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COMING HOME: GRIEF THROUGH THE LENS OF DANCE/MOVEMENT THERAPY

Lauren Marcus

May 2023

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

Acknowledgements

In loving memory of my parents, Debbie and Jerry Marcus.

I am ME because of YOU.

You live in all parts of me.

The way I move in the world. The way I see the world. The way I feel in the world.

I live with both with a full and broken heart.

Forever loving you, missing you and grieving you.

Thank you to Elise Risher for your guidance and support throughout this process.

Thank you to my classmates for your continued encouragement and for bringing out parts of myself that I had not met yet. Thank you for all the joy and laughter these past two years. My heart is full.

Thank you to all my family and friends who supported me on this journey.

To my siblings, Jaimie, Abby and Sammy: It is because of our deep connection, love, and bond, that I am able to still move in this world without mom and dad. Thank you for being with me on this journey and supporting me. I forever choose you as my family. I love you.

To my loving partner and husband, Barak: Thank you for always believing in me and giving me strength when I am unable to find it in myself. I love you.

Abstract

Grief has always been part of the human experience and stands “at the intersection of attachment and separation, of love and loss.” This paper examines the history of grief within psychiatric and psychological frameworks to uncover how we have come to understand and process the nature of grief and how we can incorporate body-based interventions into the grieving experience. The role of the body remains at the heart of the grieving process; however, this has been overlooked in the literature (Fuchs, 2017). Many of the foundational psychological theories on grief center around the process of grief being cognitive and lack the embodiment, and body-specific impact that is profound in the grief experience (Pearce et al., 2022). In reflecting on the embodied quality of grief, Gundmundsdottir (2009) proposes not viewing the bodily symptoms as psychosomatic reactions that reflect maladaptive coping, but rather to understand the role the body plays in being able to guide individuals grieving through the process of reorganizing, adjusting and learning to navigate their new world, through information that the body is providing. By exploring the body’s felt sensations and tapping into imagery and metaphor, dance/movement therapy can support people in grief through a process focused on: remembering the person who died and integrating conscious and unconscious memories; re-remembering and re-learning who we are in our body with the grief and a sense of living differently; and finding access to experience the full expression of one’s grief in a safe and supportive space.

Key words: grief, attachment, integration, body memory, embodied

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Grief has no distance. Grief comes in waves, paroxysms, sudden apprehensions that weaken the knees and blind the eyes and obliterate the dailiness of life. - Joan Didion in The Year of Magical Thinking

Introduction

Grief has always been part of the human experience and stands “at the intersection of attachment and separation, of love and loss” (Neimeyer & Thompson, 2004, p. 3). Like many who are interested in studying grief (Granek, 2012), I came to this topic through my personal experiences with grief, having lost many people close to me. Specifically, and most painfully, the loss of my mother 15 years ago to ovarian cancer, and the sudden passing of my father nearly two years ago from a traumatic brain injury. These experiences shape me and inspired this inquiry. This thesis is both an academic and personal endeavor. I held each of my loved ones in my heart as I wrote. I use my history and inner knowing to guide and support me as I navigate this journey.

Everyone at some point will experience grief and carry it with them throughout their life. While universal and all around us, it is uniquely personal (Attig, 1996). Grief is generally defined as an emotional, psychological and physical reaction or response to the loss of a loved one. (Granek, 2010; Brinkmann, 2019). In this thesis, although there are many forms of grief experienced in life, the focus here is specifically on the death and loss of a loved one; exploring the psychological history and evolution of understanding grief in our culture; how our brain responds to grief; the relationship between grief and trauma; the way grief is experienced and stored in our bodies; and ultimately how the therapeutic approach of dance/movement therapy can play a role in exploring and processing grief in our lives at a somatic level.

*The gradual experience of grief may be considered
the gradual dissociation from the pain of loss - Freud, 1917/1961*

History of Modern Grief Theories

Origins of Grief as a Psychological Study

Many have written about grief across many disciplines – poetry, philosophy, anthropology, sociology, religion and spirituality, medicine and psychology. It is one of the universal phenomena of human existence. In grief, it is human nature to examine significant themes of meanings such as life and death, the purpose of human existence, suffering, the life of the deceased, the life of the mourner, and love (Attig, 2004). While complicated, it is raw in its nature. There is an expansive amount of research and literature, especially within the past 100+ years. Much of the modern research comes from psychiatry and psychology and relies heavily on attachment and cognitive stress theory to understand how one adapts and copes with loss (O'Connor, 2019). This paper examines the history of grief mostly, though not exclusively, within the psychiatric and psychological frameworks to uncover how we have come to understand and process the nature of grief and how we can incorporate body-based interventions into the grieving experience.

Beginning in the early 20th century, definitions of grief have evolved substantially. While grief had been explored by individuals before the 1900s, it was ultimately Freud's (1917) *Mourning and Melancholia* that sparked contemporary thinking on grief which emphasizes recovering from intense emotions as quickly as possible (Granek, 2010).

Before Freud's seminal work, researchers of note included Burton, Darwin, and Shand (Granek, 2010; Stroebe & Archer, 2013). Burton (1651), like Freud, explored the relationship and symptomatology between melancholia and mourning (Granek, 2010). Darwin (1872) looked at the biological emotional expressions and physical characteristics of grief and depression in

animals, children and adults (Granek, 2010; Parkes, 1972; Stroebe & Archer, 2013). Shand looked at the way grief revolved around relationships and attachment bonds in the bereaved. In Shand's (1914) writing on grief in *Foundations of Character*, he outlines the "Laws of Sorrow," and, reflecting that the purpose of grief and sorrow is to remember love, states:

it is the great function of sorrow in love, through its tendencies of attraction and restoration, to establish a durable bond with the object. For the bond which joy alone forms with an object would in its absence be quickly dissolved, were there no sorrow to reinforce it. (p. 333)

Essentially in this, he suggests that it is the emotion and reaction of grief in and of itself that allows and ensures the continued bond or attachment. This is unlike many 20th century theories that suggest grief is resolved through moving on and severing bonds (Stroebe & Archer, 2013).

The features of grief that Freud identified have become central to grief theory in the 20th century (Granek, 2010). Features included comparing and contrasting the symptoms of depression and grief together, and the development of the concept of "mourning work" that involves the bereaved to actively engage in a process of detaching from the object/ loved one in order to adjust to life and form new relationships (Granek, 2010; Stroebe & Archer, 2013).

Freud analyzed the relationship between serious mourning, defined as "the reaction to the loss of a loved one," and melancholia, defined as "profoundly painful depression" (Freud, 2005, p. 204). The core similarities between these two include the way they present in an individual, including painful and sad affect, loss of interest in daily life, and inability to love. Freud also reflects that some of the presentations of mourning and melancholia "suggest somatic rather than psychogenic affections" (Freud, 2005, 203).

In distinguishing between these two forms of loss - mourning and melancholia - Freud reflects that in mourning there is a consciousness and an understanding of the physical loss in death given its context. Freud states that the only reason mourning is not viewed as pathological is because we are able to understand and explain it (Freud, 2005). Freud theorized that melancholia was a form of mourning and loss and that in melancholia there was a loss through slight or disappointment where the “object relation had been subjected to shock” (Freud, 2005, p. 209). In melancholia and depression, unlike in mourning, there is an unconscious and unknown quality. While many of the characteristics and symptoms of mourning and melancholia are similar, they involve different approaches given their contexts. Specifically related to mourning, Freud suggests that “the libido as a whole sever its bond with the object” (Freud, 2005, p. 204). This is done by “looking back at the past and reliving memories” (Buglass, 2010). He acknowledges in his writing that the human tendency is to resist this and instead maintain connection with the deceased; however, he believes this bond can lead people to ignore reality and hold and cling onto the object in what he calls “hallucinatory wish-psychosis” or a fantasy where the person/object has not died (Freud, 2005, p. 204). The painful and challenging process of detachment is therefore what Freud defined as mourning-work. Mourning-work, according to Freud, is where, over a long period of time - maybe an entire lifetime - the bereaved participates in an active process through which they are able to detach from the deceased and free themselves - their libido and emotional energy - and ultimately sublimate into other areas of their life, allowing new connections (Granek, 2010). Freud acknowledges that this mourning work process cannot happen immediately, but rather, is “carried out piecemeal at great expenditure of time and investment and the lost object persists in the psyche” (Freud, 2005, p. 204-205). He goes on to highlight that it is a long, painful and repetitive process of facing the discrepancy between

wishing to invest energy in the lost person/object and reality of the loss (Stroebe et al., 2008), with an endpoint, where the “ego is left free and uninhabited once again after the mourning-work is completed” (Freud, 2017, p. 204-205). The concept that grief is an active process has become core to contemporary beliefs and treatment approaches.

