-child dyad, which serves

to promote a trusting container for child growth and satisfying interactions between parent and

child (Stern, 2002; Karen, 1998). The feeling-states and needs of the child are attended to, and

nurtured, through attuned mirroring by the parent (Stern, 2002; Karen, 1998).

In dance/movement therapy, mirroring supports the client in feeling safely seen, heard

and held in the therapeutic container provided by the therapist (Chace et al., 1993), and may also

promote client insight through the introspective nature of seeing ones movement reflected back

onto oneself (Homann, 2010; Siegel, 1995; Fraenkel, 1983; Brauninger, 2014; McGarry &

Russo, 2011). Homann (2010) posits how client-led change can be fostered through mirroring in

dance/movement therapy; "how we are seen shapes how we are able to see ourselves and others

and who we are able to become" (p. 90). Cultural considerations of mirroring are critical in

dance/movement therapy. This involves an attuned sensitivity to societal and environmental

systems impacting the ways a client moves through the objective realities of their world.

Dance/movement therapists lend equal attention to the unique elements of the client's subjective

experience while respecting the cultural and environmental experiences embodied in the client's

movement (Chang, 2009; Boas, 1992).

Another embodied intervention that differentiates dance/movement therapy from

traditional forms of talk-therapies is the use of touch (Matherly, 2013; Willis, 1987). Touch in

dance/movement therapy has been defined as, "to cause or permit a part of the body to come in

contact with so as to feel" (Matherly, 2013, p. 77). Touch can be essential for body-based

exchanges between client and therapist (Boadella, 1998) in order to communicate support and

nurturance to the client (Willis, 1987). Monetti et al. (2017) define therapeutic touch in trauma

therapy as a form of energy healing, where the practitioner uses touch to practice embodied

empathy for supporting the client's experience without exposing the client to re-traumatization

(McNiel, 2007). Traditional exposure therapy can trigger re-traumatization for a client (Monetti

et al., 2017) whereas therapeutic touch can communicate respect for the client while holding

their experience and providing a sense of safety (McNiel, 2007). For example, touch on the hand

or shoulder in dance/movement therapy may be helpful in establishing social and emotional

rapport with the client and has been associated with a sense of warmth and increased self-

disclosure (Willis, 1987). In dance/movement therapy groups, members may hold hands to

connect while moving, which can increase group cohesion and possibilities for social support

(Willis, 1987; Matherly, 2013). For an elderly client, therapeutic touch can ethically attend to the

needs for intimacy and provide opportunities for connection (Matherly, 2013).

Careful consideration into the ethical and consensual use of touch in dance/movement

therapy is supported by the literature that invites touch only if it benefits the client's therapeutic

process (Willis, 1987; Matherly, 2013) and maintains congruence with clients' cultural attitudes

toward touch and closeness (Brown, 2001). Research supporting the use of touch as a therapeutic

intervention returns to the first relationship of the parent and child, where touch serves to connect

and unify the parent-child dyad to provide safety, love and nourishment within the womb (Karen,

1998; Matherly, 2013). For clients who have survived childhood traumas, touch can be enacted

ethically in the therapeutic relationship to repattern attachment disruptions experienced early in life (Matherly, 2013).

The use of touch in dance/movement therapy expands connection into innovative domains not typically represented by verbal psychotherapies, inviting more opportunities for client integration (Matherly, 2013; Willis, 1987) and increased possibilities for empathizing with the client's experience (Brauninger, 2014). Touch, mirroring and physical movement in dance/movement therapy invite vast opportunities to connect and relate to the whole of a client's experience (Chace et al., 1993; Matherly, 2013; Willis, 1987). Working within a body-centered practice assumes greater possibilities for physical connection and, as a result, greater responsibility toward an embodied self-care practice for dance/movement therapists. Body-centered practices can place a therapist at greater risk for merging with the client's embodied experience. Honoring the depth of connectedness between client and therapist while avoiding the risks of empathic enmeshment requires an embodied self-care practice for dance/movement therapists (Markowitz, 2013).

Additionally, dance/movement therapists engage with underlying emotional tones sensed from the interaction with the client and felt in the therapist's body (Bruscia, 1998; Markowitz, 2013; Shaw, 2004). Attuning to feeling-states and emotions sensed from the client allows therapists to gain a richer understanding of the client's experience (Chace et al., 1993; Shaw, 2004). Dance/movement therapy incorporates both the client and therapist's sensory experiences as viable sources for embodied knowledge and communication (Shaw, 2004), with a goal toward building a therapeutic bond and a safe environment for movement exploration to take place (Chace et al., 1993). From these perspectives, verbal and non-verbal communication, movement, mirroring and touch as dynamic modalities for expression and connection (Koch & Fischman,

2011), are layered into the embodied awareness of nuanced somatic stimuli present in the encounter (Vulcan, 2009).

In dance/movement therapy, the therapist's awareness of their own body, differentiated as separate yet relationally intertwined via somatic attunement to the client's body, is defined as kinesthetic empathy (Rand, 2003; Rova, 2017; Vulcan, 2009). Sensory cues experienced on a body level can be differentiated in the therapist's body through diligently practiced mindful awareness (Vulcan, 2009). Kinesthetic empathy is further defined as the, "recreation of the clients' bodily movements in the therapist's body, which enables the therapist to sense and respond to the client's emotional state" (Vulcan, 2009, p. 278). Through kinesthetic empathy, the therapist's body functions as a conduit for receiving and feeling information, and then uses it to guide and support exchanges that nurture the therapeutic relationship (Chace et al., 1993; Vulcan, 2009).

Dance/movement therapy incorporates sensory bodily attunement as relevant toward collaborative healing for clients (Vulcan, 2009). Training for dance/movement therapists supports discovering bodily sensations as linked to ones' own emotions, thoughts, memories and dreams, referred to as somatic countertransference (Dosamantes-Beaudry, 2007), so it can be managed and differentiated during an embodied interaction with a client (Vulcan, 2009). Dance/movement therapy practitioners must develop their own somatic awareness to embody separateness from their client and the somatic material being transferred and received in the body (Vulcan, 2009). Without this level of awareness, the therapist can misunderstand their physical experience, or somatic countertransference, and feel accountable for the range of material experienced within their body (Vulcan, 2009).

Engaging in a mindful process of present moment interaction sets the stage for the therapist's reception of sensory bodily cues (Rand, 2003). Sensory cues that the therapist may tune-into during client interaction include temperature, proprioception, pressure, touch, muscle tension, pain and changes to breathing (Rand, 2003). Noticing changes in the body for the therapist can invite collaborative interaction with clients who may be feeling these sensations on an unconscious level (Dosamantes-Beaudry, 2007) or who may communicate non-verbally (Mohacsy, 1995; Burton & Ancelin-Schutzenberger, 1977). When the therapist attends to these cues in their own body, they can consciously differentiate their somatic experience from the clients' and, with an attuned intuition, offer informed therapeutic interventions that may help promote client insight (Kleinman, 1978; Vulcan, 2009).

