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The Embodiment of Attachment and Grief in Adolescents: A Literature Review
Capstone Thesis
Lesley University

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Dance Movement Therapy

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Abstract

Previous research has indicated that the experience of grief can be embodied or experienced on a bodily level, just like the process of attachment during the formation of an attachment relationship. Therefore, when working with adolescents who have experienced the death of a parent/attachment figure, the body should be included in the therapeutic process. This literature review addresses the importance of the body within the development of attachment relationships, an adolescent's grief process, and the therapeutic relationship through themes of attunement, kinesthetic empathy and awareness, and witnessing, all of which are elements of dance movement therapy. Research was conducted using books, webinars, and peer reviewed articles that are prominent within the grief, body-based attachment, and dance movement therapy fields. The findings indicate that the body plays a significant role within each of these relationship dynamics and in the adolescent grief experience. Findings also support the idea that the body should be a part of the therapeutic relationship and interventions used with this population to support the grief process and development of new secure relationships. These findings suggest that dance movement therapy could be a beneficial intervention for this population due to the incorporation of the body. This information is important for further development of the grief counseling field and provides implications for dance movement therapy to be an integral part of this process. Future research is still needed on this topic as there is a limited amount of current research using attachment informed dance movement therapy practices within the grief counseling environment.

Keywords: grief, embodiment, attunement, body, attachment, therapeutic relationship, adolescents, loss, dance movement therapy

The Embodiment of Attachment and Grief in Adolescents: A Literature Review

Introduction

“Our sense of ourselves in relationship to others is first and foremost a body sense, experienced through the sensations and movements of our own bodies in interaction with others when we are small” (Ogden & Fisher, 2015, p. 592). This quote supports the notion that “the body has its own wisdom” (Badenoch, 2008, p. 98) especially when it comes to relationships with others. As a developing professional in the mental health field this writer believes we should listen to this wisdom and recognize the importance of the body within our work and in relationship to our clients. The purpose of this thesis is to explore how movement and the body support adolescents processing of the loss of a parent and go on to develop new secure attachment relationships.

In the past, a considerable amount of research has been done on attachment theory, grief, and early child development, but little research has been done about how these constructs are related and more importantly, how they are embodied. Therefore, this writer hopes to provide an approach to grief counseling that is informed by considerations for both interpersonal attachment as well as intrapersonal embodiment when working with adolescents who have lost a parent. This grief counseling approach will consider elements of dance movement therapy and emphasize the significance of movement and the body within these constructs.

Previous research on attachment theory claims that “forming and sustaining attachment relationships is essential to our survival” (Ogden & Fisher, 2015, p. 591) This research also indicates that this process occurs on a somatic level and “reflects a biological driven need for affiliation with other humans that begins in infancy and continues throughout our lifespan”

(Ogden & Fisher, 2015, p. 591). Therefore, it is important to acknowledge that the body is an integral part of the attachment process.

“Attachment research around the world has shown that the vast majority of children are securely attached” (van der Kolk, 2014, p. 116). But what happens if this secure attachment is interrupted or lost? It has been shown that “early disruptions in attachment have enduring detrimental effects, diminishing the capacity to modulate arousal, develop healthy relationships, and cope with stress” (Ogden, Minton, & Pain, 2006, p. 41). According to previous research the loss of a primary caregiver or attachment figure resulting in grief, may be one of these disruptions because of the significant impact it has on the child (Malone, 2018). For the purposes of this paper I am using Worden’s definition of grief to indicate “the experience of one who has lost a loved one to death” (Worden, 2003, p. 6).