Freud specifically did not believe grief should be pathologized, stating that “...although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition and to refer it to medical treatment.” (Freud, 2017, p. 243-244). Freud’s focus on mourning work suggests that he believed that grief was a normal process that occurred over a period of time. Freud also notes throughout his writing that his “empirical materials... are inadequate” for his claims, potentially, as suggested by Dozois, in an attempt to soften his theory and “warn readers of overgeneralization” (Dozois, 2000, p.13).

Granek (2010) asserts that many who have analyzed Freud expanded on his grief work in a way that Freud had not intended, especially in terms of pathologizing grief (Granek, 2010). Historically, it is important to also recognize that around the same time that *Mourning and Melancholia* was published, there was a transformation and broader trend occurring within the field of modern psychology. When the field was being developed in the 20th century, it was beginning to examine everyday life and existence of the human condition as something to be studied, understood and analyzed within the psychological frame (Granek, 2010). In some cases, that therefore meant being pathologized. Related and unsurprisingly, many contemporary grief theories emphasized moving on, which aligned with Western society’s values of goal-directedness, efficiency, and rationality (Granek, 2010; Klass, 1996).

In the modernist view, influenced by Freud, the bereaved are expected to recover as quickly as possible from their intense, often debilitating emotional grief response in order to

return to normal functioning (Klass, 1996). Similarly, this view of the self and self with others in modern day places value on autonomy and individuation, “where independence, rather than interdependence is prized” (Klass, 1996, p. 14). What therefore occurred, naturally in many ways, was that once normal and natural parts of human experience became pathologized, and symptoms of those phenomena then required treatment, action and fixing.

Psychoanalytical Frameworks: Freud’s Grief Theory Expanded

Modern grief theories shaped much of their understanding of grief concepts that were first introduced by Freud (Granek, 2010; Klass et al., 1996). As previously mentioned, Freud theorized that the mourning work requires detaching oneself from the deceased and freeing the ego from past attachments to allow for the attachment to someone new. Freud “stated that the mourner suffers of his or her internal attachment... and that the goal of mourning is to detach from those feelings and attachments from the lost object” (Baker, 2001, p. 56). This idea of mourning work influenced much of 20th century psychological thought, spurring continued exploration into what successful mourning looks like.

Psychoanalytic theories that also followed and expanded on Freud’s work continued to look at grief as an active process - a working through grief - and focused on the role of attachment as a core part of recovery and healing. The main theories covered here, from a psychoanalytic lens include, but are not limited to, Shafer (1968, 1976), Tahka’s (1984), and Klein’s (1940) development and understandings of internalization and object relations and Bowlby’s (1960) and Parkes’ (1972) view through attachment theory lens. These theories provide a foundational understanding of how grief as a psychological study was shaped.

Internalization, a concept of inner representation, introduced by Freud, was explored further in the grief context by psychoanalysts (Klass et al., 1996). Abraham (1927) and Shafer

(1968/1976), among others, expanded on internalization and identified two types - introjection and identification. Introjection they defined as an unhealthy form of internalization which incorporates the whole deceased person in the mind, leaving the mourner in a state of stuckness (Klass et al., 1996). Identification, on the other hand, is defined as healthy and allows for the mourners to identify with aspects of the person who died without a sense of clinging (Klass et al., 1996). Psychoanalysts, from Freud on, looked at internalization as a process to be worked through with the final goal being detachment. Parkes (1972) understood that inner representation was part of the early stages of grief and that, through the painful repetition of inner representations, it would “frustrate the survivor and opens the way for the survivor to relinquish the attachment to the deceased” (Klass et al., 1996, p. 11). According to Parkes’s early work, in a similar way to the psychoanalysts, there would be no need for the relationship to continue once the grief process was resolved (Klass et al., 1996, p. 11).

Takha (1984) however, provided a third form of inner representation that allows for “building and integrating the lost object into remembrance” (Takha, 1984, p.18), where the mourner can continue to return to memories again and again, forming a continued bond with the awareness that nothing more can be expected from the object. This is different from the fantasy representations acknowledged by other psychoanalytic thinkers at the time (Takha, 1984).

Klein (1940) looked at the infant/caregiver process and the emotional response seen in early development and hypothesized that the “loss of an important love object in adulthood leads to a reactivation of the depressive position of infancy” (Baker, 2001, p.60). Unlike other psychoanalytic thought that favored detachment in the mourning reparative process, Klein believed that reparation meant that an individual would rebuild the relationship in their inner world, being able to experience internally the feelings what were lost (Baker, 2001). Through

this process, the individual is provided space to make room for new relationships and experiences, while also deepening their “relations to inner objects” and “preserving and restoring the internal object relationship within the mourner’s personality” (Baker, 2001, p.60-61).

*Grief is the price we pay for love.
Without attachment there would be no sense of loss.*
- Cited in Mallon, 2008

Views Through the Lens of Attachment

According to attachment and development theories, one’s sense of self and identity is shaped, formed and dependent on our relationship to another, especially mothers/caregivers from early development (Pittman et al., 2011). Given his focus on early attachments, Bowlby (1960) looked at the grieving process through the lens of his attachment theory model, assessing the parallels between infants separating from their caregivers at a young age, to what adults in bereavement experience. He looked at evolutionary and biological responses of infants and their caregivers to understand and explain the phenomena of grief. Bowlby, in his 1960 paper “Grief and Mourning in Infancy and Early Childhood”, observed the similarities between how young children responded to loss and separation from their mother, and the responses of bereaved adults, and assumed that the underlying processes would also be the same. Influenced by Darwin (1872) and Shand (1914), Bowlby examined the intense emotional response that occurs when attachment is disruptive, and the evolutionary and biological responses. In following Freud’s thinking, Bowlby reinforced the need for ultimate detachment in resolution of grief (Stroebe & Archer, 2013). Distinctive to Bowlby was his view that grief is an adaptive process and a form of separation anxiety where an individual seeks to “restore proximity to the lost object” (Klass, 1996, p.33). In grief, when the person who died can no longer be found by the bereaved despite their attempts, the bereaved experience intense biological emotions, moving through to

resolution (Klass, et al., 1996). Bowlby describes this process as a normal sequence beginning with protest and anger, and then despair when the hope that the person or object will return is abandoned and lost, and ultimately detachment (Klass,1996). Bowlby argued that both present and past losses were impacted by both the environment and what he describes as “psychological makeup”, or personality (Mallon, 2008).

Bowlby’s work provides a framework for what resilience and coping in grief would look like, which includes the importance of providing “time, space, ritual, validation, acknowledgment, responsiveness, and a holding container—a loving trusted person—in which to fully feel and experience her or his loss without dissociating from it and without being rushed through it. (Granek, 2012, p. 4). According to Bowlby, pathological grief would occur when these conditions are not met. (Granek, 2012).

Attig (1996) highlighted the importance of Bowlby’s work on attachment, emphasizing that there is something biological about the grief experience that is deeply rooted in attachment patterns (Attig, 1996). Per Stroebe and Schut (1999), Bowlby’s work may be the most impactful grief research, highlighting the importance of “rearranging representations of the lost person, and relatedly of the self” (Stroebe & Schut, 1999, p.198). Core to Bowlby’s original theory and influenced by Freud, was his belief that detachment and severing the relationship bonds as part of the natural process and was critical in order to adjust and resolved grief (Klass, 1996).

In addition to working with Bowlby on stages of grief, Parkes (1972) also looked at the emotional and physical reactions in grief. He focused on some common experiences such as intense anxiety, described by episodic physical pangs; the sense of longing and searching for the lost object; guilt and anger in the bereaved; and the way an individual might avoid or postpone grief. He also addresses the process of working through those feelings in order for one to adjust

to the loss and connect to a new sense of self (Parkes, 1972; Burgass, 2010). Parkes described times when an individual must re-evaluate their view of the world and one's relationship to and in it (Parkes, 1971/1996), describing these periods as "psychosocial transitions" (Parkes & Prigerson, 2013; Mallon, 2008). Within this, Parkes (1988) developed the concept 'assumptive world' where, in grief, an individual's expectations of the world and everything that was once safe, secure and familiar in their life is now disrupted and undermined (Mallon, 2008). Parkes also identified the phenomena "the broken heart" after finding increased mortality rates of widows and widowers six months after losing their partner (Gudmundsdottir, 2009).

Across many of the theories presented that followed Freud, there are commonalities - the role of attachment; a need for the bereaved to recognize the reality of the circumstance versus living in a fantasy; and an active process of "working through" and a letting go of the lost object, and a reorganization of one's world.