Components of a permeable yet differentiated practice critical to the efficacy of kinesthetic empathy involve being immersed in the subjective experience of the embodied self while observing the self objectively, as a witness. Furthermore, the dual relationship within the therapist's body is layered within the intersubjective experience of the therapist and client together (Dosamantes-Beaudry, 2007), which is then directly experienced and subtly witnessed through kinesthetic empathy. The theory of self-reflexivity (Aron, 1998) ascertains the importance of moving back and forth between objective and subjective self-states to embody the intersubjectivity of the therapeutic relationship (Vulcan, 2009). Intersubjectivity is an embodied practice (Aron, 1998; Dosamantes-Beaudry, 2007) that manifests in the physical body of the therapist to be reflected back onto the self-and/or offered to the client, if relevant (Shaw, 2004; Vulcan, 2009). Shaw (2004), points out how "embodiment," as practiced in the therapeutic relationship, encompasses the therapist, the client, and the subjective space shared between them—that of the "overlapping" experience of the therapist and client (pp. 272-273). What is

sensed by the therapist in the somatic countertransference is recognized as relevant to the dynamic process for the therapist, client or both (Dosamantes-Beaudry, 2007; Shaw, 2004; Vulcan, 2009).

A significant amount of information is accumulated through the physical body of the dance/movement therapist. For dance/movement therapists, the physical body is engaged, sensing with curiosity through recognition of both their own, and the perception of the client's bodily felt sensations (Koch & Fischman, 2011; Shaw, 2004). The feeling and sensing body within the therapeutic relationship is utilized as a knowledgeable vessel with intuitive gleanings for connecting to the client and providing therapy (Dosamantes-Beaudry, 2007; Barnett et al., 2007; Vulcan, 2009). Unresolved personal issues of the therapist embedded within the somatic countertransference may eventually lead to burnout and emotional exhaustion, especially during heightened interactions that trigger unconscious experiences and reactions for the therapist (Rand, 2003).

Subtle differentiation can provide the therapist with enough separateness to prevent vicarious trauma (Rand, 2003). Kinesthetic empathy can enhance a therapists' understanding of their client while differentiating their experience (Rova, 2017), thus releasing responsibility of attending to the physical manifestation of sensations in their own self-care (Markowitz, 2013; Rand, 2003). Not only does kinesthetic empathy protect the therapist against potential compassion-fatigue (Rand, 2003), but it also enhances the therapeutic connection and invites client-led insight from the client's own bodily felt experiences (Rova, 2017).

For the highly empathic therapist, this process can be rewarding, and can also be exhaustive. A substantial amount of embodied work for the therapist must prerequire this exchange in order for the therapist to hold awareness of their own unconscious (Vulcan, 2009).

When the therapist's embodied practice is honed over time, a great deal of knowledge can be

sourced by utilizing somatic information as material for providing therapy; however, for novice

therapists or practitioners without enough experience to work through somatic

countertransference, Barnett, et al (2007) highlight how subsequent physical ailments associated

with stress and unresolved trauma can lead to burnout and be detrimental to an effective practice.

Self-care and Energy Healing

Shaw (2004) suggests somatic countertransference and client transference as subjective

phenomena. Others suggest and perceive it as tangible and material energy (Brennen, 1993;

Markowitz, 2013; McNeil, 2007; Pulvino, 1975; Gonzalez et al., 2019). From these perspectives,

joy, compassion and gratitude can be cultivated using energy medicine (Gonzalez et al., 2019).

Difficult emotions such as shame, guilt or fear may also become tangible in the body, and, when

unattended, they too have the potential to manifest as palpable and material ailments for the

therapist (Markowitz, 2013). Theories of embodiment and intersubjective somatic

countertransference may not sufficiently capture the energetic phenomena encapsulating the

exchanges between the client and therapist (Pulvino, 1975). From energy healing perspectives,

theories of an energetic interaction in the therapeutic relationship, referred to as psychic

communication between biofields or auras, are used to describe an additional layer of

communication and intersubjectivity between the client and therapist.

Gonzalez et al. (2019) support energy healing as originating in ancient cultural practices

including Chinese medicine and Ayurvedic medicine. Gonzalez et al. (2019) refer to the

interactions in energy healing practices as emitting and responding to both electromagnetic

energy and subtle energy between biofields. A biofield is defined as, "the field of energy and

information that surrounds and penetrates the human body…This energy field maintains the

integrity of the whole organism; regulates its physiologic and biochemical responses; and is integral to development, healing and regeneration" (Gonzalez et al., 2019, p. 2).

A dynamic interconnected web of multiple forms of energies comprise the human energy system to form the biofield (Gonzalez et al., 2019). These subcellular and cellular energies in the human body include biochemical energy; bioelectrical energy; biophotonic energy; bioelectronic energy; biomagnetic energy; and subtle energy. These energies comprise the innerworkings of metabolism, the nervous system, DNA and "by-products of cellular activity" (Gonzalez et al., 2019, p. 2). In other words, these energies are measurable and influence blood flow, heartrate, neurotransmission and biochemical energies such as hormones, and comprise a molecular level of communication within and around the human body and biofield (Frecska et al., 2011; Gonzalez et al., 2019). Subtle energies, or an individual's life-force known as Qi in traditional Chinese medicine; Prana in yogic practice; love, soul or spirit—among many other practices in ancient energy healing traditions across the world (Frecska et al., 2011; Gonzalez, et al., 2019), illuminate elements of energy that can be internally cultivated and intentionally expressed. Subtle energy also comprises the energetic exchanges often present in therapeutic touch, massage, homeopathy and acupuncture, for example (McNiel, 2007; Gonzalez et al., 2019).

On the cellular and subcellular levels, energy must be in constant supply to maintain life (Gonzalez et al., 2019). Energy is cultivated in the mitochondria of a human cell, interacting with water molecules to emit a vibrational frequency that maintains continuous energy production in the human body (Gonzalez et al., 2019). Cells operating at a muted or dampened vibrational frequency due to dysfunctional metabolic processes in the mitochondria of the cell will result in less energy production (Gonzalez et al., 2019). Cells vibrating at a higher frequency, or a fuller

life-sustaining energetic productiveness, can raise the frequency of nearby cells with dampened vibrations, just by being in proximity to them (Gonzalez et al., 2019).

