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Adolescents, Empathy and Dance Movement Therapy, a Literature Review

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Abstract

Aggression and violence among adolescents in the school setting has continued to increase in the past several years. Empathy is related to decreased aggression in adolescents. Teaching empathy and other prosocial skills in school has been shown to decrease aggression. Several researchers have presented curriculum and methods to teach these skills, however violence and aggression continue to occur at high rates in schools in America. Current methods used in schools in America need to be developed with different approaches. The development of a strong sense-of-self, self-esteem and emotion-regulation are needed to support the development of empathy. Secure attachments throughout childhood influence the ability to build empathy and other prosocial skills. Dance Movement Therapy and mindfulness training are two methods that can be integrated with existing practices to teach empathy to adolescents. The use of body, self-awareness, attachment theory, emotional expression and identification in Dance Movement Therapy and Mindfulness, support the development of necessary prosocial skills that prepare adolescents for developing empathy.

Keywords: adolescence, empathy, aggression, prosocial, dance movement therapy, mindfulness, attachment

Introduction

Empathy has been a major topic of study in fields such as psychology, development and neuroscience. The use of mirroring in dance/movement therapy has been examined in a few research projects, and has shown overlap with empathy development. Dance/movement therapy (DMT) and mindfulness connect to neuroscience, and the development and understanding of empathy. Connections have been suggested by Berrol (2006) through discussion of theories of social development, empathy, attachment theory, attunement, imprinting, social cognition and inter-subjectivity. These theories connect to dance/movement therapy through what she defines as a “parallel” process (p. 309, Berrol, 2006). Mirroring is a dance therapy technique that has been used for some time in the field, and that practitioners have begun to suggest relates to teaching and experiencing empathy. Berrol (2006) as well as McGarry and Russo (2011) have looked into the neuroscientific overlap, and look at how mirror neurons may be a part of the process of experiencing empathy through movement.

Societally, empathy is a “highly valued” part of being a member of society and having relationships (p.492, Winning & Boag, 2015). There are different definitions of empathy in the psychology and mental health fields. Cognitive empathy is the ability to be able to identify emotions in oneself. Affective empathy is the ability to identify emotions in others and understand that emotion and the other’s motivation behind it (Winning & Boag, 2015). When members of society are lacking in these abilities, relationships are affected negatively, and this can result in mental illness symptoms and diagnoses.

Literature Review

Adolescence

Adolescence is a time that is noted for being stressful, due to the many developmental changes that take place, as well as life transitions that accompany these changes. Ending school, obtaining a job and entering the workforce are some of the changes and challenges that add to this stress (Bluth & Eisenlohr-Moul, 2017). Teens who are not as strongly affected by stress may not be as vulnerable as others, due to different traits and personalities than the teens who are negatively affected by stress. Ability to cope with stress also depends on the teen's perspective on stress. This perspective can be influenced either culturally or individually (Bluth & Eisenhower Moul, 2017)(Bluth & Blanton, 2013).

According to Allemand, Steiger and Fend (2015) adolescence is a significant time for development of social skills, specifically those that are prosocial, in order to assist their development of relationships as they enter adulthood. Because adolescents are transitioning from depending on adults such as parents or guardians, to building self-sufficiency and independence, social skills are significant during this phase of development (Allemand, Steiger & Fend, 2015). Lack of empathy and prosocial behaviors are associated with aggressive behaviors. Prosocial behaviors are behaviors that are deliberate and are done for the purpose to support another person (Luengo Kanacri, Pastorelli, Eisenberg, Zuffiano & Caprara, 2013).

Aggression is an issue in public high schools. This behavior can develop into a mental disorder and higher rates of anti-social behavior and low rates of prosocial behavior. This affects students long-term, but it also harms the learning environment making it harder for kids to learn and instructors to teach (Castillo, Salguero, Fernandez-Berrocal, & Balluerka, 2013). Aggression at school not only affects the ability to learn and teach but can also put the entire school at risk of gun violence. When looking at statistics on shootings in schools and colleges in the United States, Duplechain and Morris (2014) report that between 1990 and 2014, 190 school shootings were reported in the United States (p.145, Duplechain & Morris, 2015). Over a 24-year period, this is a significant amount of shootings, and the shootings continue to happen on a regular basis in the United States. According to CNN there have already been 14 school shootings in 2018, as of March 8th (Ahmed & Walker, 2018).