The Stages/Phases and Task-Based Approaches to Grief

As noted previously with Bowlby, theories in the 20th century also began developing stages/phases and tasks related to the process of grief. Most notable to mention here are Lindemann (1944), Elizabeth Kubler Ross (1969); Bowlby (1960/1980), Parkes (1972/1975), and Worden (1982) (Attig, 2008; Holinger, 2020). Lindemann published work on grief and bereavement in 1944 with the article "Symptomatology and the Management of Acute Grief". His work was foundational in defining grief as psychological and psychiatric study and influenced individuals like Bowlby. In Lindemann's work, he, like others, looked at the role of attachment, identified common physical and emotional symptoms, and developed a task-based approach to moving through what he defined as "grief work", an active process which was similar to Freud's mourning-work (Granek, 2010). As part of this, he looked at both normal and pathological forms of grieving - assessing severity of symptoms and length of time, highlighting

that some have delayed, exaggerated grief that never occurs (Poal, 1990). He was specifically interested in acute and traumatic grief, and the adaptive process towards recovery, exploring both the psychological and physical effects of grief. He provided the “first-ever systematic study of the somatic and psychological aspects of bereavement” (O’Connor, 2019, p.2). Lindemann identified common symptoms and experiences that bereaved individuals may go through such as somatic distress, preoccupation with the image of the deceased, guilt, hostile reaction, and loss of conduct patterns, meaning the inability to function day-to-day the way one had before the loss (Harrison et al., 1965; Poal, 1990). Notable and new in Lindemann’s work was also his description of the physical sensations which included, but were not limited to, tightness of the chest and throat, hollowness in the stomach, dry mouth, lack of energy, breathlessness, and weakness in the muscles (Worden, 2018).

Connected to these symptoms, Lindemann then identified the active tasks of healthy grief work that includes emancipation from bondage to the deceased, readjustment to a new environment in which the deceased is missing, and the formation of new relationships. Central to Lindemann, as noted in others’ work, is the letting go of the emotional attachment in order to move forward and form new relationships. Lindemann goes on to prescribe additional tasks in grief which include finding acceptance, processing the loss and relationship with the deceased, experiencing and expressing feelings of sorrow, loss, and guilt, forming new relationships and beginning to find ways to enter back into daily life (Poal, 1990).

Similarly, Bowlby and Parkes (1970) developed a grief process model incorporating their research which outlined the way an individual moved through stages of grief in a relatively linear way, beginning with numbness involving a sense of shock, denial and disbelief. The second phase is characterized by yearning and protest notable through waves of sobbing, sighing,

anxiety, tension, loss of appetite, irritability, and lack of concentration. This phase also may include a sense of guilt, despair, disorganization, hopelessness, or low mood. The final phase is re-organization, which involves a form of letting go and redefining the relationship in order to invest in the future (Mallon, 2008).

In her book *Death and Dying* (1969), Kübler-Ross explored the process of dying through interviews with individuals who were terminally ill. Through her research, she identified five stages of grief that an individual goes through as they approach the reality of their death. Her work was considered to mark a cultural shift, giving voice to terminally ill patients who, in many cases, did not have a say in their end-of-life care (Tyrrell et al., 2023). Her work became “embedded in the American consciousness” (Holinger, 2020, p. 48). The Five Stages of Dying were presented as a progressive process, starting with denial, anger, bargaining, depression, with the final stage as acceptance. This model was later adapted and applied to other forms of loss, including the process of grief when an individual loses a loved one (Tyrrell et al., 2023; Avis et al., 2021). While these stages were initially interpreted as a linear process, Kubler-Ross in her later work with Kessler, *In Grief and Grieving* (2005), specifically addresses the process of grief and bereavement and supports a more fluid approach, stating that the stages “are not stops on some linear timeline in grief. Not everyone goes through all of them or in a prescribed order” (Kübler-Ross & Kessler, 2005, p. 7). Kübler-Ross clearly felt her work had been misunderstood (Stroebe et al, 2013)

Kübler-Ross’ original work has been criticized for applying the same stages to grief that had been born out of work with individuals facing their own death. (Buglass, 2010). Given this, some researchers find her work to be unfounded and to misrepresent the grieving process (Avis

et al., 2021). However, the stages remain a foundational part of how grief has been understood and, like many other theories, some elements hold relevance while others do not.

Worden's task-oriented model outlines four basic tasks for the bereaved to complete mourning (Mallon, 2008) and, like others, argued for reality-testing and severing ties with the deceased. His four tasks include acceptance of a reality; experiencing extreme pain; relocating the deceased; and creating new attachment.

Despite their original intention, many of the staged and task-oriented approaches to grief have been interpreted to occur in a linear fashion. Later models suggest that this linear approach does not accurately reflect the human experience of grief (Zinner, 1999).

*Grief is the form love takes when someone we love dies
(Shear, cited in O'Connor, 2022)*

Post-Modern Approaches to Grief: Integrative Models

Grief as a study has evolved over the past 100 years, becoming a psychoanalytic, psychiatric, and psychological phenomenon taking place alongside the changing cultural and historical transitions in the mental health field (Granek, 2010). Granek suggests that much has been lost in the process of framing grief within the scholarly, medical and scientific model erasing the depth at which we think about grief as a “holistic, necessary, human, relational experience” (Granek, 2012, p. 276). The integrative approaches begin to explore these potentially missing elements from the modern period.

Continuing Bonds Theory

A core feature across almost all the modern grief models is the role of attachment. Much of the modernist literature around grief centers the resolution of grief on letting go of the attachment to grieve successfully. In the modernist perspective, the process of letting go is deemed adaptive, allowing for a bereaved individual to form new relationships. However, this is

a relatively new approach. Prior to the 1900s, the idea of maintaining some form of a relationship with the deceased was considered part of the normal mourning process. It is only in the past 100 or so years that Western society has ignored how continuing bonds are a part of the normal bereavement process (Klass et al., 1996). Prior to then, it was culturally acceptable to maintain a relationship with the deceased. Despite the theory of detachment being dominant in Western culture in the 20th century, many have challenged these ideas in more recent years, suggesting that there is the lack of evidence for, and inadequate assumptions made about, attachment and detachment (Klass, 1996).

Klass et al., published *Continuing Bonds: New Understanding of Grief* in 1996 to offer an alternative view to understanding the grief process, providing a more expansive and fluid approach. Klass et al. (1996) specifically describe their work as an expanded view of bereavement and a reexamination of the idea that the “purpose of grief is to sever the bonds with the deceased in order to free the survivor to make new attachments” (Klass et al., 1996, p. 3). Instead, they offer an alternative model of what is defined as continuing bonds. Continuing bonds is essentially the existence and presence of an inner ongoing relationship with the person who has died (Stroebe et al., 2010). In addition to their theory on continuing bonds, they also challenge the linear and universal approaches to grief presented in early to mid-20th century research. The attachment described as ‘continuing bonds’ can be maintained through incorporating characteristics or values, remembering and memories, telling stories, dreams, rituals, among other memorial activities (Klass et al., 1996) without being maladaptive.

Baker (2001) studied empirical and clinical grief data and challenged the notion of detachment in grief. In his study, he found that bereaved individuals do in fact continue internal relationships as part of the normal, healthy mourning process. He defines mourning as “a process

of inner transformation that affects both the images of the self and of the object in the mourner's inner world" (Baker, 2001, p. 55). According to Baker, it is not about breaking the relationship or object tie, but instead transforming the attachment into a "sustaining internal presence" that becomes part of an individual's inner world (Baker, 2001).

Integrative Approaches

Walter (1996b) argued for an integrative approach versus a 'get over it' and "move on model". Walter (1996b) highlights that grief "is part of the never-ending and reflexive conversation with self and others through which we try to make sense of our existence. In a sense we are telling our stories or trying to make a narrative that is biographical" (cited in Mallon, 2008, p.13). Walter's (1999) model of grief does not center around the bereaved forgetting the past to start again. As Parkes (2007) stated, the past is always with us (Mallon, 2008). The main idea of Walter's model is to integrate the loss into the new, changed life, both personally and socially (Mallon, 2008). In this view, the concepts of closure and resolution become pointless as one's life cannot go back to normal after a loss as their life has been altered and changed (Mallon, 2008). Also embedded in this is that grief is not a one-size fits all approach (Mallon 2008).