The theory of resonance supports that, "powerful rhythmic vibrations from one source will cause less powerful vibrations from another source to lock into the vibration of the first source" (Gonzalez et al., 2019, p. 3). Resonance can be defined as the ability of a vibrational system to waver and alter the frequency of another system to vibrate with more fullness and supports the rejuvenating properties of the human cellular system to produce and restore energy. Gonzalez et al. (2019) describe how "every organ and every cell in the body has its own resonant frequency. Together, they make up a composite frequency like the instruments of an orchestra. When one organ is out of tune, it will affect the whole body" (p. 3). Cells and organs in the human body work together to produce energy and vibrate at harmonious frequencies to sustain life. Vibrating in harmony is molecularly more efficient for the internal energetic functions of the human body (Gonzalez et al., 2019).

Building from the foundational phenomenon of resonance within the human body comprising the biofield (Gonzalez et al., 2019), is the theory that resonance occurs between two or more biofields (Pulvino, 1975; Brennan, 1993). It is suggested that biofields resonate with a universal life-force energy that encompasses all life (Gonzalez et al., 2019). Internal vibrations extend beyond the boundary of the skin into the biofield and interact with the biofield of others (Pulvino, 1975; Gonzalez et al., 2019; Brennan, 1993). From this perspective, the client and therapist are interacting on an interpsychic level, containing and emitting energetic frequencies beyond the boundary of the skin, and sometimes within the boundaries of the skin through therapeutic touch in dance/movement therapy.

Additional energy healing perspectives center around the capacity to alter one's consciousness to promote changes in physiological functioning (Gonzalez et al., 2019; Pulvino, 1975). Physiological processes have electrical components within the brain and can be measured as waves categorized into Beta, Alpha, Theta and Delta rhythms (Pulvino, 1975). Research suggests that Beta waves predominate most wakeful consciousnesses (Gonzalez et al., 2019; Pulvino, 1975), and that Alpha waves, characterized by calmer more sustained rhythms, are considered an altered state of consciousness that can be achieved by self-induced mindful practices (Gonzalez et al., 2019; Pulvino, 1975). Alpha waves, "have been shown to promote mental coordination, calmness, alertness, inner awareness, mind-body integration, and learning" (Gonzalez et al., 2019, p. 4). Mindfulness, as a proposed component of embodied self-care, can produce Alpha brain wave rhythms that emit vibrational frequencies that embody and communicate a tranquil emotional state (Gonzalez et al., 2019). Gonzalez et al., (2019) and Brennan (1993) support the interconnectivity of brain wave rhythms with the biofield surrounding and containing the physical body.

Pulvino (1975) posits that energetic emissions are physiologically linked to emotions. Emotions such as love and compassion emit a higher vibrational frequency through one's biofield and are complimentary to the earth's natural, internal rhythm of harmony (Gonzalez et al., 2019). The internal rhythm of the earth's vibrational frequency, known as Schumann resonances, are suggested to be powerful enough to, "help repair DNA damage and restore harmony and equilibrium" (Gonzalez et al., 2019, p. 4). Conversely, being exposed to stress and human suffering, commonplace for therapists aiding in trauma care, can impact energetic frequency on a cellular level, and produce lower energetic emissions (Gonzalez et al., 2019).

Difficult emotions can be traced to the cellular level of the human body, where a disruption in the flow of energy can eventually produce blockages that result in illness or injury (Pulvino, 1975; Gonzalez et al., 2019). A strategy to encourage the free flow of energy is to practice mindfulness, meditation or prayer to raise the vibrational frequency of one's biofield by connecting to vital life-force energy (Gonzalez et al., 2019). Meditation (Suzuki, 2011) and exposure to nature can increase opportunities to reconnect to resonant, internal rhythms (Burns, 2011). Through mindful awareness, the energies of love and compassion, viewed as altered states of consciousness (Pulvino, 1975), can be internally sourced from within the body (Gonzalez, 2019). When blocked energy or illness are moved or removed, the space where the blockage was can be filled with love and compassion, a higher vibrational frequency (P. Sevett, personal communication, February 12th, 2022). Radical self-love (Taylor, 2021) would suggest the space created by moving through internal obstacles automatically fills with love because it is one's born, natural state.

Tracking the largely unconscious bodily-felt sensations such as heartrate, gut reactions, and blood-pressure inherent to kinesthetic empathy (Rand, 2003) can also bring mindful awareness to these reactions to explore alterations in consciousness. These alterations can transform energy emissions from one's body to be in tune with compassion for oneself and the client (Pulvino, 1975). Noticing energetic shifts can provide more information for the therapist to attend to the energies of their clients. Resonating with the client can also provide an additional layer of safety in the therapeutic container. Like two musical instruments, separate yet relationally intertwined to create a song with one another, the therapist can attune their instrument to the client's, and tune their own instrument to harmony, love energy and compassion. This can invite the client to be seen and communicate their own emotional tones

across the rhythmic, energetic realms of psychic communication with the support of the

compassionate container of the therapist's biofield. This process of resonance between therapist

and client assumes an intention of seeking well-being and harmony within the intersubjective,

therapeutic relationship. Through resonance, higher frequencies of energetic emissions can raise

the frequency of a client's energetic emissions, just by being near the physiological vibration of

the therapist (Pulvino, 1975). From these perspectives, a highly sensitive empath interacts

through verbal, non-verbal, movement, energetic and interpsychic communication through the

permeable nature of embodiment, kinesthetic empathy and biofield intersubjectivity (Pulvino,

1975; Gonzalez et al., 2019)

Boundaries in the Therapy Session

This process toward rich understanding of the client makes the embodied self-care

strategies for the dance/movement therapist even more crucial. Engaging in these boundless and

intricate levels of communication can lead to exhaustion over time, even while practicing

kinesthetic empathy, mindfulness, compassion, surrender and recuperation (Markowitz, 2013). In

energy transfer methods and therapy training programs, learning boundaries and various walling

techniques to prevent less sensory stimuli to enter the body during heightened, emotional

encounters with the client are demonstrated as additional preventative measures (Kepner, 2014;

Hartmann, 1997; Hermansson, 1997); however, these techniques are not always helpful for

everyone, and may only provide temporary prevention of vicarious trauma.

Kepner (2014) and Hartmann (1997) define the physical body as a boundary made up of

three layers including superficial, proximal and distal boundaries. Skin and muscles make up the

most superficial body boundary layer that separates one's body from the environment (Kepner,

2014; Hermansson, 1997). Kepner (2014) defines proximal boundary space as the layer outside

the skin yet inside the range of touch, and distal boundary space as the boundary associated with social distance and beyond the range of touch. Superficial, proximal and distal boundary space make up one's body boundaries, or kinesphere (Bartenieff & Lewis, 1980).