Students who are at a higher risk of committing a shooting at school have been studied and risk factors have been identified. Some of these include a lack of prosocial or helping behaviors, lack of healthy attachments through development, and having experienced trauma (Duplechain & Morris, 2015). In addressing aggression at school, Castillo, Salguero, Fernández-Berrocal, & Balluerka (2013) look into the use of social emotional learning techniques in high school settings. These types of studies can be a starting point for learning about the most effective ways that have been identified in teaching social skills to adolescents, however continued efforts are needed to address the aggression and violence that is escalating in the United States. Mindfulness and dance/movement therapy are suggested modalities that can be integrated with current practices, to increase the effectiveness of empathy and prosocial skill building in school.

Empathy

Empathy is made up of both cognitive and emotional components (Ghasemian & Kumar, 2017). It has been defined as “the ability to share and understand others’ thoughts and feelings (Allemand,, Steiger & Fend 2015). This can be taken a step further and added to with the concept of “putting oneself in the other person’s shoes” or taking a perspective that is like that person’s. Empathy as a multidimensional experience that includes cognitive, somatic and emotional elements. It has been shown in various research projects over the past many years that empathy is related to prosocial behavior. The significance of these topics to mental health is discussed by Winning and Boag (2015) who state “Low levels of empathy are associated with anti-social behaviour, such as violence and cruelty (Gerdes, Segal, Jackson, & Mullins, 2011), and higher levels of empathy are associated with prosocial behaviour, such as offering support to a fellow human being” (Eisenberg & Miller, 1987, Winning & Boag, 2015 p.492). There are mental illnesses that are characterized by a lack of empathy, such as Sociopathy and Autism Spectrum Disorder, among others. Teaching empathy during adolescence may be a way to decrease the symptoms of these diagnoses, as well as improve relationships for youth, through the rest of their lives. Social emotional learning supports the acquisition of prosocial skills. As discussed by Luengo Kanacri, Pastorelli, Eisenberg, Zuffiano & Caprara, (2013) social emotional learning is “the process of acquiring core competencies to recognize and manage emotions, set and achieve positive goals, appreciate the perspectives of others, establish and maintain positive relationships, make responsible decisions, and handle interpersonal situations constructively” (p.406).

When equipped with these skills, students will be less likely to face mental illnesses and symptoms related to lack of empathy or other prosocial skills.

Dance/movement therapy

Dance/movement therapy is a treatment modality that uses movement and creativity to approach a variety of populations and diagnoses. Developing a relationship and awareness to the body, as well as finding one's connection to movement creativity, are at the center of the practice (Behrends, Muller & Dziobek, 2012). DMT is often used in groups and has been used as way to improve communication skills (Behrends, Muller & Dziobek, 2012). Marian Chace, a founding member of American Dance Movement Therapy, used both empathy and a strong therapeutic relationship to the client as a basis for the practice (Berrol, 2006). Many of the therapists that came after Chace continued to utilize these themes, and they are now considered a part of dance/movement therapy. Dance/movement therapy began mostly working with adults in dance classes, adults in psychiatric hospitals, and children working with trauma. Presently, it is applied for use in all populations in mental health treatment (Levy, 2005). Many other modalities have been integrated with dance movement therapy in various settings, mindfulness is one of the modalities.

Mindfulness

Mindfulness is a modality that is related to dance/movement therapy, as it incorporates body and self-awareness. It can be described as a modality that asks a person to emphasize their awareness of their thoughts, feelings, and sensations. The goal is to be as non-critical as possible when bringing attention to these places (Winning & Boag, 2015). Bluth and Eisenlohr-Moul

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(2017) defined mindfulness this way “Mindfulness, described as the practice of bringing attention and awareness to one's momentary experience with a sense of acceptance and non-judgment” (p. 109, Bluth and Eisenlohr-Moul, 2017). Many studies have been conducted over the last three decades to show that psychological well-being and practicing mindfulness are related (p. 1299, Bluth & Blanton, 2013). Another definition by Winning and Boag (2015) describes mindfulness as a process where one works at noticing feelings and thoughts of oneself but not judging these and not actively working to change these feelings and thoughts.