Stroebe and Schut's (1999) Dual Process Model of Coping with Bereavement is another model that is described as offering a dynamic approach to coping with grief. They were the first to assert that there are no stages of grief. They identify two forms of coping with the grief stressors which they call "loss-oriented coping" and "restoration-oriented coping" (Mallon, 2008). They suggest that an individual oscillates between both types of coping, and that both are necessary and healthy. In loss-oriented coping, an individual processes and acknowledges the separation from the deceased through activities such as crying, remembering, and yearning

(Mallon, 2008). In restoration-oriented coping, an individual begins to take care of daily responsibilities, form new relationships, and a new identity. In their model, they hold that an individual can maintain the lost connection and presence through inner relationship and symbolic or spiritual means, but not in the physical realm. This suggests that, in healthy grieving, one has the ability to both let go of and hold the attachment (Mallon, 2008). The bereaved therefore do not detach but rather integrate (Klass et al., 1996). Through this process, grieving and mourning becomes an adaptation where an individual moves between these dualities “in a dynamic give-and-take, until a point of satisfaction can be achieved and maintained in both areas” (Gillies & Neimeyer, 2006, p. 36). The concept of this oscillation model essentially allows for an individual to go in and out of the paradoxes of grief, both remembering and forgetting and focusing on the past and also paying attention to and staying in the present. Stroebe and Schut describe this as a process of dosing (1999).

A qualitative study by Granek and O’Rourke (2011) showcased the paradoxes, the range, depth and complexities of grief. When analyzing survey data, they found that respondents: spoke at length about how grief had changed them forever, about how they had been expanded by their grief, and about how they both gained and lost parts of themselves from it. They had suffered terribly *and* had learned valuable life lessons. They were still in the grips of their pain even 10 years later *and* had become better people through the experiences of their mourning. They wanted their suffering to end *and* they wouldn’t change a single thing about their grieving process. (Granek, 2012, p. 7)

Granek asserts that the experiences and the existential understanding that the respondents had regarding the importance and necessity of the pain is what is missing in modern psychology

scholarship on grief and loss (Granek, 2012). Cox highlights the interconnection of one's life and how grief is part of the entire ecosystem stating that:

Our life stories, and those of our families and communities, are filled with weaving and reweaving of webs of connection, patterns of caring within which we find and make meaning. Bereavement strikes a blow to those webs, to our personal, family and community integrity. The weaves of our daily life patterns are in tatters. (cited in Mallon 2008)

In this, Cox highlights that grief then becomes a process of relearning the world and relearning the relationship with the one who died (Mallon, 2008).

Silverman also addresses the cultural nuances of grief, emphasizing how one's values, attitudes and beliefs around death and bereavement are not fixed but are in response to and adapted by the historical, economical, and social contexts and structures, reinforcing that grief is socially constructed (Mallon, 2008). Stroebe and Schut (1999) also recognized grief as culture-bound phenomena (Stroebe & Schut 1999). Corless et al. (2014) examined the way grief is outwardly expressed across cultures (Corless et al., 2014).

Expanding on the nuance that grief is not universal, but rather individual, Mallon (2008) highlights that clients and patients know what is most helpful to them and suggests not sticking to rigid theories when working with people grieving. Mallon challenges the concept of concrete theories, stating,

There are no easy formulas for dealing with grief and bereavement. Each person has to live with it, live through it and grow through it. There are no fixed times for its duration, despite theories of time-bound grief models, nor are there certainties about when or if understanding or acceptance will occur. (Mallon, 2008, p.15)

Meaning Making and the Constructivist View

The constructivist viewpoint, which is a postmodern approach to psychology, emphasizes that, at the core, people need to make meaning of their life experiences (Neimeyer et al., 2009). Neimeyer's (2009) constructivist grief theory model focuses therefore on reconstruction and meaning making, also viewed as a narrative approach (Mallon, 2008). Neimeyer's model suggests that when someone's assumptive world becomes disrupted by significant loss such as death, they lose their sense of meaning (Neimeyer et al., 2009). The constructivist model is founded on the belief that in order to "function in the world we make many assumptions and have many core beliefs that give us a sense of security" (Mallon, 2008, p. 11) and control (Neimeyer et al, 2009). When that security and control are gone, an individual needs to reconstruct their life's meaning through psychological, social, emotional and cognitive sources (Mallon, 2008). Neimeyer et al., (2009) discuss two general meaning-making approaches incorporating Janoff-Bulman's (1992) 'shattered assumptions' model for traumatic stress and events (Neimeyer et al., 2009). The first is *assimilating* the loss into an individual's pre-loss belief systems or personal narrative. The second is *accommodating* by reorganizing and expanding on belief and personal narrative. Regardless of which approach one goes through, the goal is to re-establish one's self-narrative and resolve any disconnection between "the reality of the loss and one's sense of meaning" (Neimeyer, 2009, p.2). Per Gillies and Neimeyer (2006), there are three ways meaning can be reconstructed when experiencing loss which includes sense making, benefit finding, and identity (Gillies & Neimeyer, 2006). Embedded in this is that adapting to loss involves creating a new view of one's life and sense of identity, since what was understood and assumed has been changed (Gillies & Neimeyer, 2006).

The post-modern view on processing and healing grief ultimately explores the fundamental questions about what it means to be human. At its core, resolving and processing grief is tied to the meaning of our relationships and attachments, to the meaning and the role one plays in family and community, and to the meaning of one's own life when faced with understanding the inevitability of one's own mortality (Klass, 1996; Neimeyer et al., 2009), raising questions around the afterlife, one's own mortality, and the existential search for meaning in a person's life (Neimeyer et al., 2009).

The complexity of grief that spans one's lifetime is that we don't recover from it, but instead it becomes part of us. As Joan Didion writes in her memoir, it's the grief "[that] has no distance. Grief comes in waves, paroxysms, sudden apprehensions that weaken the knees and blind the eyes and obliterate the dailiness of life," (Didion, 2008, p.41). It's the grief that does not go away but transforms.

Existential Approach to Grief

Through grief, Attig (2004) looks to uncover the different meanings of death, human existence, suffering, the life of the deceased, the life of the mourner, and love (Attig, 2004). He connects how one's sense of being and wholeness is disrupted through suffering in grief, impacting and undoing one's daily life, story or narrative and the connection with the larger wholes such as ties with family or community. In death, the bereaved loses their sense of continuity in their world where the life chapters that would follow "cannot unfold just as we expected, hoped or dreamed they would and its coherence and meaning are threatened" (Attig, 2004, p.345).

Attig (2004) reinforces key concepts presented in other theories. He suggests that individuals exist in relation to others and that our interconnected nature is what leaves us feeling

shattered” and “changed by the loss” (Attig, 2004, p. 348). He states that the self is “enmeshed within a web of webs encompassing our families and communities...By nature, we are social, permeable, and interdependent” (Attig, 2004, p. 345), which makes us particularly vulnerable in loss. Attig, like, Parkes (1971/1996) highlights the significant disruption grief causes to one’s assumptive world stating that:

bereavement uproots our souls: It takes us away from the shape of life where we have come to experience ourselves at home... Bereavement shakes our spirits: It disrupts the life patterns within which we have found meaning, it confronts us with an unexpected future, and it challenges us to find the courage, hope, and faith we need to stretch into the inevitably new. (Attig, 2004, p.350)

Attig (2004) reiterates the importance of finding meaning, re-learning one’s world, recognizing the continued relationship with the one who has passed. Grief is what Attig describes as an “inherently a multi-faceted struggle toward renewed wholeness and restoration of personal integrity, within broader social and historical contexts that support and sustain identity and meaning in our lives” (Attig, 2004, p.358). Within that endeavor is the constant search for “lasting love” even in the separation and that it is through memory that we can maintain connection (Attig, 2004).

What Happens in our Brains? The Neuroscience of Grief

Developments in the field of neuroscience have provided new insights into the biological response of what the body experiences during grief. In *The Grieving Brain* (2022), O’Connor explores what happens to the brain of the bereaved when someone close to them dies, providing deeper insight into the body’s processing and how we encode love and grief (O’Connor, 2022). As part of understanding grief, O’Connor examined the “why” we grieve, and focused less on

the “what”, questioning why the permanent absence of a bond causes such disruption and devastating feelings (O’Connor, 2022). In doing so, she explores, like others have, the humanness of grief. According to O’Connor (2022), key neurological processes that inform the way we grieve include the way we learn and predict in order to move in the world, and the way we love and attach.

Understanding the Process of Relearning

At the core of O’Connor’s (2022) work is that grieving is a form of learning. The brain uses virtual maps to predict day to day experience. What happens in grief is that the person who dies no longer is physically in the map, however, the brain expects them to be there. This disruption in the map causes disorientation. That disruption in what someone expects causes grief. The brain develops what O’Connor (2022) describes as “virtual maps”. These maps essentially are memory maps that mark daily predictable information based on an individual’s routines and habits. The brain moves its human and physical form through a map entirely created in one’s mind. It is what makes walking around your home in the dark possible (O’Connor, 2022). The brain creates this memory map because it requires less computing than having to re-experience, re-learn and ultimately navigate a place or situation as if it is for the first time. Given this, specifically, in the immediate aftermath of losing someone, the brain has not yet computed that the loved one is no longer there – it still believes and is biologically wired to expect where in one’s life the loved one will physically appear.