The boundaries of one's kinesphere can be identified as flexible and relational to meet the demands of context-dependent environments (Bartenieff & Lewis, 1980; Kepner, 2014) as well as uniquely structured by one's cultural identity (Brown, 2001). In Laban Movement Analysis (Bartenieff & Lewis, 1980) the kinesphere is defined as a three-dimensional structure surrounding the body and provides support for how the body navigates personal and social space. Proxemics Theory (Brown, 2001) highlights how cultural elements influence the formation of what Kepner (2014) describers as distal boundaries, and what Laban Movement Analysis (Bartenieff & Lewis, 1980) defines as reach-space, by honoring how bodies perceive space within environments with respect to one's culture.

Hartmann (1997) and Hermansson (1997) suggest that personality plays a role in the structure of therapist body boundaries and present a spectrum of boundaries ranging from thin to thick. Therapists with thin boundaries are suggested to be more vulnerable, sensitive, empathic and trusting (Hartmann, 1997). Therapists with thick boundaries are suggested to be more rigid, solid and stable (Hartmann, 1997; Hermansson, 1997). Kepner (2014) defines a similar spectrum of boundaries that range from permeable to firm, and claims that the spectrum fluctuates, modulates and changes depending on the relationship in which contact is made. Kepner (2014) defines contact as the sensory experience of another body being experienced within the self of the therapist during a therapeutic interaction. Kepner's (2014) definition of contact parallels the definition of kinesthetic empathy in dance/movement therapy (Rova, 2017) and biofield intersubjectivity in energy healing (Gonzalez et al., 2019).

Contact can be made on the superficial, proximal and/or distal layers of the body

boundary (Kepner, 2014). Permeable or thin boundaries arguably invite significant contact,

including the contact of touch, and increase the amounts of sensory stimuli being observed and

reflected within the therapist's body (Kepner, 2014; Hartmann, 1997). Firm, dense or thick

boundaries typically reduce the amount and intensity of contact upon and/or within the therapist

(Kepner, 2014; Hartmann, 1997). Difficulty during permeable contact is suggested to occur

when the therapist becomes flooded, or crowded by external stimuli, causing dysregulation for

the therapist (Kepner, 2014). Conversely, when boundaries are too rigid, the dance/movement

therapist will likely reduce their access to kinesthetic empathy and interpsychic communication.

Walling techniques, or the ability to shift one's body boundaries into firmer density

during an interaction with a client are described by Kepner (2014) to be linked to the

musculoskeletal system, where one physically strengthens and stabilizes their muscles to form

firmer boundaries. Softening the muscles and relaxing one's posture are suggested to promote

more permeable boundaries (Kepner, 2014). Kepner (2014) proposes the idea of assimilation as

significant to the development of this spectrum of boundaries, where permeability benefits that

which is assimilable, and firmness is required when stimuli is inassimilable or may cause harm.

Assimilable material may include elements of the client's experience that the therapist seeks to

understand within one's body and reflect back to the client (Kepner, 2014). Increasing the

firmness of one's body to avoid unassimilable sensory stimuli, or that which may cause

emotional dysregulation for the therapist, is suggested to be useful as a preventative method for

distancing harmful introjections of client material onto the therapist's body (Kepner, 2014).

For the highly sensitive therapist, walling techniques as a form of prevention for

compassion-fatigue can be exhausting or even futile due to the increased focus and potential

muscular tension required to maintain the boundary. Effective and ethical boundaries can feel

undefinable for the highly sensitive therapist, especially when an empathic ability has been

reinforced within the therapist over an extended time (Markowitz, 2013). Kepner (2014) echoes

Barnett's (2007) findings and suggests therapists who have experienced boundary introjection, or

non-consensual impingement upon their boundaries as children are more likely to hold

permeable body boundary structures and may therefore be more vulnerable to the harmful effects

of burnout. However, a permeable passageway between therapist and client lends itself to

nuanced interactions and meaningful embodied exchanges. The dance/movement therapist's

permeable ability to sense, feel, relate and increase one's understanding of the client during

contact are valuable qualities; walling techniques may impede the formation of these deeper

connections.

Porousness in Embodied Self-care

Markowitz (2013) proposes that closing the pores of the empathic process with walling

techniques can be counterproductive. For the highly sensitive, Markowitz (2013) suggests

developing methods for becoming even more permeable to the extent of porousness, to promote

the energetic experiences of others to float through the body. In other words, rather than firming

the skin and muscles to deflect unassimilable material (Kepner, 2014), dance/movement

therapists might venture past the spectrum of permeability and into porousness, so the

introjection of unassimilable material passes through an expansive openness in the body

(Markowitz, 2013). This process can be explored as an embodied self-care method for

relinquishing responsibility, practicing detachment from the client's experience and letting go of

clients' emotional energies as accumulated through kinesthetic empathy.

Paul Sevett (personal communication, February 12ᵗʰ, 2022), illustrates this process with the example of ice, water and steam as symbolic and energetic representations of firm, permeable and porous boundaries, respectively. Ice represents firm or dense boundaries where assimilability is diminished. For dance/movement therapists, embodying the qualities of ice within the therapeutic relationship may impact the depth of exploration into client-therapist intersubjectivity, kinesthetic empathy and sensory attunement. Water, a more permeable substance, has the capacity for other liquids to assimilate, but may change and become another substance entirely with the addition of external substances. To be permeable like water, the dance/movement therapist may be impacted by the overflow or flooding of external stimuli swirling and changing within the body. Ironically, steam has the highest molecular "density" of water and ice, yet it is also the most porous. When water boils, molecules break apart and allow the release, or escape of vapor into the air. Like porous boundaries, dense from the richness of their differentiated and compassionate nature, unassimilable material is sensed, felt and allowed space to release, then passes through the body like vapor.

To become more porous, a dance/movement therapist might utilize sensory attunement and kinesthetic empathy as tools for noticing specific sensations, feelings and emotions in the body and discern where in the body they are felt (Vulcan, 2009). From there, the places within the body that are activated are invited to expand with breath, movement or slight adjustments to one's posture to create increased spaciousness and muscle relaxation. Specific movements and postures may be more satisfying if they are created from the therapist's own body and imbued with personal, meaningful intentions (Kleinman, 1978). With space to flow, the energy that has been sensed and activated within the therapist's body can be released in the present moment, shortening the length of time it takes to process the encounter by clearing the energy taken in

during the interaction while it is happening. Therapists might support this process by using

imagery and metaphor to visualize the energy flowing through one's body.