With the improvement of well-being found in the use of mindfulness, and the overlap of dance/movement therapy and mindfulness, dance/movement therapy combined with mindfulness has great potential for building empathy skills in adolescence.

Mindfulness has been practiced around the world for many years but is recently coming to the attention of Westerners and being integrated with science in both populations of adults and youth. Mindfulness and self-compassion have been shown to decrease stress levels in both adults and teens as discussed by Bluth and Eisenlohr-Moul (2017) “Both mindfulness and self-compassion have been linked to better psychological adjustment in both adults (Khoury, Lecomte, Fortin, et al., 2013; MacBeth & Gumley, 2012; Neff & McGehee, 2010) and adolescents (Bluth & Blanton, 2014; Neff & McGehee, 2010; Zessin, Dickhäuser, & Garbade, 2015; Zoogman, Goldberg, Hoyt, & Miller, 2014)(p. 109).” Additionally, research into mindfulness and empathy by Winning and Boag (2015) discussed the Big 5 Personality Profile and how prosocial traits in this profile may relate to empathy and mindfulness. The Big 5 Personality profile is a widely used system to identify personalities, it has been used both clinically as well as in mainstream popular culture. The Big 5 Personality traits are extraversion, agreeableness, openness, conscientiousness and neuroticism. In their experiment, Winning and

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Boag (2015) found that certain traits in the Big 5 profile were more strongly associated with mindfulness and empathy. The participants ranged from late adolescence to older adults. This information could be helpful in identifying ways to tailor interventions to different personality types (Winning and Boag, 2015).

Empathy

In relation to movement, empathy and mirror neurons, research from Lopez, Falconer and Mast (2013) examined how body gesture and movement copying may be related to mirror neurons. Additional research has determined that mirror neurons are related to movement and mirroring in motor areas of the brain (Berrol, 2006). Watching another person's gestures causes the observer to have activity in the motor areas of the brain. Current research supports this with more proof that this happens with many different types of movement, in many different skill-levels and contexts of movement (Berrol, 2006; Lopez, Falconer & Mast, 2013; McGarry & Russo, 2011).

The connections between movement and empathy can be seen in the way that a person's own sense of self is created in the body with sensations, thoughts and feelings. The development of the sense of self happens in attachments with caregivers. The body is the mode of delivery for this information and development of these skills. The expression of empathy happens with the body, facial expressions, movement and gestures. It can be expressed verbally, but the body is also involved in this expression. In the dance movement therapy field, the term kinesthetic empathy is widely used to describe the way a therapist observes clients in order to understand their clinical and relational needs. This observation involves an active role of taking on the client's posture, affect, movement patterns and mannerisms. Taking these on allows the therapist into a deeper level of understanding how the client is experiencing oneself, and the world around

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them (Behrends, Muller & Dziobek, 2012). This supports the process of creating treatment goals and treatment plans.

The role of empathy in addressing aggression at school has been studied widely. In a two-year program on empathy and social emotional skill building, Castillo, Salguero, Fernandez-Berrocal, and Ballerka (2013) discuss how empathy can help to reduce aggression. The research is based in Spain, and the definition of empathy varies somewhat to that of American psychological perspectives. It is defined as identifying with negative feelings of others, specifically. Most of the other definitions include all types of feelings, and are not focused on negative or positive. Adolescence is a time of struggle and is often dominated by negative expressions of feelings, especially resistance to school and other responsibilities. The focus on negative feelings in other's may be one way to focus more on the relevant needs of the adolescents.

In a study in India looking at how life-skills training influences empathy and other prosocial skills Ghasemian and Kumar (2017) note that significant research has been completed with empathy and adolescents, but not much has paid attention to gender, so they also focused on gender differences. This is another potential direction for further study of the topic in both the United States and India. Ghasemian and Kumar (2017) discuss empathy as both cognitive and affective, dealing with thoughts, feelings, expression and reading of feelings. Their study looks at empathy from an emotional perspective. Life-skills are defined here as skills that support a person or adolescent in decision making, emotions, relating, and other skills that are required to get through daily challenges and duties. According Ghasemian and Kumar (2017) life-skills and empathy training have already been shown through research to assist adolescents in improving motivation in prosocial skills and academics (Ghasemian & Kumar 2017). The results of their

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research found that after the intervention both life-skills and empathy increased in the participants, but the gender differences were not significant (Ghasemian & Kumar, 2017).