This process of expecting something that is not there in reality is best understood through a study O’Connor (2022) describes by Moser and Moser (2013). In the study, they identified object-trace cells which show that even when something does not exist in reality, neurons still fire where objects once were for some time. Correlating this to grief, then, when someone close

to us dies, then, based on what we know about object-trace cells, our neurons still fire every time we expect our loved one to be in the room. And this neural trace persists until we can learn that our loved one is never going to be in our physical world again. (O'Connor, 2022, p. 12)

Essentially, individuals keep expecting to “see” the person who died, based on these object trace cells. It takes time to relearn and adjust the map. And at the same time, when the brain “perceives even a small violation of what it expects, there is a particular pattern of neurons picked up with an EEG” (O'Connor, 2022, p. 19), which detects something is “wrong”. This means that at a sensory level, the body feels what it expected to feel in the virtual map and records that feeling first. However, once it notices the difference and realizes the pattern was disrupted, there is a moment of awareness when a “fresh wave of grief” comes in (O'Connor, 2022, p. 19). Additionally, although the brain is able to identify when reality and the virtual map do not align in real-time, it takes time for the map to relearn and create new predictions (O'Connor, 2022). Over time, the brain begins to realize and take note of the fact that the loved one no longer exists day after day and then it is able to start updating its predictions for the future and change the object-trace cells. That is the source of the concept of time heals (O'Connor, 2022). It therefore is not just about relearning the world cognitively. What makes grief more complicated is the neurological re-wiring and biological effects that occur at the unconscious and implicit level in one's body (O'Connor, 2022).

Related, bereaved individuals often reflect on having lost part of themselves. O'Connor likens this embodied grief experience to phantom limb syndrome, where a person still experiences sensations, such as itching even when the body part is no longer there due to amputation. While this was once viewed as solely psychological, it is now known that the nerve signals are still active (O'Connor 2022; Krasner, 2004).

Attachment and the Nervous System

O'Connor also reflects on the importance of attachment in the grief process (O'Connor, 2022), emphasizing that individuals need to know that loved ones are safe, which then "requires us to know where they are" in space (O'Connor, 2022, p.13). Neuroscience tells us that one of the mind's processing activities is to search for and locate loved ones to know where people are physically in real life. O'Connor also cites a study by O'Keefe and Nadel (1978) in which they identified "place cells" which essentially allows us keep track of where important people and things are in our lives. This means that the brain is wired to know where people are and how to find and locate them in time and space (O'Connor, 2022). In grief, there is a mismatch between the virtual map and reality, and "the alarm and confusion this causes is one reason grief overwhelms us" (O'Connor, 2022, p. 9).

This concept of needing or desiring to locate people is also reflected in the ways religions approach death and grief. Different religions have answers for where people or their souls go when they die - whether they believe in reincarnation, heaven and hell, or the Buddhist Pure Lands. O'Connor believes this is why many cultures have concrete answers for where people go when they die as it supports human nature's strong biological impulse to search and locate loved ones, whether physically in this world or another (O'Connor, 2022).

O'Connor (2022) uses a metaphor to explain the neurobiology of grief. The metaphor is a story where a person gets up in the middle of the night and walks to the kitchen in the dark. On the way, they pass through the dining room and, "...at the moment that your hip should bump into the hard corner of the dining room table, you feel... hmm, what is it you feel? Nothing. You are absolutely aware that you don't feel anything..." (O'Connor, 2022, p. 3). This metaphor highlights the awareness through absence, through missing. It is in the absence that one feels loss

and the associated pain. It is in the without-ness that grief therefore becomes known (O'Connor, 2022). This concept of absence is evident in many of the psychoanalytic theories discussed.

Freud states “each single one of the memories and situations of expectancy is met by the verdict of reality that the object no longer exists” (Freud, 1953, p. 255). Similarly, Bowlby and Parkes (1970) identify the first stage of grief as disbelief and reality not lining up to what is felt.

O'Connor (2022) also acknowledges the physicality and unbearable pain sensations that many people experience from a neuroscience perspective, reinforcing that the “brain has powerful tools, including hormones, neurochemicals, and genetics, to produce aching and seemingly unbearable sensation” (O'Connor, 2022, p.106). It is why many people cope using the Stroebe and Schut's (1999) dual coping method which provides flexibility to move in and out of the present to protect oneself from the pain of grief (O'Connor, 2022)

*No one ever told me that grief felt so like fear. I am not afraid,
but the sensation is like being afraid. The same fluttering
in the stomach, the same restlessness, the yawning. I keep
on swallowing. C. S. Lewis, A Grief Observed*

The Grieving Body

The origin of the word grief comes from the Latin root word *gravare* which means to "make heavy" which comes from the word *gravis* meaning "weighty" and "burden".

Understanding the origin of the word grief reflects its physical nature and quality. Many researchers have touched on the physical and bodily expressions of grief including but not limited to Lindemann (1944), Parkes (1972/1975), Wolfelt (2007) and Worden (2018). Some common body responses to grief include episodic moments of acute physical pain and sobbing which resurface when the loss is remembered, oppression and constriction around the heart, bitter and burning tightness in throat, fatigue and exhaustion, muscle aches and weakness, trouble sleeping, dry mouth, emptiness in the stomach, changes in appetite and weight,

headaches, nausea, and waves of pain throughout the body (Wolfelt, 2007; Worden, 2018; Parkes, 2013). Studies have also shown links between individuals experiencing physical grief symptoms and serious illness such as Takotsubo cardiomyopathy, or “Broken Heart Syndrome”, cancer as well as asthma and inflammatory diseases such as colitis and arthritis, and endocrine changes (Brinkmann, 2019; Hopf et al., 2022). It has also been shown that grief may disrupt and weaken the immune system potentially due to high cortisol levels (Vitlic et al., 2015), and leave people vulnerable to disease and illness (Brinkmann, 2019; Pena-Vargas et al., 2021), and increased stress levels and dysregulation (Philpott, 2013). Research in neuroscience now also highlights that “close social attachments and addiction share neural mechanisms that involve the reward center of the brain and suggests a parallel between the physical pain of addictive drug withdrawal and the emotional pain of traumatic loss (Shulman, 2018, p.106).

For many, the loss of a loved one can be traumatic, especially when the loss is sudden, unexpected, accidental, untimely and when it is a family member or someone close. (Rando, 1993; Keyes et al., 2014). Fuchs (2017) provides an in-depth understanding of the complexity of the grief state. Fuchs states that the immediate grief response, especially when someone loses a loved one suddenly and unexpectedly, carries the same characteristics of trauma (Fuchs, 2017). The “shock”, “blow”, a sense of “shattering one’s existence to the core” and physical weakness, “as if losing the ground under one’s feet” (Fuchs, 2017, p. 45) parallel the trauma response. The feelings of numbness, confusion, and derealization accompany speechlessness and slowing of time. Fuchs states “In shock and numbness, the subject is stunned and paralyzed, reduced to his bare existence, unable to react or to take distance from the situation. On the other hand, this numbing may also be interpreted as a defense against otherwise overwhelming affects” (Fuchs, 2017, p. 45), reflecting the complexities of grief’s expression. Fuchs also provides a detailed

view of the body's disposition in grief - the heaviness in the body, the way the bereaved "hangs his head and shoulders and walks with a bowed gait", the "shortness of breath and respiratory spasms" that are only relieved through "sighing, crying or sobbing", reflecting that individuals express the feeling of being "choked with grief", and the facial expressions of sorrow with raised inner eyebrows and wrinkled forehead (Fuchs, 2017, p. 45-46). According to Fuchs, especially acute grief "makes it obvious that there is no clear separation between physical and psychic pain, for pain can only be experienced by an embodied subject" (Fuchs, 2017, p. 46).

The role of the body remains at the heart of the grieving process; however, this has been overlooked in the literature (Fuchs, 2017). Many of the foundational psychological theories on grief center around the process of grief being cognitive and lack the embodiment, and body-specific impact that is profound in the grief experience (Pearce et al., 2022). Grief, for the most part, has been viewed as an intra-psychic process, looking at the individual psyche, personality, attachment and coping (Pearce et al., 2022). The physiological and body symptoms, while recognized, have typically been viewed as a reflection of pathology (Pearce et al., 2022). As a result of this thinking that the healing is an intra-psychic process, the current therapeutic solutions are therefore also from a cognitive lens, that aim to resolve physical symptoms mostly by using psychodynamic and or cognitive behavioral therapeutic approaches (Pearce et al., 2022). While many studies do talk about the physical and body-based symptoms as somatic, they end up pathologizing "rather than regarding them as meaningful cues signaling the need for movement or expression" (Philpott, 2013, p.149).