The idea that a child experiences grief and is significantly impacted by the loss or death of a parent has been an area of interest since Freud and was later further explored by Bowlby (McNiel & Gabbay, 2018). Bowlby associates losing an attachment relationship with grieving over someone, making grief and loss almost synonymous (Bowlby, 1980). In his research he argues that “children as young as infants grieve the absence of a primary caregiver” (McNiel & Gabbay, 2018, p. 1). This was discovered by researching infant’s reactions when separated from their primary caregivers (McNiel & Gabbay, 2018). Current researchers in the grief field have declared that children do not experience grief for only a brief period (McNiel & Gabbay, 2018). “They do not simply “get over” their grief, or “move on” from their grief after a few weeks or months” (McNiel & Gabbay, 2018, p. 36). Instead, “children are forever changed by a death and this cannot be separated from their natural development process” (McNiel & Gabbay, 2018, p.

29). As a result, it is important to address grief in combination with attachment relationships because of its long-lasting effects and influence on an individual's developmental process.

Considering attachment relationships when addressing grief is especially important for grief professionals working with grieving adolescents who have experienced the death of a parent. Research indicates that "an adolescent's attachment style as developed during infancy and middle childhood, has a strong influence on the ways in which adolescents confront their loss and grief experiences" (Malone, 2018). Furthermore, "ways in which adolescents learn and cope with loss have important neurological and emotional effects that last into adulthood" (Malone, 2018). This supports the belief that grief and development are interconnected and stresses the importance of having an attachment informed lens as a mental health professional in the grief field. Previous research has also indicated that "...understanding the attachment patterns and their corresponding possible physical tendencies can help therapists devise somatic interventions to challenge them and repair attachment disturbances" (Ogden et al., 2006, p. 47).

Researchers claim that there are certain attachment informed approaches that prove to be effective in grief therapy (Malone, 2018). One of these approaches is dance movement therapy which not only addresses the embodiment of grief, but also the embodied tendencies that are present in attachment relationships through concepts such as attunement, kinesthetic empathy, and the therapeutic movement relationship (Malone, 2018).

This paper will first identify/discuss the significance of the body in attachment relationships while describing what happens in the process of forming attachments between a child and a caregiver. Next, it addresses how physical and emotional attunement during the attachment process result in secure attachment relationships and how the loss of a parent during childhood interrupts this process and in turn effects aspects of neurological, social, physical,

emotional, and spiritual development of an adolescent. It then emphasizes the importance of the therapeutic relationship and how this relationship is utilized when working with individuals who are grieving the loss of an attachment relationship. The remainder of the paper presents specific elements of dance movement therapy that could be beneficial for this population and how previous research of dance movement therapy has been indicated as an effective approach to address the ways grief is embodied in adolescents who have lost a parent. It then discusses how this writer's personal grief experience and embodiment of grief guided the research for this literature review, while also acknowledging the difficulty of working with this population as a mental health professional. Finally, it indicates a gap in the research and suggests implications for future research with this population.

Literature Review

Attachment

“Before one can fully comprehend the impact of a loss, and the human behavior associated with it, one must have some understanding of the meaning of attachment” (Worden, 2003, p. 13). Attachment theory is considered the most influential and widely studied developmental theory (Berzoff, Flanagan, & Hertz, 2011). This theory is grounded in evidence-based research and has recently impacted other areas of clinical work such as “the role of trauma in development of psychopathology” and “understanding the process of psychotherapy, including the effect of attachment on the relationship between therapist and client” (Berzoff et al., 2011, p. 196). This writer is highlighting the body-based nature and implications for working with grieving adolescents who have experienced the loss of a parent from an attachment theory lens.

The history of attachment theory began with John Bowlby, a psychoanalyst who observed mother child interactions and relationships in orphanages (Cozolino, 2014). From his experience and interest in evolutionary theory, Bowlby realized that “both primate and human children thrive in the context of consistent and caring adults” (Cozolino, 2014, p. 144). This led to a further realization that all complex organisms have a highly adaptive attachment system (Berzoff et al., 2011). Throughout his career, “Bowlby saw attachment as the secure base from which a child moves out into the world” (van der Kolk, 2014, p. 113). However, “according to recent research, approximately 55% of children are securely attached, a decrease of about 10% in the last 10 years” (Badenoch, 2008, p. 63). These statistics show that there are still many children who do not have a secure base to rely on or to come back to. It is also possible for there to be interruptions or losses in secure attachment relationships (Ogden et al., 2006). Therefore, it is important to address situations where this may be the case. The loss of a parent resulting in grief is one of these situations, and one that can affect the child during adolescence in a variety of areas, including the body.