Adding to the research, Durlak, Weissburg, Dymnicki, Taylor, and Schellinger, (2011) examine social emotional interventions done in public school settings, and their effects on social behavior and academic performance. The findings show that students learn in combination with peers, teachers and families, and the quality of these relationships effect how well the students learn the skills. Another finding is that multicultural approaches are lacking in most school settings, and as kids move into middle and high school they lose connection with school and family systems that could be supporting them, and this affects their ability to learn and stay motivated academically. Many schools have limited resources to assist kids in learning relationship and social skills. Working on these skills assists students with relationships, but also overlap with academics, and test scores (Durlak, Weissburg, Dymnicki, Taylor, & Schellinger, 2011). There have been many studies to show effectiveness in general across school settings, but few that look at more specific outcomes such as empathy or stress management. To address this gap, Durlak, Weissburg, Dymnicki, Taylor, and Schellinger's (2011) research examined specifically how behavior and feelings may change or improve in response to interventions in relation to the method of delivery of the intervention that is applied. The results of their study show that social emotional interventions delivered by school staff members were more effective than those delivered by visiting professionals.

When considering long-term results of teaching empathy to adolescents, Allemand, Steiger and Fend, (2014) present a longitudinal study looking at evidence suggesting that empathy in adolescence may influence social emotional health into adulthood. The 23-year study took place in Germany with all German participants and varying levels of socio-economic

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status. During adolescence the researchers measured empathy. In adulthood they measured empathy, communication skills, social integration, relationship satisfaction and conflicts in relationships. The approach aimed to look at how the adults experienced empathy, communicating with others, feelings of social isolation or integration, how they felt about their current relationships, and how conflicts are approached in each individual relationship. The researchers proposed that adolescence is a key time to instill social skills in order to equip them for adulthood and healthy relationships with self and others. In their research, Allemand, Steiger and Fend, (2014) found that the group that was given empathy training in adolescence showed higher levels of empathy in adulthood, as well as higher levels of relationship satisfaction and communication skills. In discussing these results Allemand, Steiger and Fend, (2014) state “As such, the current results are important because they show that it matters whether an adolescent increases or decreases in empathy across the transition period of adolescence. In other words, irrespective of the initial empathy level, even small decreases in empathy during adolescence can be regarded as a risk factor for later social outcomes, whereas increases tend to reflect individual resources for social functioning as an adult” (p.239). These findings are significant in showing that teaching empathy not only improves the in-school experience but has long-term benefits that may not be visible until late adolescence or early adulthood.

Self-regulation

Self-regulation, empathy, and prosocial behaviors have been correlated with positive outcomes in social and psychological development in teens. A longitudinal study that took place in Italy looks at subjects during adolescence, and slightly beyond, to identify ways that prosocial skills training may assist teens emotionally and psychologically later in life (Luengo Kanacri, Pastorelli, Eisenberg, Zuffiano & Caprara, 2013). Their research suggests that in order to be able

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to master prosocial behaviors, such as empathy, a youth must first be able to self-regulate or practice effortful control. Self-regulation or effortful control is defined by Luengo Kanacri, Pastorelli, Eisenberg, Zuffiano and Caprara, (2013) “the efficiency of executive attention, including the ability to inhibit a dominant response and/or to activate a subdominant response, to plan, and to detect errors” (Rothbart & Bates, 2006, p. 129) (p.302, Luengo Kanacri, Pastorelli, Eisenberg, Zuffiano & Caprara, 2013). Self-regulation is an important skill for daily life, it supports decision making related to all areas of life, and all relationships. In findings by Durlak, Weissburg, Dymnicki, Taylor, and Schellinger, (2011) it is suggested that social emotional trainings and interventions may support adolescents in developing self-regulation skills, such as self-control and planning. Teaching prosocial skills to teens is beneficial in promoting prosocial behavior, as well as developing self-regulation, and both are needed to prepare to learn empathy.