While different, there are many similar characteristics in trauma and grief, specifically the way it shatters the world as we know it (Thompson & Neimeyer, 2014) and the physical distress in response to overwhelming and uncontrollable experiences (van der Kolk, 2014).

Trauma and grief are experienced first at the body level, where through neural signals we are reminded that we “we need to register and act on our physical sensations to keep our bodies safe” (van der Kolk, 2014, p.96). This reinforces the role the body plays in regulating the nervous system to process, cope, and work through trauma and similarly grief (van der Kolk, 2014; Ogden et al., 2006).

In reflecting on the embodied quality of grief, Gundmundsdottir (2009) proposes not viewing the bodily symptoms as psychosomatic reactions that reflect maladaptive coping, but rather to understand the role the body plays in being able to guide individuals grieving through the process of reorganizing, adjusting and learning to navigate their new world, through information that the body is providing. (Gundmundsdottir, 2009)

*Life is about Rhythm. We vibrate, our hearts are pumping blood.
We're a rhythm machine, that is what we are.
- Mickey Hart (cited in van der Kolk, 2014)*

Dance/Movement Therapy and Grief

Dance/movement therapy is defined by the American Dance Therapy Association (ADTA) as the “psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being” (ADTA, n.d.). Dance/movement therapy approaches healing in a holistic way, incorporating and believing in the interconnectivity of mind, body, and spirit (ADTA, n.d.). At the heart of dance/movement therapy work is the “relationship and awareness of self and other” and “a process of embodied experiences, relationship, and reflection” (Blanc, 2021, p.169). It is a multi-faceted process, complementing many different theories of learning, including experiential, transformational, feminist, and critical foundations (Blanc, 2021).

The expressive arts help us access our most “basic human needs to create, communicate, create coherence, and symbolize”, and allow individuals to explore symbolic representations of human experience, incorporating the “visual, kinesthetic (dance), verbal (poetry), or musical (song, music)” (Serlin, 2020, p.1). Chace similarly found that dance is a communication filling our basic needs (Sawyer, 2019). The expressive arts, in particular dance/movement therapy, connect us more deeply to ourselves through body and sensory awareness, imagination, imagery, metaphor, ultimately coming home to our bodies and finding connection to our own inner-known wisdom (Rea, 2013). According to Payne (1992), the movement activity in dance/movement therapy is a concrete medium through which conscious and unconscious expression can become motivated” (Payne, 1992, p. 9.). In *Grief and the Expressive Arts*, Potash and Ho state that part of the power in expressive arts therapy is the possibility created for dual communication form - the intrapersonal (within the individual) and interpersonal to a viewer, whether the therapist or group members (Thompson & Neimeyer, 2014).

Insights from Dance/Movement Therapy and Body-Based Psychotherapy Research

While limited, there is rich research in understanding embodied expressions of grief and applying dance/movement therapy. The studies presented here include a wide range of ways the embodied experience and role of dance/movement therapy has been used when working with people grieving a loss. Philpott’s (2013) qualitative study provided insights from dance/movement therapists on how to bring dance/movement therapy to grieving children, highlighting different movement and creative practices, and emphasizing the important role of the therapist in creating a safe and supportive environment. Hentz (2002), Reisen (2013), and Simpkins and Meyers-Coffman (2017) looked at body memory and how memories are stored in our body, remaining unconsciously until explored, acknowledged and processed. Callahan

(2011) looked at artistic inquiry with grieving parents and the impact of being in a group, and Serlin (1996, 2014) looked at kinesthetic imagery.

Philpott (2013) explored using dance/movement therapy with children grieving their parents. While acknowledging there may be similarities in the way children and adults grieve, children may have a particular challenging time processing loss, and the use of non-verbal expression in creative arts therapy proves useful (Philpott, 2013). Philpott's qualitative inquiry involved interviewing three dance/movement therapists about their experience with children experiencing grief. While using a small sample, Philpott fleshed out a detailed framework, which included four core categories described as the experience of the dance/movement therapist; the grieving child; dynamic of togetherness; and moving grief approaches (Philpott, 2013).

At the heart of Philpott's (2013) inquiry is her exploration of the experience and role of the dance/movement therapist. All the individuals interviewed reflected on the importance of being aware of their own emotional and somatic responses, and being able to access countertransference to be able to use in session. One therapist is noted saying "If you don't tap into what you're feeling on your body level, you are missing out on all this information. It is an invaluable way of gathering information that will ultimately inform what you're gonna do" (Philpott, 2013, p.156), emphasizing how the therapists used their own body responses and self-regulation to inform their sessions and interventions (Philpott, 2013). Related, they emphasized the importance of connection, empathy, and presence as well as the therapists' ability to hold and create a safe and supportive space/container. They each described creating a "safe therapeutic environment through structured physical space, [his or her] own emotional and bodily regulation, setting boundaries, and through active witnessing" (Philpott, 2013, p.160). In terms of creating that therapeutic container, all of the therapists used the Chacian circle, common in

dance/movement therapy, to foster that safe and supportive environment (Philpott, 2013).

In addition to the critical role the therapists played in the effectiveness of their grief group sessions, Philpott's (2013) framework outlined programmatic themes and interventions used. Themes include: remembering and honoring the individual who passed; acknowledging feelings about the person; telling the story; learning about mortality; and the importance of accessing resiliency for the children to be able to find joy, humor, happiness, and regain a sense of control; and explore good memories. The themes mentioned were explored through specific movement-based and creative approaches and interventions. Interventions employed included dancing in honor of the loved one; rocking and singing; storytelling through movement and art; structured rhythms; breath work; guided relaxation; and yoga. As part of this, they employed encouragement; groundedness; and awareness of inner sensations and accessing imagery (Philpott, 2013). The therapists recounted a number of moments where the children, when remembering and reflecting on those who died, would bring their loved ones into the dance circle or had expressed that their loved one was with them, internally (Philpott, 2013). Given the group structure, Philpott also addresses how useful it was for the children to be witnessed and seen by others in the group dynamic and to share the experience (Philpott, 2013).

Callahan (2011) used a heuristic-artistic inquiry to explore parental grief. In her study, she employed a number of dance/movement therapy techniques including attuning to another's breathing and moving their breath together; guided meditation; writing a letter to their deceased child; exploration of personal feelings; symbolic thinking; acting out a narrative of an event that happened in their lives and drawing and walking their grieving pathway. A core part of the work included incorporating the group's movements into a choreographed performance. Throughout the dance/movement process, the parents explored their relationship to grief through the body,

and began to understand their experiences more deeply (Callahan, 2011). Callahan specifically highlighted that the experience was two-fold. On an intrapersonal level, the participants gained body awareness and its relationship to their grief. On an interpersonal level, participants engaged in both an individual and shared process, which allowed them to “form connections reinforced by validation and shared experience” (Thompson & Neimeyer, 2014, p.30).

Kinesthetic Imagining

Serlin (1996, 2014) used kinesthetic imagining with individuals experiencing grief. This method is described as “an existential/depth form of dance movement therapy in which body-based images create a non-verbal narrative or text that has metaphoric, symbolic, and transformative levels of meaning” (Serlin, 2020, p.88). Essentially through the process of physical movement, images are generated and formed, and then brought to consciousness and awareness (Serlin, 2014). With grief often stored and “stuck” in the body, moving through images and feelings in the body supports a process of healing (Serlin, 2014/2020). This specific method, according to Serlin, is organized as a three-part structure. First, there is a check-in and warm-up utilizing breath, sound, stretching and circle dancing to bring body awareness, and consciousness self and others. The second component is amplification, which is intended to be a journey inward where healing themes are accessed through imagery and metaphor. The third part is about making sense of the experience, where the group processes, internalizes imagery, reflects on meaning, and transitions back into the here and now (Serlin, 2014/2020).

*The body knows things about which the mind is ignorant
- Jacques Lecoq (1997/2002)*

Embodied Memory, Grief and Dance/Movement Therapy

Throughout grief research, memory remains a common theme. Without memory and the sensation of sorrow, there would be no cognitive awareness of the loss. Homman (2010)

discusses the role memory plays in shaping one's sense of self and identity. She states "memory is necessary for self-cohesion; it functions as a dynamic process of holding who we are and organizing what we can expect as we encounter new experiences. Memory keeps us oriented in the ongoing process of change that life always encompasses" (Homann, 2010, p. 86). Confirti (2014) acknowledges the way memory reminds us that we live in multiple worlds at the same time, remembering the past in the now, and how the information from the past shapes our present and future (Thompson & Neimeyer, 2014)

As Fuchs (2003) explains, there are two primary forms of memory: explicit and implicit. Explicit memory is a cognitive and conscious process, remembering past events and facts. Implicit memory is understood as one's ability to remember how to do something unconsciously through habit, and lived experiences (Simpkins & Meyers-Coffman, 2017). Body memory, addressed here and specific to the work of dance/movement therapy, falls under this implicit memory umbrella and is made up of the procedural (commonly known as muscle memory), situational, intercorporeal, incorporative, and traumatic memory (Fuchs, 2003). Body memory is a complex structure looking not only at the habitual active tasks of procedural memory, but all sensed lived experiences stored in the body (Simpkins & Myers Coffman, 2017). Merleau-Ponty (1962/2004) assumed that this lived body was not body or mind, but rather a third dimension, mediating between the two and the relational world, acknowledging that individuals can't be understood separate from their environment (Koch, 2012). Body memory is essentially "our lived past" (Fuchs, 2012), it is how individuals experience their world, it is core to one's sense of self and identity (Koch, 2012; Fuchs, 2012; Reisen, 2013), and it is what allows individuals to remember, re-experience and re-enact the past in the present moment and body (Fuchs, 2012; Koch, 2012).