Research indicates that the process of attachment takes place between a child and primary caregiver mainly during the first year of life (Ogden et al., 2006). During this time, “children are programmed to choose one particular adult (or at most a few) with whom their natural communication system develops. This creates a primary attachment bond” (van der Kolk, 2014, p. 112). Attachment experiences one has when they are in the stages of infancy, childhood, or adolescence also referred to by Bowlby as the years of immaturity, determine how one’s attachment behavior is developed and organized (Bowlby, 1980). It is important to acknowledge that “because attachment needs are initially experienced and expressed primarily as body-based needs, the quality of the attachment relationship is originally founded on the caregiver’s

consistent and accurate attunement and response to the infant's body through their reciprocal sensorimotor interactions" (Ogden et al., 2006, p. 43).

Embodiment of Attachment through Attunement

"The dance of reciprocal attachment behavior between a parent and infant, including misattunements and reconnection, is meant to occur again and again" (Ogden & Fisher, 2015, p. 592). Previous research suggests that attunement begins at a physical level during interactions between children and their caregivers, and this physical attunement allows the child to feel met and understood (van der Kolk, 2014). Along with establishing a stronger bond within the attachment relationship, "the close and careful attunement to all sensory and motor contacts with the child forms an accurate and attuned body self in the child" (Ogden et al., 2006, p. 42). This is worth noting because "the sense of self is first and foremost a bodily sense experienced not through language, but through sensations and movements of the body" (Ogden et al., 2006, p. 42). Research shows that children who lack physical attunement are susceptible to disconnecting from their bodies direct feedback, which could be problematic (van der Kolk, 2014).

If physical attunement does occur however, it allows the child to learn how to develop this body sense and start to self-regulate on a body level. For example, "it has also been found that the maturation of heart rate regulation correlates with attachment patterns: The more secure the mother child attachment rating, the more regular (and regulated) the heart rate of the child" (Cozolino, 2014, p. 117). Previous research has also indicated that "when a child is in sync with his caregiver, his sense of joy and connection is reflected in his steady heartbeat and breathing, and a low level of stress hormones" (van der Kolk, 2014, p. 114).

These findings exemplify just how important the body becomes within the attachment relationship. Bowlby realized the importance of the body in attachment relationships and emphasized physical contact between the child and caregiver in his work (Cozolino, 2014). Physical contact provides an opportunity for the caregiver to meet the bodily needs of the child through physical connection. “This visceral and kinesthetic sensation of how our bodies are met lays the foundation for what we experience as “real”” (van der Kolk, 2014, p. 115). This is the essence of attunement.

Not only does attunement effect body regulation, but regulation of affect as well (Cozolino, 2014). Research states that when caregiving includes emotional attunement, secure attachment can develop (van der Kolk, 2014). These levels of attunement go hand in hand, “...when infants and caregivers are in sync on an emotional level, they’re also in sync physically” (van der Kolk, 2014, p. 114). It has been found that in order

to develop healthy affect regulation and self-esteem, a baby needs to internalize experiences with its mother such as, soothing touch, being held softly and securely, comforting warmth, the experience of homeostatic balance in regard to sleep, hunger, stimulation, and so on, repeated experiences of emotional transitions from states of distress to states of calm, and a sustained positive emotional state. (Cozolino, 2014, p. 116)

This finding supports the notion that emotional and physical needs are connected in this process and that there needs to be a balance of these needs being met in order for healthy development to occur. This is true for adolescents who are grieving as well. Research claims that “children may grieve intermittently because they must be certain that their physical and

emotional needs are going to be met before they can give into their grief” (Philpott, 2013, p. 145).