Prosocial Skills

Teens who are not able to identify emotions are often the ones who are aggressive and show more anti-social behaviors. Research has strongly suggested that teens may need to have a basic level of emotional intelligence, an ability to identify and communicate emotions, in order to develop empathy (Castillo, Salguero, Fernandez-Berrocal, & Ballerka, 2013). Prosocial skills are behaviors that are expressed that involve assisting or supporting other people. One example of a prosocial behavior is sharing. Prosocial behavior is an indicator of healthy emotional and psychological development in youth (Luengo Kanacri, Pastorelli, Eisenberg, Zuffiano & Caprara, 2013).

In order to experience empathy, Rieffe and Camodeca (2016) discuss that, one must be individually motivated to understand feelings and emotions, youth need to be able to understand emotions in order to empathize, and that some youth have a tendency to bully rather than

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empathize or defend. To put it directly, Rieffe and Camodeca (2016) say “Emotional awareness requires a person to reflect on their own emotions, first” (p. 342). Understanding where another person is coming from and how they are feeling happens after self-awareness. The aggressive and bullying behavior may be related to a lack of self-awareness and understanding of emotions in self. According to their results, Rieffe and Camodeca (2016) report that students with higher emotional understanding scores were more empathetic, and students with lower emotional understanding scores were not as empathetic. They also report that the students who scored low on emotional understanding were more likely to experience empathetic distress, which is when the response to an emotional trigger of another person causes distress in the observer. The observer will then not respond to the person in distress, but focus on oneself and their own stress response (Rieffe & Camodeca, 2016). To be able to relate to others, one must have a sense of self, then to communicate in a relational way, one must have an understanding of emotions both cognitively and on sensory basis. One must also be able to read others non-verbal cues as emotional expression (Behrends, Muller & Dziobek, 2012). From here, empathy can be developed. The use of the body, awareness of the body and reading other’s facial and body cues are all a part of this process and can be developed through the use of dance movement therapy and mindfulness. Another factor that may determine an adolescent’s ability to learn empathy is their history of secure attachment bonds.

Attachment

Empathy for adolescents may require a secure attachment history with caregivers. In their research on attachment, Laible, Carlo and Roesch (2004) propose that higher levels of self-esteem and empathy are related to having secure attachment bonds during childhood. They found that there are some gender variations, and that in general the students with secure attachments

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scored higher in self-esteem. This study on empathy and secure attachments shows some evidence that the two concepts are related, but is not clear exactly how (Laible, Carol & Roesch, 2004). A secure attachment is a relationship that feels comforting and safe to the child and assists in building self-esteem. Individuals with low self-esteem have been found to be at higher risk for expressing aggression and anti-social behavior (Laible, Carlo & Roesch, 2004). Secure relationships to caregivers assist in development of self-worth and acceptance of care and love. This affects an individual's ability to empathize with and respond with care to others. If a person feels secure in oneself and their emotional needs, they are better able to support others. Additionally, attachment theory research has shown that secure parental relationships during childhood have more of a likelihood of resulting in less aggressive behaviors and more prosocial behaviors. As children enter adolescence, secure attachment to peers also becomes significant (Laible, Carlo & Roesch, 2004). The development of prosocial skills can support peers in developing secure attachments with one another.

The need for healthy attachments pre-adolescence is also discussed by Behrends, Muller and Dziobek, (2012) they relate the lack of secure attachments in childhood to disorders associated with lack of empathy and prosocial skills that present during adolescence. In addressing these disorders and lack of empathy through movement, Behrends, Muller and Dziobek (2012) state that

Examples of psychiatric disorders with relevant problems in empathic processes are, among others, autism spectrum disorders (Dziobek et al., 2008), narcissistic personality disorder (Ritter et al., 2010), borderline personality disorder (Preissler, Dziobek, Ritter, Heekeren, & Roepke, 2010), and social conduct/antisocial personality disorders (Blair & Blair, 2009; Taubner, Wiswede, Nolte, & Roth, 2010). Different empathy disorders have

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varying parts of pathogenetic roots (e.g., genetic causes and/or damaging attachment relationships) and can comprise to varying degrees problems in different dimensions of empathy: emotional disorders, mentalizing problems, and difficulties in the bodily dimension (body perception, body image, and/or body perceptive/coordinative functions). In our research, we have begun to work with movement. (p.110)

Their study on empathy and movement focuses on imitation, similar to mirroring, and how this imitation is a part of human development between caregiver and child. These concepts connect to the use of mirroring and the existence and function of mirror neurons as discussed by Berrol (2006) and Lopez, Falconer and Mast (2012). More research is needed to understand the complexity of the concepts, and how dance/movement therapy may support development of both self-esteem and prosocial skills in adolescence.