This method has the potential to unearth latent somatic countertransference. For instance,

a therapist may discover difficulty detaching from the sensed energy and long to hold onto it

(Markowitz, 2013). This might invite further investigation into one's own experience of

attachment or identity and could promote working through the countertransference for the

therapist.

A spiritual approach could be helpful in instances where creating the spaciousness for

releasing the energy is challenging. Finding a safe space for the energy to go might prove useful

in this scenario, where, for instance, the energy is given back to nature to be transmuted and

reused to create new life. Kieft (2017) reinforces how ones' compassionate qualities and the

commitment toward profound awareness make way for an exquisite exploration of the soul. Kieft

(2017) defines the soul as, "a movement of reflecting, deepening, and re-balancing, an activity of

embracing paradoxes that melts boundaries between spirit and matter" and further asserts that,

"beauty, depth, openness, vulnerability, ambiguity, equality, interconnection and inclusion" are

values that strengthen the soul (p. 458). A spiritual perspective that encompasses elements

inherent to one's soul invites deep and meaningful contemplation along with the potential for

expansive rejuvenation.

An embodied self-care practice allows the reception, perception and understanding of

sensory stimuli to flow through the therapists' body during heightened encounters with clients.

From this perspective, kinesthetic empathy is only the first step toward a compassionate response

toward the client and the self, where bodily felt material that's transferred onto the therapists'

body is allowed to flow freely out one's vessel in the moment, not solely to be released at a later

time. The therapist is then, "…working with the flow of energy instead of trying to block it"

(Markowitz, 2013. p. 44).

Embodied self-care as a proposed practice involves self-compassion, surrender, energy

transfer and transmutation and revitalization through in-the-moment recuperation. This process

requires mindfulness to become aware of one's body and the intersubjective environment, an

understanding of kinesthetic empathy to differentiate the client's experience, self-compassion to

accept one's own experience, and surrender, to allow the complexities of the encounter to flow

freely through the body. This process also quickens the release of sensed responsibility for a

client's ailment that may lead to therapist burnout and trusts in the sensory transmutation of

surrendering and letting go of sensed energy in the here-and-now. McNiel (2007) describes

transmuting energy as, "…A process through which, once the connection is made, there is a

change—a kind of smoothing out of what often feels agitated energy, or there may be a 'filling

up' of a depletion... it seems that vital energy quite naturally goes to the places it is needed " (p.

16). From a soulful perspective, embodied self-care captures immersive inter-subjectivity, self-

reflexivity, compassion, creativity and relationality as vital to one's, "core human reality" (Kieft,

2017, p. 458).

Letting go of a client's emotional energy through increased porousness, relinquishing

responsibility for it, and returning it back to the client after having experienced it in oneself is an

additional advantage of an embodied self-care approach. This method may grant the client an

opportunity to grow and learn from their own metaphysical insight. To carry the energetic weight

of others' pain is not helping anyone—the difficult, strong emotions within one's body are often

the lightbulbs needed to generate awareness (Markowitz, 2013; McNeil, 2007). Consciously or

unconsciously, holding portions of emotional energy from the client is not only detrimental to

the therapist's wellbeing, but also disrupting the client's process and potentially hindering their capacity to generate awareness of their own energetic inventory (Brennen, 1993). An embodied self-care practice may be beneficial for the health of the therapist and the health of the client.

Embodied self-care is built upon the origins of radical self-love (Lorde, 2017; Taylor, 2021; brown, 2019; hooks, 2018), mindfulness (Suzuki, 2011), compassion and surrender (Markowitz, 2013). It expands the boundaries between permeable and porous, venturing into the intersubjective phenomena of relationships (Dosamantes-Beaudry, 2007; Rova, 2017; Shaw, 2004; Vulcan, 2009; Aron, 1998) and encourages the vibrational frequency of love energy, connectivity and oneness with the self and the environment (Pulvino, 1978; Gonzalez et al., 2019; Hackney, 2002). It serves as a remedy for therapists dealing with vicarious trauma. It moves away from the impersonal, commodified self-care agenda within capitalism and can be accessed through embodied kinesthetic awareness (Allen, 2021; Kim, 2021; Taylor, 2021; Kelter; 2021; Delaney, 2020). Kinesthetic embodiment is described as a deep well of wisdom and an intrinsic way of knowing (Rova, 2017), connecting humans to the harmony of the natural world (Burns, 2011; Gonzalez et al., 2019) and providing a pathway to the soul (Kieft, 2017).

Awareness of how one moves through the world is reflected and shaped by the foundational core of embodied knowledge. "The way we think about intelligence is built into the social structures we create − religion, medicine, government, as well as law and education − so a shift in our view of mind has repercussions not only for individual identity but for public life as well" (Claxton, 2015, p.11). From this perspective, moving toward self-care as a community endeavor stimulates unified harmony (Taylor, 2021; Delaney, 2020). Embodied self-care lays the groundwork for collective-care to flourish and enables humans to support their communities and positively impact the planet, by enlivening the innately loving nature at one's core.

Discussion

I explore an embodied self-care practice as a dance/movement therapy intern, providing compassionate care to elders living with dementia and memory impairment. I practice embodied self-care during a therapeutic encounter by bringing mindful attention to my body's present state by gazing inward with breath. While consciously activating my breath and relaxing my muscles, I make a thoughtful intention to increase my capacity for porousness. This process invites the integration of my mind and body and assists the energy within the exchange to pass through me. Accumulated stress and fatigue frequently exist in my body as tight and rigid muscles, holding energy and blocking its flow. To promote flow, I return to my breath and to the softening of my body consistently throughout an encounter. With mindfulness and compassion, I return to an open, relaxed posture and accept any tension in my shoulders, neck, stomach or particular place of tightness or discomfort in my body. With acceptance of my body's organic responses to the profound work within the therapeutic relationship, I cultivate even more relaxation by embodying gentleness and compassion toward my own vessel as I begin to soften and increase my capacity for porousness.

Porousness also promotes a fuller presence in my practice. My presence invites opportunities to attune to the energy and emotional tone of the resident's disclosure in words and movement in the here-and-now. I allow my body to explore these tones by mirroring movement or the underlying feelings sensed in the encounter. I explore sensations within my body and become curious about the resident's experience through my embodied awareness. When I feel a tightness in my chest, a lump in my throat, a gut reaction, a change in body temperature, or a hotness in my cheeks, I return to the softening of my body to empathically reflect the experience back to myself or the resident for potential exploration. As I engage in this spherical process of

mindfulness, attuning, mirroring, empathically reflecting, softening and surrendering, I create an intention to increase my understanding about how a resident might be feeling, all while practicing a continuous relinquishing of sensed energy.