Secure Attachment

It has been noted that “early successful attachments set the stage for the social regulation of biological processes throughout life” (Cozolino, 2014, p. 117). We know that during the attachment process “children become attached to whoever functions as their primary caregiver. But the nature of that attachment-whether it is secure or insecure-makes a huge difference over the course of a child’s life” (van der Kolk, 2014, p. 113). Early attachment relationships have an extremely influential effect on one’s neurological, social, and physical wellbeing including aspects of both brain and body development (Cozolino, 2014). Furthermore, attachment relationships that lead to attachment styles and create internal working models “give adolescents a framework in which they construct experiences of new relationships in ways that are consistent with past experiences and with expectations arising from secure or insecure attachments” (Malone, 2018). Because of this the development of a secure attachment relationship is desirable. Research states that attachment styles may also determine one’s ability to manage grief and the behaviors that may be present during the grief process (Malone, 2018). Therefore, it is important to address attachment when dealing with grief and to take into consideration not only the adolescents attachment style when working with adolescents who have lost a parent, but the therapist’s and deceased’s attachment style as well (Malone, 2018).

It is widely accepted and known that there are many benefits to the development of a secure attachment relationship. As stated previously, when emotional attunement occurs during caregiving, secure attachment is developed (van der Kolk, 2014). But there is also a component of physical attunement that “when congruent with a child’s internal emotional state, yields secure

attachment” (Ogden et al., 2006, p. 48). This “match between a child’s psychological need and physical goals...are demonstrated through harmonious movements of the body” (Ogden et al., 2006, p. 48). That is to say that “their physical tendencies reflect integrated, tempered movements of approach that are context appropriate, such as actions of moving toward, reaching out, or otherwise seeking contact” (Ogden et al., 2006, p. 48). When this occurs one’s cognitive, emotional, and sensorimotor processing are in alignment (Ogden et al., 2006).

Furthermore, “secure attachments build the brain in ways that optimize network integration, autonomic arousal, and positive coping responses” (Cozolino, 2014, p. 117). This means that “children with secure attachment patterns usually become adults who are comfortable being autonomous as well as comfortable seeking help and support from others” (Ogden et al., 2006, p. 48). Research also supports the notion that “a secure attachment is both a psychological and physically mediated achievement that provides the primary defense against trauma induced psychopathology” (Ogden et al., 2006, p. 47), which is important to recognize when addressing the implications of attachment and grief.

Attachment and Loss

Bowlby’s attachment theory provides a structure from which we can begin to understand how our need for establishing relationships with others is a part of human nature, and the strong emotions one may experience when these relationships are lost (Worden, 2003). In his book *Attachment and Loss*, Bowlby stated that “many of the most intense emotions arise during the formation, the maintenance, the disruption, and the renewal of attachment relationships” (1980, p. 40). However, “loss of a loved person is one of the most intensely painful experiences any human being can suffer” (Bowlby, 1980, p. 7). Worden states that because the goal of attachment is to maintain a connection or bond with another, situations that may threaten this bond produce

specific reactions (Worden 2003). This is exhibited by the finding that there is a strong emotional response such as feelings of anxiety when an attachment figure is lost (Worden, 2003).

“Similarly, threat of loss arouses anxiety and actual loss gives rise to sorrow; while each of these situations is likely to arouse anger” (Bowlby, 1980, p. 40). And ultimately, the greater the probability of loss, the more intense and differentiated the reactions (Worden, 2003).

However, there is a common understanding that all humans grieve a loss in one way or another (Worden, 2003). Bowlby concludes that “behavioral responses that make up part of the grieving process are geared toward reestablishing a relationship with the lost object” (Worden, 2003, p. 6). This is to say that when the loss becomes irretrievable or permanent, there is a “universal attempt to regain the lost loved object and/or there is the belief in an afterlife where one can rejoin the loved one” (Worden, 2003, p. 6). This theme of developing a continuing bond with the lost loved one in order to maintain the relationship and connection even though they are no longer alive, will be addressed further in this paper.