This relates to research that finds that emotional skills and prosocial skills, as well as self-esteem must be developed in order to gain empathy skills. Acknowledging that sensory awareness is a part of the development of these skills, is a place to begin in mindfulness and dance therapy to teach the skills. Both are done with sensory awareness and body awareness. Developing a sense of self involves body image, and a range of sensation and awareness. This is the basis for learning emotional skills, therefore dance/movement therapy and mindfulness have great potential for preparing an adolescent for building emotional skills.

The ability to empathize varies throughout the lifespan and there is a need for an adaptable approach to teaching this skill. According to Luengo Kanacri, Pastorelli, Eisenberg, Zuffiano and Caprara (2013) prosocial behavior declines from ages 13-17 and then increases from ages 18-21. Previous research has also shown that older adolescents are more likely to show prosocial behaviors than early adolescents, or preschoolers. There are many programs

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available created to teach empathy that are designed to address the training from a developmental framework. Many of these interventions have been shown to be effective in teaching empathy and decreasing levels of aggression at school. An individual's experiences culturally, in family or other systems need to be considered when figuring out how to effectively teach empathy and other prosocial or emotional skills. As discussed previously, the ability to understand and express emotions is needed to learn empathy, and making this a part of the curriculum will assist in this, as well as assisting in developing self-regulation skills (Malti, Chaparro, Zuffiano, & Colasante, 2016).

Discussion

As mentioned previously, empathy is both experienced cognitively and emotionally. Neuroscience has identified mirror neurons as neurons that fire in response to observing another person's movement or emotions. The same type of neurons are firing in both the mover and the observer, and have been shown to be related to attachment, social and cognitive development, and empathy (Berrol, 2006). The mirror neuron system is related to observation of other's movement and affect. Empathy is both cognitive and emotional, and the parts of the brain dealing with mirror neurons are related to parts of the brain that correlate with this. A caregiver's first interactions with a child are related to how that child's relational style develops through facial expressions and body posture. It is suggested here that this helps pave the way for the child to be able to empathize later in life. Mirroring and dance/movement therapy create a similar process and may also relate to development of empathy. It has been suggested that empathetic deficits or social emotional issues can be related to a lack of these caregiver signals and responses that are needed in a secure attachment (Berrol, 2006).

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When creating and developing methods to teach empathy to adolescents, it must be considered what developmental support they may be missing from infancy. The deficits can make it more difficult to teach empathy, so they may need more support with identification of emotions and self-awareness (Berrol, 2006). Mindfulness and dance/movement therapy can be utilized in this situation, more research is needed to develop official methods for public school settings.

Another body-based and movement approach to teaching empathy is acting. One research project that supports this is done by Goldstein and Winner (2012) with elementary school and high school subjects. This project with youth tested the effectiveness of acting classes for teaching empathy and theory of mind. Theory of mind is defined by the researchers as the ability to understand other people's mental states. Acting may support empathy skills because a person is required to take on the feelings of their assigned character. The actors are asked to understand the character's motivation for their behavior and feelings and are asked to consider how this feels to be the character. The actor generally uses their body movements, posture and facial expressions to represent and accurately portray this. In the intervention Goldstein and Winner (2012) discuss how past research has come up with inconsistencies in the findings related to the question of the effectiveness of acting to teach empathy. Their intervention was similarly inconsistent with providing evidence of empathy improvement. The theory of mind results were clearer, and improvement was greater for the high school group than the elementary group (Goldstein & Winner, 2012). In both age groups, acting training may have raised the levels of empathy. There were no specific lessons on empathy, but they were asked to "step into other's shoes" by playing characters. This is an indirect approach, and may not be as effective with diverse populations, or those not interested in acting.