When this process requires additional support, I become aware of my surroundings to ground my experience and feel my body making contact with the chair I'm sitting in or notice my feet on the ground. I garner multisensory pathways to return to the present moment, including auditory cues or visually acknowledging an object within the environment. Additional embodied support for porousness is particularly relevant during moments of profound pain for a resident, or during sessions when the processing of deep trauma emerges. For example, holding space for a resident to process the death of a child, the loss of a spouse, or navigate the uncertainty of forming new embodied pathways to access memory feel especially energetically charged. I support these encounters for the residents and for myself with empathy, gratitude and awe, as I feel honored to provide a space where a resident can safely explore the depths and wonders of their lived experience.

With a mindful intention, inviting my body to surrender into the chair I'm sitting in while I'm collaborating with a resident also awakens my spirit to the awe-inspiring phenomena of human connection. Experiencing something so vast and overwhelmingly beautiful that it's difficult to comprehend is how I experience awe. During an interaction, I honor wherever my mind-body lands within the spherical spectrum of human emotion and make an intention to notice the tune of vibrations in the environment that surrounds me. This invites me to meet the resident where they are. A resident's pain, bliss, grief and joy are welcomed into my embodied experience, and gently released through my soft and porous musculature and respectfully reflected back to those in my care. I often notice this experience as a tingly sensation on my skin,

subtly traveling up my spine and out the top of my head or emanating from the back of my neck, chest or throat.

Transmuting sensed energy from the resident is another element of embodied self-care and collective-care. Often times, an emotional experience expressed to me does not need to be reflected back to the resident. In some cases, I first practice porousness to release emotional energy then transmute the sensations as they pass through a compassionate, inner resonance within myself cultivated through mindfulness. For example, after I've held a resident's pain or guilt in my body momentarily, I might gather the energy lingering in my body with my hands and arms and form an invisible ball, then gently pass the energy back, naming it internally to myself or out loud as strength or fortitude for what the client has shared or gone through. I invite the resident to pass the invisible ball with me and explore the multisensory and non-verbal experience of moving through energy in the body and supporting the resident in forming their own insights through their movement. Furthermore, I use sensory transmutation to provide closure in individual and group therapy sessions. For instance, I might pass the invisible ball back to each group member as an ending to the session, honoring the contributions residents have made in the group and acknowledging their presence. This also serves as an embodied self-care method where I'm leaving behind elements of emotional energy sensed within my body from the group or individual therapy session.

Outside the session, I routinely practice weightlifting and resistance training. Strengthening my muscles, bones, tendons and ligaments in my embodied practice expands my capacity for porousness in the therapy session. Resistance training in my exercise ritual allows me to experience the tension and firmness available to me within my body boundaries. Feeling my muscles come alive with vigor is an additional component for releasing emotional energy in

my body. Additionally, I practice deep stretching to expand my physical and emotional

flexibility following my strength-training routine. The strength, stability and flexibility that I

cultivate outside the therapy session supports the polarities of porousness and softening within

my body during the therapy session.

When I've taken energy with me after a session, I implore my creativity to let go and

express latent energy in my conscious and subconscious body. Creativity encourages me to

embrace and release my emotions to transform my experiences and the experiences I take in

from others. Allowing myself to engage freely in music, dance and poetry are ways to uncover

underlying sensory, emotional or cognitive material existing within my body that may be

covertly contributing to the physical experience of burnout or fatigue. I use metaphor and

symbolism to write poetry and to discover emotions, then process and express them with

abstraction. Using symbolism and metaphor is a satisfying way to process material I cannot

name or consciously express.

With mindfulness and intention to unearth and pour out these experiences through

creative outlets, I engage further in an embodied self-care process that cultivates natural

expression and release through artmaking. I create music with instruments I enjoy playing to

express my joy and pleasure and to replenish the creativity that feeds my soul. I dance and move

to release energy in my tensed or tired muscles. When I transmute sensory material in my body

into art, it supports what I feel is the tangible, physical nature of energy. When I write songs and

create choreographies, I embody the artmaking process while also externalizing a piece of art as

a form of self-care.

Conclusion

Further research and discussion are required to support the theory of emotional energies as tangible manifestations in the body. A more comprehensive literature review on existing research in dance/movement therapy for attending to emotions that have materialized as physical ailments within the body of a client or therapist would benefit the goals of this thesis. Additionally, collecting research for advocating the advantages of releasing energy and vicarious traumas through creativity and artmaking for therapists would further support this thesis. Research on sensory transmutation could enhance the theory behind revitalizing the body by transforming sensed energy into artwork. Incorporating energy healing into psychotherapy may invite an expansive shift toward interpsychic communication and extraordinary opportunities for connection in the therapy session.

In addition, a more comprehensive understanding of ancient healing practices in Eastern medicine is complementary to respectfully exploring an embodied self-care method. Reviewing the breadth of cultural and spiritual practices that enliven human beings and increase vitality was beyond the scope of this thesis. Honoring and collaborating across cultural healing practices would benefit future self-care research. Furthermore, advancing the de-commodification of self-care from an anti-capitalist framework could provide opportunities for activism and reform. Finally, delving deeper into the origins of collective-care would not only support the longevity of professional therapists, but the preservation of compassion within professional communities.

References

Adler, M., & Fagley, N. (2005). Appreciation: Individual differences in finding value and

    meaning as a unique predictor of subjective well-being. *Journal of Personality*, *73*(1),

    79–114. https://doi.org/10.1111/j.1467-6494.2004.00305.x

Alkema, K., Linton, J., & Davies, R. (2008). A study of the relationship between self-care,

    compassion satisfaction, compassion fatigue, and burnout among hospice

    professionals. *Journal of Social Work in End-Of-Life & Palliative Care*, *4*(2), 101–119.

    https://doi.org/10.1080/15524250802353934

Allen, L. (2021). *An introduction to self-care and capitalism*. Necessary Behavior. Retrieved

    February 1, 2022, from https://www.necessarybehavior.com/blogs/news/an-introduction-

    to-self-care-and-capitalism

American Dance Therapy Association. (2015). The Code of Ethics and Standards of the

    American Dance Therapy Association (ADTA) and the Dance/Movement Therapy

    Certification Board (DMTCB). Retrieved January, 30th 2022, from

    https://adta.memberclicks.net/assets/docs/Code-of-the-ADTA-DMTCB-Final.pdf

Aron, L. (1998). The clinical body and the reflexive mind. In L. Aron & F. S. Anderson

    (Eds.), *Relational perspectives on the body* (pp. 3–37). Analytic Press.