Grief

In previous literature grief has been defined as “the process of experiencing the psychological, social, and physical reactions to your perception of loss” (Philpott, 2013, p. 143). Research has indicated “theories about grieving fall mostly into one of three kinds: stages, phases, and tasks” (Schuurman, 2003, p. 3). These theories most commonly consist of Elizabeth Kubler Ross’s five stages of grieving, Bowlby’s four phases regarding attachment and loss, and Worden’s four tasks of mourning (Schuurman, 2003). These theories have been expanded upon by professionals in the field and will continue to be adjusted as time goes on (Schuurman, 2003). However, it has been advised to be careful when narrowing grief down to a “one size fits all approach” (McNiel & Gabbay, 2018, p. 9). Grief is personal meaning that “there is no right or

wrong way to grieve” (McNiel & Gabbay, 2018, p. 6). It is this writer’s intention to provide an exploration and understanding of grief in relation to the body and development of relationships instead of focusing on specific theories of grief within the field.

“The terminology and language we often use to discuss grief in today’s society describes grief in terms of symptoms, healing, and recovery and depicts grief as an illness to which we must seek a cure” (McNiel & Gabbay, 2018, p. 9). This is exhibited by the argument that the process of grief is like the process of healing, or that grief forces one to stray away from health and wellbeing (Worden, 2003). However, even though loss “involves suffering and an impairment of the capacity to function which may last for days, weeks, or even months” (Bowlby, 1980), current researchers argue that “grief is not an illness that we are treating; it is a natural life experience that children and their families are living through” (McNiel & Gabbay, 2018, p. 10).

These findings depict grief as a natural response to loss and attempt to normalize this process by indicating that “...there is not a cure for grief because grief is not something that needs to be cured” (McNiel & Gabbay, 2018, p. 9). This research also suggests that grief is a personal experience that is best known by the individual who is grieving (McNiel & Gabbay, 2018). Therefore, professionals in the grief field believe “children’s grief should be viewed through the lens of their environment, cultural and social context, and surrounding circumstances in which they live their lives on a daily basis” (McNiel & Gabbay, 2018, p. 19). This is important because “these factors not only influence children’s understanding of the world, but also their understanding of death and how they grieve and cope with its reality” (McNiel & Gabbay, 2018, p. 8). Personality and personal preference of how one lives their life internally, also impact how an individual grieves (McNiel & Gabbay, 2018).

There are however, a broad range of feelings and behaviors that are common after a loss (Worden, 2003). Feelings such as sadness, anger, guilt, anxiety, loneliness, fatigue, helplessness, shock, numbness, and yearning may be present in individuals who have experienced loss (Worden, 2003). There is also a list of physical sensations associated with these feelings of grief that include, tightness in chest and throat, oversensitivity to noise, breathlessness, weakness in muscles, lack of energy, and a sense of depersonalization (Worden, 2003). “These sensations are often overlooked, but they play a significant role in the grieving process” (Worden, 2003, p. 9). Common thought patterns that may emerge during an experience of grief include disbelief, confusion, preoccupation, and hallucinations (Worden, 2003). All of these thoughts, feelings, and sensations lead to common behaviors that can be present during grief such as sleep and appetite disturbances, absentmindedness, social withdrawal, altered dreams, restlessness, and crying (Worden, 2003).

Another major finding in current grief research is that “grief is an integral part of how a person incorporates the loss into his or her present reality” (McNiel & Gabbay, 2018, p. 8). This concept of learning how to adapt to a loss, in this case the death of a parent, is a process that is claimed to be “integral to a child’s understanding of himself or herself, how the world works, and directly related to who the child is becoming and will be as a result of this event” (McNiel & Gabbay, 2018, p. 8). This process is sometimes referred to as mourning which is “the process that one goes through in adapting to the loss of a person” (Worden, 2003, p. 6). The mourning process of a child, or for our purposes an adolescent, incorporating the loss into the present reality can be done on a bodily level.