Many also propose that body memory is directly connected to the sensory system since it is through our senses that we first experience (Reisen, 2013). Merleau-Ponty (1962) conceived that the body is not the external representation of what is seen by others or the physical being that moves, but instead it is what one feels internally, our “capacity to see, touch, move, etc” (Fuchs, 2012, p. 10) The body memory therefore becomes a collection of those inner bodily sensations, habits, and dispositions throughout life (Koch, 2012).

Hentz’ (2002) phenomenological study examined the relationship between body memory and grief, as she felt that there was a lack of grief research in “understanding the wisdom of the body as the natural self experiencing the world” (Hentz, 2002, p.164) and that prior research was too focused on whether grieving and coping was adaptive (healthy) and maladaptive (unhealthy) (Hentz, 2002). While a relatively small study with 10 women, she noticed that many of the women’s experiences did not fit into the supposed social norms of grieving at the time which valued linear and staged processes and moving on. Many of the women were experiencing grief many years after the loss occurred, and felt shame around it. Hentz expressed wanting to bring their grief “out of silence” through her work (Hentz, 2002, p. 163). She focused on the women’s experiences around death anniversaries. Hentz (2002) found that many of the women had been experiencing physical sensations and symptoms (e.g., difficulty eating, feeling sick, sense of emptiness) around the time of the death anniversaries; however, they were unaware of the connection. It was only when they understood that their body was remembering the loss subconsciously, that they were able to bring it into their conscious awareness and process those feelings and sensations (Hentz, 2002). Other sentiments that came up include: many feeling alone in their grief after the initial grieving period; silencing and hiding their grief; the ability for memories to be accessed and relived in the present, especially around the specific death

anniversary; a desire to hold on to memories and not let them go despite, for some, the painful feelings associated; and that there is a cyclical pattern to grief that is informed by the body's perception of time. Hentz (2002) explains this body perception phenomenon as similar to an individual being able to wake up without an alarm clock; the body knows (Hentz, 2002).

Hentz (2002) proposes revisiting the traditional counseling methods of “cognitive, emotional and behavioral outcomes” (Hentz, 2002, p.171), emphasizing that “body memory is not a rational process... it requires honoring and awareness of these deeper experiences of loss” (Hentz, 2002, p. 171). In her findings, pushing away or suppressing experiences made the pain worse (Hentz, 2002).

Reisen (2013) explored body memory and continuing bonds from a body psychotherapy perspective. In Reisen's (2013) article, she proposes using body memory as a way to create continuing bonds with the deceased. Given the continuing bonds process is essentially an internal process, Reisen (2013) proposed that it should then be formed and experienced at the body level using body-based practices. Additionally, given that memories tap into senses, cognition, and emotion while the body has the ability to ‘encode, store, and retrieve’, body memory then becomes well positioned to uncover and explore memories in an embodied way. (Reisen, 2013; Simpkins & Meyers-Coffman, 2017). It is through body memory that people can “discover how the body remembers the person who died, as well as to experience memories of the deceased in a new way” (Reisen, 2013, p. 86). Reisen proposed a number of body psychotherapy interventions and applications based on experiences working with bereaved clients. Interventions include: body awareness; incorporation of all the senses to bring about memories (sight, touch, smell, sound, taste); use of authentic movement and free association in movement to access memory through the body (Reisen, 2013), which is a practice that allows for the mover to access

memories as well as explore inner impulses and sensing to inform movement (Lewis, 1996).

Following Reisen's (2013) work, Simpkins and Meyers-Coffman (2017) also looked at body memory and continuing bonds, but through the lens of dance/movement therapy (Simpkins & Meyers-Coffman, 2017). Their study included three individuals who lost a parent or caregiver in their childhood between the ages of five and 24. In two-hour sessions, participants engaged in a "movement elicitation protocol", where they were asked questions to specifically elicit memories of their parent/caregiver around the time of death, write words that were coming up for them related to the loss, and then create movement phrases and dances. Following the movement, interviews were conducted. Though a small sample, themes were identified that related to body memories being accessed and relived in the present; body memories feeling both foreign and familiar; age being remembered through body memory; the process of embodying led to deeper understanding; body memories being both immediate and frequent; emotional charge being expressed in the body; memories being held through different sensorial qualities; and that the emotional charge of body memories had the ability to move an individual toward resilience (Simpkins & Meyers-Coffman, 2017).

Dance/Movement Therapy: Regulation through Experiencing

Grief, like trauma, disrupts an individual's nervous system (Shulman, 2018). Expressive arts and dance/movement therapy specifically work on addressing the regulatory system at a body level (Serlin, 2010). Serlin highlights how the arts in general have been proven to improve immune function and reduce stress (Serlin, 2020). More and more, studies continue to show the strong connection between stress and the body (Serlin, 2020) and that holding in and "suppressing our inner cries for help does not stop our stress hormones from mobilizing" (van der Kolk, 2014 p. 99). It is human nature to wish pain to go away, to avoid and resist; however,

this instinct causes continued maladaptive rumination and stress (O'Connor, 2020), and, ultimately, while we want the pain go away, at the deepest-most level, we need to feel and experience the suffering fully (Cacciatore, 2017).

Caldwell (2016), like other somatic psychologists, assumed that individuals naturally suppress sensations, feelings, and needs of the body in reaction to demands in their environment. In her work with addiction, she highlighted that when feeling overwhelmed, individuals would leave their bodies. This sentiment can be understood from the grief perspective as well (Dufrechou, 2002), given that both addiction and attachment/separation - the foundation elements of grief - both sit in the reward center of the brain (Shulman, 2018).

Dance/movement therapy works on somatic, emotional, and perceptual levels (Homman, 2010), and increases “affect awareness and emotional regulation through the exploration of movement” (Homman, 2010, p. 84). In this, dance/movement therapy engages the physiological processes and makes the emotions more consciously accessible through the body experience (Homman, 2010). Dance/movement therapy utilizes different embodied practices and methods such as authentic movement, free associative movement, embodied imagery, body-mind centering, and metaphor among many others. These practices help individuals explore and access their inner states, senses and feelings to bring awareness and meaning (Chaiklin & Wengrower, 2009). As Chaiklin and Wengrower state, “In dance/movement therapy we promote the tertiary process, discovering new meanings and experiences of self, as we propose exploration of movements, images, metaphors, often in nonlinear paths of thought and action” (Chaiklin & Wengrower, 2009, p.26). The common nonlinear approach of dance/movement therapy allows for deep emotions to be accessed and explored in a safe and meaningful way, where individuals

can move and out of their grief within their own window of tolerance, following their body's impulses and knowing. (Payne et al., 2019)

The thing about grief is that there is not a place or time at which we arrive one-and-for-all at peace, or healing or completion. Grief is a process, an unending long and winding road. The landscape changes as we travel the distance, some parts of the path barren, and some more beautiful - but it's the same road. And grief itself is the destination: at every moment of our grief, we are arriving - Cacciatore, Bearing the Unbearable, 2017

Discussion

This happens.

I don't want to move. My resistance is strong.

I feel heavy all over. My hips tighten. They are protecting me from something I can't understand.

My feet on the ground. My upper body sways. I follow the sway. I give into the sway.

I want to lay down.

Am I allowed to lay down? Does being still count? I know it counts... But, does it really count?

I want to lay down and absorb everything and nothing.

I lay down. Let the floor hold me. Console me.

I bolster myself up. One block, two block under my knees. My feet touching.

I ask myself – is this restorative? Do I feel at ease? I settle.

I settle in.

One breath... two breath.

“Stay...” I tell myself. “Stay longer than you think you need. Stay”

And then it comes. Like a wave.

I am afraid. I feel lost and unsafe.

My dad is not here, he is gone.

I don't know where he is, but I have faith he is wherever my mom is.

I sit in disbelief.

I keep breathing.