The Audre Lorde Project. (2022). Retrieved February 1, 2022, from https://alp.org/

Barnett, E., Baker, E., Elman, N., & Schoener, G. (2007). In pursuit of wellness: The self-care

    imperative. *Professional Psychology: Research and Practice*, *38*(6), 603–612.

    https://doi.org/10.1037/0735-7028.38.6.603

Barrett, E. (2003). Reconciling difference: Art as reparation and healing. *Double Dialogues*, *Art and Pain* (4).

Bartenieff, I., & Lewis, D. (1980). *Body movement: Coping with the environment*. Gordon and Breach.

Bentley, P., Kaplan, G., & Mokonogho, J. (2018). Relational mindfulness for psychiatry residents: A pilot course in empathy development and burnout prevention. *Academic Psychiatry*, *42*(5), 668–673. https://doi.org/10.1007/s40596-018-0914-6

Boadella, D. (1997). Embodiment in the therapeutic relationship: Main speech at the first congress of the world council of psychotherapy, Vienna. *International Journal of Psychotherapy, 2*(1), 31–44.

Brauninger, I. (2014). Specific dance movement therapy interventions—Which are successful? An intervention and correlation study. *The Arts in Psychotherapy*, *41*(5), 445-457. http://dx.doi.org/10.1016/j.aip.2014.08.002

Brennan, B. (1993). *Light emerging: The journey of personal healing*. Transworld Digital.

brown, a. (2019). *Pleasure activism*. AK Press.

brown, a. (2017). *Love as political resistance: Lessons from Audre Lorde and Octavia Butler*. Bitch Media. Retrieved February 17, 2022, from https://www.bitchmedia.org/article/love-time-political-resistance/transform-valentines-day-lessons-audre-lorde-and-octavia

Brown, N. (2015). *Edward T. Hall, proxemic theory, 1966. CSISS classics*. eScholarship, University of California. Retrieved April 22, 2022, from https://escholarship.org/uc/item/4774h1rm

Burns, C. A. (2012). Embodiment and embedment: Integrating dance/movement therapy, body

psychotherapy, and ecopsychology. *Body, Movement and Dance in Psychotherapy*, *7*(1), 39–54. https://doi.org/10.1080/17432979.2011.618513

Burton, C. L., & Ancelin-Schutzenberger, A. (1977). Nonverbal communication in the verbal and nonverbal interaction: A research approach. *American Journal of Dance Therapy*, *1*(2), 20–24. https://doi.org/10.1007/bf02579610

Bush, A. (2015). *Simple self-care for therapists: Restorative practices to weave through your workday*. W.W. Norton & Company.

Chace, M., Sandel, S. L., Chaiklin, S., & Lohn, A. (1993). *Foundations of Dance/Movement Therapy: The life and work of Marian Chace*. Marian Chace Memorial Fund of the American Dance Therapy Association.

Chang, M. (2009). Cultural consciousness and the global context of dance/movement therapy. In S. Chaiklin & H. Wengrower (Eds.), *The Art and Science of Dance/movement therapy* (2nd ed., pp. 299-316). Routledge.

Christopher, J., Christopher, S., Dunnagan, T., & Schure, M. (2006). Teaching self-care through mindfulness practices: The application of yoga, meditation, and qigong to counselor training. *Journal of Humanistic Psychology*, *46*(4), 494–509. https://doi.org/10.1177/0022167806290215

Claxton, G. (2015). *Intelligence in the Flesh: Why Your Mind Needs Your Body Much More Than It Thinks*. New Haven: Yale University Press. Press. https://doi.org/10.12987/9780300215977

Coaston, S. (2017). Self-care through self-compassion: A balm for burnout. *Professional Counselor*, *7*(3), 285-297. https://doi.org/10.1080/02703149.2014.850345

Delaney, B. (2020). *We need to move on from self-care to something that cannot be*

captured by capitalism. The Guardian. Retrieved October 21, 2021, from

   https://www.theguardian.com/commentisfree/2020/jan/31/we-need-to-move-on-from-

   self-care-to-something-that-cannot-be-captured-by-capitalism.

Devenish-Meares, P. (2019). Extending the heuristic inquiry research process to enable improved

   psycho-spiritual self-care choices associated with workplace stress and

   suffering. *International Journal of Academic Research in Business and Social

   Sciences*, *9*(6). https://doi.org/10.6007/ijarbss/v9-i6/6043

Dionne, E. (2015). *For black women, self-care is a radical act*. Ravishly. Retrieved February 17,

   2022, from https://www.ravishly.com/2015/03/06/radical-act-self-care-black-women-

   feminism

Dorian, M., & Killebrew, J. (2014). A study of mindfulness and self-care: A path to self-

   compassion for female therapists in training. *Women & Therapy*, *37*(1-2), 155–163.

Dosamantes-Beaudry, I. (2007). Somatic transference and countertransference in psychoanalytic

   intersubjective dance/movement therapy. *American Journal of Dance Therapy*, *29*(2),

   73–89. https://doi.org/10.1007/s10465-007-9035-6

Dutton, M., Prashar, A., Romero, G., Talley, J., Amri, H., Haramati, A., & Harazduk, N. (2012).

   Mind-body medicine skills training for self-care and emotional well-being in medical

   students. *BMC Complementary and Alternative Medicine*.

Evan, B., & Rifkin-Gainer, I. (1982). An interview with Blanche evan. *American Journal of

   Dance Therapy*, *5*(1), 4–17. https://doi.org/10.1007/bf02579537

Fernros, L., Furhoff, A., & Wändell, P. (2008). Improving quality of life using compound

   mind-body therapies: Evaluation of a course intervention with body movement and

breath therapy, guided imagery, Chakra experiencing and mindfulness

meditation. *Quality of Life Research*, *17*(3), 367–376. https://doi.org/10.1007/s11136-

008-9321-x

Fraenkel, D. L. (1983). The relationship of empathy in movement to synchrony, echoing, and

empathy in verbal interactions. *American Journal of Dance Therapy*, *6*(1), 31–48.

https://doi.org/10.1007/bf02579518

Frecska, E., Móró, L., & Wesselman, H. (2011). The soul cluster: Reconsideration of a millennia

old concept. *World Futures*, *67*(2), 132–153.

https://doi.org/10.1080/02604027.2010.532464

Gonzalez, M. J., Sutherland, E., & Olalde, J. (2019). Quantum functional energy medicine: The

next frontier of restorative medicine. *Journal of Restorative Medicine*, *9*(1), 1–7.

https://doi.org/10.14200/jrm.2019.0114

Hackney, P. (2002). *Making connections: Total body integration through Bartenieff

fundamentals*. Routledge.