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Adding to the research that supports using movement to teach empathy is that of Sassen (2012) who also states that empathy development can help reduce aggression and bullying in school. Sassen (2012) suggested combining academics with social emotional skill-building such as empathy training. Sassen (2012) presented a program that combines language and writing skills with drumming and empathy training. This program assesses both academic improvement and empathy skills, which can assist with institutional cooperation, and she noted that this can be a challenge. Another part of Sassen's (2012) work with empathy included Relational Cultural Therapy (RCT). This psychotherapy approach is centered on the strength of the therapeutic relationship, and Sassen (2012) stated "RCT places empathic relationships at the center of psychological health, not merely as a means to an end, but as a goal of human development" (p. 234) (Miller, 1988). In RCT the therapist uses empathy toward the client, and this can model and teach empathy as well. Empathy was taught in this intervention through learning to communicate group needs, teaching one another to use the drums, listening to one another while striving to decrease verbal interruptions. The writing process was also shared in the group, and the kids learned to talk about one another's writing in respectful ways. The group showed happiness and joy in the drumming activities. Aggression did not stop outside of the group according to the results, however it decreased in the group sessions (Sassen, 2012).

Mindfulness and self-compassion integrate smoothly with dance/movement therapy and the development of empathy because as Bluth and Blanton (2014) describe it "Mindfulness focuses on one's relationship with thoughts, feelings and sensations in the present moment; self-compassion specifically focuses on one's relationship with oneself (p.1300). Empathy and self-compassion are different concepts, with empathy often being directed toward others. Self-compassion is self-focused and is when an individual is able to take a non-judgmental and

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forgiving attitude toward self (Bluth & Eisenlohr-Moul, 2017). There are overlaps between empathy and self-compassion, and self-compassion may be a step toward empathy. In relation to empathy, self-compassion has been studied in adolescents by Bluth and Eisenlohr-Moul (2017) as a step to developing compassion for others. Although empathy is not the same as compassion there are some similarities, and they are both prosocial in nature. In finding that youth need a basic understanding of emotions and self-esteem before developing empathy skills, self-compassion may also be a way to prepare youth for learning empathy. The research of Bluth and Eisenlohr-Moul (2017) suggests there are many benefits to teaching adolescents self-compassion and mindfulness as stated here

For the most part, our first hypothesis was confirmed; findings indicated that perceived stress generally decreased significantly and resilience, gratitude, and curiosity/exploration generally increased significantly during and after the intervention. Contrary to our hypothesis and previous research, there was not a significant decrease in depression and anxiety from pre-to post-intervention or from pre-to follow-up; however effect sizes indicated a small but meaningful effect from pre-to post-for depression, which then waned at follow-up (p.114).

Although there were not strong decreases in depression and anxiety, there were still increases in prosocial behaviors. There is still a need for more research on how mindfulness and self-compassion relate to prosocial skill-building. However, in considering using dance movement therapy to teach empathy, mindfulness may be a starting point. Mindfulness is a part of dance therapy, as stated previously. For some individuals, the combination of mindfulness and self-compassion, can be a starting point to teaching empathy. Dance/movement therapy can add to the development of empathy with mirroring (Eisenlohr-Moul, 2017).

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In connecting mindfulness to prosocial behaviors, Bluth and Blanton (2014) have suggested that using mindfulness to reduce stress in adolescents is related to increased prosocial skills and behaviors. Their study continues the research on how self-esteem and self-compassion are beneficial to adolescents in building prosocial skills later in life (Bluth and Blanton, 2014).

Conclusion

Adolescence is a time of difficulty and stress, when relationships with parents and guardians are in transition. Adolescents are preparing for self-sufficiency and independence, and new relationships. Aggression is a common issue inside the school setting. Prosocial skills, such as empathy can be helpful in reducing aggression in school. There are many social developmental skills that need to be in place to prepare an adolescent to experience empathy. Secure attachments during childhood effect an adolescent's ability to experience empathy, due to the need for development of sense of self and self-esteem. When addressing these issues in school, different approaches to teaching prosocial skills are needed. The integration of dance/movement therapy and mindfulness with existing evidence-based methods need to be researched. The high rates of school violence in the United States today need to be addressed with an active and embodied approach. The development of self-esteem and emotional regulation is strongly based in connecting with a secure attachment figure, and this is the basis from which an individual learns to relate to others, and to become a prosocial being. All of the processes that take place in the formation of these relationships are happening within the body, and are expressed to the other, by the body. Improving awareness of self and other through an embodied practice such as dance/movement therapy or mindfulness is a next step toward reducing violence as a society.

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