Through the tears that run down the cheeks.

Movement was his medicine. A runner, a biker, a swimmer – an Ironman.

That was his meditation, but he never would admit that's what it was. It was a way of life.

When anyone asked him how he was doing, he would say “I'm vertical”. Meaning that as long as he was upright and moving, he was doing good. No complaints.

He inspires. He inspired.

He's gone. The loss is in my body. It's in every part of my body.

It both flows and it's stuck all at the same time.

I want to move towards him, but there is nowhere to go.

The grief sits on top of the grief that came before

And with the fear of the grief to come

Layers and layers of grief

I am tired.

Please don't make me move.
But, I know I have to keep moving. I have to stay vertical.

I came to this inquiry through my own personal experiences and relationship with grief. For most of my young life, I lived with a constant sense of anticipation and fear of someone close to me dying; the fragility of life has always been close by. However, my parents' deaths were the most devastating and painful. My mom died of ovarian cancer when I was 24 and the first thing the doctor said to me when she passed was "you have to take care of yourself" given my cancer risk, reminding me of my own mortality. Many years later, my dad died from a traumatic brain injury; this was nearly two years ago when I was 38.

When I started my graduate program in dance/movement therapy at Sarah Lawrence College in September 2021, it was only a couple months since my dad's sudden passing. It was raw. The program became more than an academic endeavor, it also became one of healing. Throughout the course of the two-year program, my grief was accessed, embodied and uncovered in unexpected and profound ways. I was invited to explore the different parts and layers of my grief, through the use of authentic movement, improvisational and free associative movement practices; grounding and body awareness; imagery and metaphor; voice and song; and processing through journaling and verbalizing.

I moved. I journaled. I cried. Dance/movement therapy and embodied practices have a special and powerful way of being able to tap into what is needed most, in the moments when we need them the most. As a process-oriented modality, dance movement therapy is not time-bound, similar to the experience of grief. In this, I have been able to explore grief and love with those who died many years ago - my mom even though it has been 15 years, my grandparents, in addition to my dad. Finding the ability to access them and my feelings and pain in new and profound ways.

The best way to highlight the power of embodiment is to use myself as a case study. Below are the ways in which I have been able to tap into the depth of my grief and pain through dance/movement therapy and embodiment.

Dance/movement therapy engages in an embodied process of remembering.

Dance/movement therapy engages individuals in a process of remembering. By exploring the body's felt sensations and tapping into imagery and metaphor, dance/movement therapy can support people in grief through a process focused on: remembering the person who died and integrating conscious and unconscious memories; re-remembering and re-learning who we are in our body with the grief and a sense of living differently; and finding access to experience the full expression of one's grief in a safe and supportive space.

Enacting and Embodying Memories

In the first semester of my dance/movement therapy program, we were asked to recall and embody past memories. Unexpectedly but also not surprisingly, I identified two memories with family members who had passed. The first memory was me with my grandfather, driving in his car. The other was my mom playing the piano in our living room. Both memories have been accessed before, but they came to me quickly, out of all my childhood memories. Part of the work is trusting the process and our bodies to know what we need.

Memory 1: Driving in my Grandfather's Car

In class, I embodied the memory of combing my grandfather's hair while he drove. I kneeled on the floor and brought my hand up and started to brush his imaginary hair. I repeated the movement over and over again. As I did this, I was able to re-experience the feelings and sensations of the car and my grandfather's presence with me. I was transported and the details came back. I was 3 or 4 years old; I could feel myself at that age. I was combing my

grandfather's hair with a small black tooth comb from the backseat of the car, leaning forward with half my body falling off the seat to reach up towards my grandfather. His hair so thin and slick. I could feel the gentle brush hitting the scalp as I repeatedly combed his hair all the way to his home. We had just dropped off my siblings and cousins at school. I even remember thinking about the bread roll we were going to have when we arrived at his home (although this could be an incorporation of another memory). How quickly the senses turn on. The memory brings joy and light into me. I remember the feeling, like it is now. Body memory is powerful.

Memory 2: Mom Playing the Piano

When this memory came to me, instead of embodying myself watching my mother play the piano from the living room couch, I found myself unconsciously embodying my mom. I became her movements playing the piano – lifting my arms/hands up and down, hitting the imaginary keys with quick and light finger taps, engaging my whole upper body and bobbing my head with a closed-lip smile across my face, the way my mom did. I began to feel what I imagine she might have felt in that moment, playing with family members close by. Joyful and light. Embodying my mom provided a new way of for me to experience her again, after all these years. I come back this memory often now to feel her.

Dance/Movement Therapy Honors Both an Individual and Relational/Collective Experience

Dance/movement therapy provides a safe space to be witnessed and seen, and express oneself in grief, with authenticity. It allows for the process to be entirely unique to the person, while also experienced and shared in relationship and community. Research shows that having a strong support system is one of the most important factors to being able to cope with the intense emotional response one might encounter in grief (van der Kolk, 2014). Given this, the group

setting, common in dance/movement therapy, allows for individuals to feel witnessed and heard, to share their experience, and provide support to others.

It is also important to recognize that grief is an individual process and never looks the same between two people, even if they experienced the same personal loss (e.g., family members). Dance/movement therapy creates the therapeutic space for both the individual and shared experience to exist.

Honoring and Respecting the Changing Nature of Grief

As a process-oriented modality, dance/movement therapy allows people to be with the evolving nature of their grief experience. Grief can change and transform over time, but it never goes away. Dance/movement therapy allows for honoring and respecting the many faces of grief as it changes with lived experiences and with time, space, and age.

Case Study Example: Finding Meaning Through Movement

While grief was present and uncovered through many movement practices, there is one very profound experience to mention. During a movement experience led by a classmate, the class was invited to use their imagination to journey to another place, somewhere they would prefer to be at the moment. It was clear when I looked around the room that many people made their way to an imaginary beach: imaginary beach balls, swimming, sand castles. While they were there, I was somewhere else entirely. I recall some resistance at first to the feeling - trying to imagine places I love. But, the calling was too strong. I found my way to the floor, laying on my back. I was in the grave with my mom, with the earth's soil all around me. My mom was there, below me somewhere. I could not see her or touch her, but I could feel her presence. Staring up at the ceiling, I remained still, heavy, and unable to move. Gravity had me. The grief was overwhelming. I cried. I stayed there for a long time, until the experience ended, incapable

of doing anything, frozen. My teacher laid down next to me as tears streamed down my face, holding my hand. I cried. I cried. I had been in deep grief for my dad at the time, and yet my body brought me to my mom, wanting me to remember.

Role of the Dance/Movement Therapist: We are Companions on the Journey

As Wolfelt (2005) discussed, the role of a therapist when working with people experiencing grief is not to help them find resolution in their grief, but to serve as a companion in the process (Philpott, 2013). Dance/movement therapists are especially skilled and trained in working with clients in this way, supporting individuals on their journey to uncover and discover what is true to them at any given moment, following their inner sensations and feelings, and respecting, honoring and trusting one's process and time.

Conclusion

Grief is part of people's everyday experience and will arise in all aspects of an individuals' life. It can show up at any time, and in any session. For me, my embodied experiences with grief came unexpectedly, and when I was not intentionally working through my "grief". That is the power of dance/movement therapy and body-based embodied practices - our body speaks, sheds light, and it is our responsibility to listen and be led by our body's inner wisdom.

I believe that we carry grief with us throughout our lives. It becomes a part of who we are and how we move in the world. We learn to live with a sense of without-ness and holes, constantly navigating between holding on and letting go. Most importantly thought, it is through the grief and the sorrow that we are reminded that we love. As William Falkner is quoted saying, "Between grief and nothing, I take grief" (Falkner, quoted in Cacciatore, 2017, p.155), reminding us that grief is what fills the void and emptiness when someone you love dies.

Case Study Example: Journal Entry #9

Where does the grief go?

It's in me all the time.
Pulsing under my skin.

And then it comes.
Like a wave.
Unprompted.

I cry. I shriek. I convulse.
A releasing out and a contracting in.

My head reaching upward, and then quickly
caving into my chest.
My spine undulates.

I become the wave.
Forwards and backwards
My hands. Fists.
I am not in "control".

Tears flow freely from my eyes and down my
cheeks.
Tears, unleashed.

Yet, body tense, tight.
I hold onto the grief that pours out of me.
It stays close to my kinesphere.
It surrounds me.
It encompasses me.
It keeps me safe.

I keep rocking my chest, my heart, forwards
and backwards.
I soothe and I breathe.

I keep crying.
Heavy breaths making their way up and
down.
I am contained.

The body and grief.
Where do we hold? Where do we release?
What are we ready to let go of and what do
we want to hold onto?
I have no answers.
Grief is everywhere.
I am grief.

I am love

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