Hartmann, E. (1997). The concept of boundaries in counseling and psychotherapy. *British

Journal of Guidance and Counseling*, *25*(2), 147–163.

https://doi.org/10.1080/03069889708253798

Hermansson, G. (1997). Boundaries and boundary management in counselling: The never-

ending story. *British Journal of Guidance & Counselling*, *25*(2), 133–146.

https://doi.org/10.1080/03069889708253797

hooks, b. (2018). *All about love: New visions*. William Morrow, an imprint of HarperCollins

Publishers.

Jaarsma, T., Strömberg, A., Dunbar, S., Fitzsimons, D., Lee, C., Middleton, S., Vellone,

E., Freedland, K., & Riegel, B. (2020). Self-care research: How to grow the evidence

base? *International Journal of Nursing Studies*, *105*, 103555.

https://doi.org/10.1016/j.ijnurstu.2020.103555

Karen, R. (1998). *Becoming attached: First relationships and how they shape our capacity to

love.* Oxford University Press.

Kelter, D. (2021). *The evolution of self-care*. Mintel. Retrieved October 21, 2021, from

https://www.mintel.com/blog/personal-care-market-news/the-evolution-of-self-care.

Kepner, J. I. (2014). *Body process: Working with the body in psychotherapy*. Gestalt.

Kieft, E. (2018). Clearing the way towards soulful scholarship. In S. Ellis, H. Blades, & C.

Waelde (Eds.), *A World of Muscle, Bone & Organs: Research and Scholarship in

Dance*. (pp. 456-479). C-DaRE at Coventry University.

https://www.coventry.ac.uk/research/about-us/researchnews/2018/c-dare-e-book/

Kim, Y. (2021). *The essentiality of anti-capitalist self-care*. The Michigan Daily.

Retrieved February 1, 2022, from https://www.michigandaily.com/michigan-in-color/the-

essentiality-of-anti-capitalist-self-care/

Kleinman, S. (1978). Dance/Movement therapy: Integrative process. *American Journal of Dance

Therapy*, *2*(2), 13–13. https://doi.org/10.1007/bf02593051

Koch, S., & Fischman, D. (2011). Embodied enactive dance/movement therapy. *American

Journal of Dance Therapy*, *33*(1), 57–72. https://doi.org/10.1007/s10465-011-9108-4

Levy, F. J. (2005). *Dance movement therapy: A healing art*. American Alliance for Health,

Physical Education, Recreation & Dance.

Lorde, A. (2017). *Burst of light - and other essays*. Dover Publications Inc.

Markowitz, D. (2013). *Self-care for the self-aware: A guide for highly sensitive people, empaths,*

intuitives, and healers. Balboa Press.

Matherly, N. (2013). Navigating the dance of touch: An exploration into the use of touch in

dance/movement therapy. *American Journal of Dance Therapy*, *36*(1), 77–91.

https://doi.org/10.1007/s10465-013-9161-2

Mayorga, G., De Vries, M., & Wardle, E. (2015). The practice of self-care among

counseling students. *Manager's Journal on Educational Psychology*, *8*(3), 21–28.

https://doi.org/10.26634/jpsy.8.3.3101

McGarry, L., & Russo, F. (2011). Mirroring in dance/movement therapy: Potential mechanisms

behind empathy enhancement. *The Arts in Psychotherapy*, *38*(3), 178–184.

https://doi.org/10.1016/j.aip.2011.04.005

McNeil, D. (2007). Metaphysical energy work & dynamic healing: Exploring the interface of

subtle energy healing and psychotherapy. *Self & Society*, *34*(4), 13–22.

https://doi.org/10.1080/03060497.2007.11083927

Mohacsy, I. (1995). Nonverbal communication and its place in the therapy session. *The Arts in

Psychotherapy*, *22*(1), 31–38. https://doi.org/10.1016/0197-4556(94)00060-5

Newsome, S., Christopher, J., Dahlen, P., & Christopher, S. (2006). Teaching counselors self-

care through mindfulness practices. *Teachers College Record*, *108*(9), 1881–1900.

https://doi.org/10.1111/j.1467-9620.2006.00766.x

Rand, M. (2003). Somatic empathy and vicarious trauma. *Annals of the American

Psychotherapy Association*, *6*(4), 41. *Gale Academic

OneFile*, link.gale.com/apps/doc/A112984676/AONE?u=nysl_oweb&sid=googleScholar

&xid=fce12423.

Riegel, B., Dunbar, S., Fitzsimons, D., Freedland, K., Lee, C., Middleton, S., Strongber, A.,

Vellone, E., Webber, D., & Jaarsma, T. (2019). Self-care research: Where are we now? Where are we going? *International Journal of Nursing Studies*, *116*(2021), 1-7.

Rova, M. (2017). Embodying kinaesthetic empathy through interdisciplinary practice-based research. *The Arts in Psychotherapy*, *55*, 164–173. https://doi.org/10.1016/j.aip.2017.04.008

Boas, S. (1992). The body of culture: Transcultural competence in dance/movement therapy. In H. Payne (Ed.), *Dance movement therapy: Theory and practice* (pp. 112–127). Routledge.

Pehlivan, T., & Güner, P. (2017). Compassion fatigue: The known, unknown. *Journal of Psychiatric Nursing*. https://doi.org/10.14744/phd.2017.25582

Shaw, R. (2004) The embodied psychotherapist: An exploration of the therapists' somatic phenomena within the therapeutic encounter. *Psychotherapy Research*, *14*(3), 271-288, DOI: 10.1093/ptr/kph025

Siegel, E. V. (1995). Psychoanalytic dance therapy: The bridge between psyche and soma. *American Journal of Dance Therapy*, *17*(2), 115–128. https://doi.org/10.1007/bf02250955

Skovholt, T., Grier, T., & Hanson, M. (2001). Career counseling for longevity: Self-care and burnout prevention strategies for counselor resilience. *Journal of Career Development*, *27*(3), 167–176. https://doi.org/10.1177/089484530102700303

Stern, D. (2002). *The first relationship: Infant and mother.* Harvard University Press.

Suzuki, S. (2011). *Zen mind, beginner's mind: Informal talks on zen meditation and practice*. Shambhala.

Taylor, K. (2017). *The ethics of caring: Finding right relationship with clients: For profound,*

transformative work in professional healing relationships. Hanford Mead Publishers, Inc.

Taylor, S. R. (2021). *The body is not an apology: The power of radical self-love*. Berrett-Koehler Publishers, Inc.

Vulcan, M. (2009). Is there any body out there?: A survey of literature on somatic countertransference and its significance for DMT. *The Arts in Psychotherapy*, *36*(5), 275-281.

Willis, C. (1987). Legal and ethical issues of touch in dance/movement therapy. *American Journal of Dance Therapy*, *10*(1), 41–53. https://doi.org/10.1007/bf02251788