Adolescent Grief

“In the United States more than two million children and adolescents under the age of 18 have experienced the death of a parent” (Muselman & Wiggins, 2012, p. 229). Previous research indicates that “a child’s developmental stage plays a major role in how a child reacts to the loss of a loved one” (Philpott, 2013, p. 145), and that adolescents experience grief differently from children and adults (Malone, 2018). It has also been suggested that “since there is no specific timeline for grief, children will continue to grieve and regrieve, particularly as they reach important milestones in their lives...” (McNiel & Gabbay, 2018, p. 7). One of these important milestones developmentally is the age of adolescence (Malone, 2018).

Developmentally, adolescents are encountering themes of “identity formation, separation and individuation, relationships with peers and adults, and development of intimacy” (Malone, 2018).

In addition, adolescents must negotiate the tasks of this developmental period that include managing puberty, developing new cognitive capacities, gaining a clearer notion of personal and sexual identity..., and acquiring a set of values and an ethical orientation that guides behavior. (Muselman & Wiggins, 2012, p. 230)

Research states that understanding developmental adolescent norms is essential in “understanding how adolescents respond to and make sense of death and grief” (Muselman & Wiggins, 2012, p. 230).

Adolescence is also believed to be a time where one of the biggest changes in brain development occurs since infancy (Malone, 2018). Therefore, some adolescents may struggle with impulsivity, risky or peer influenced behaviors, planning ahead, and an ability to self-regulate (Malone, 2018). Other impacts on cognitive functioning in this population include

trouble concentrating or focusing which can occur both at home and in school (McNiel & Gabbay, 2018). Difficulty concentrating and focusing has been named “one of the most common ways that grief impacts children” (McNiel & Gabbay, 2018, p. 17). However, because the prefrontal cortex reorganizes and integrates during adolescence, there is an opportunity to adapt to and learn from a death experience (Malone, 2018). This is demonstrated by the finding that “neuroplasticity of the brain allows adolescents to have the capacity to learn and adapt in a positive meaning making way after a loss experience” (Malone, 2018). Therefore, it is important to address the implications of grief with this population.

“The varying levels of developmental growth and cognitive ability have direct bearing on how children conceptualize and cope with death” (Muselman & Wiggins, 2012, p. 230). Adolescent’s hold the developmental capacity to conceptualize death as final and irreversible (McNiel & Gabbay, 2018). This age group also realizes that grief is universal, that it can happen to anyone and typically have questions surrounding what happens to people after they die (McNiel & Gabbay, 2018). This brings up the spiritual impact of grief which is also important to be aware of as loss affects children and adolescents on a spiritual level (McNiel & Gabbay, 2018). However, spiritual beliefs and practices may vary (Muselman & Wiggins, 2012, p. 233). Therefore, “when counseling the bereaved, counselors need to become knowledgeable about client’s religious or spiritual beliefs about death because such beliefs may serve as vehicles through which clients make meaning out of and cope with loss” (Muselman & Wiggins, 2012, p. 234). This becomes particularly important for this age group.

As indicated previously, the nature of grief in this population is continuous and intermittent (Malone, 2018). Adolescents tend to experience multiple emotions of grief at once but are reluctant to express the strong emotions (Malone, 2018). Instead, they tend to project an

independent and self-controlled image that indicates an “I’m fine” kind of attitude (Malone, 2018). They also may postpone grief reactions altogether, which could then resurface later in life (Malone, 2018). Adolescence is a time where individuals experience a changed sense of self. When grief is experienced on top of that, this changed sense of self becomes very apparent for adolescents (Malone, 2018). Therefore, even though grieving adolescents seek out support and connection from peers, they also may feel very different from their peers (Malone, 2018).

One may think that during this time adolescents’ distance themselves from their parents, however it has been noted that adolescents expect support from their parents when they are grieving (Malone, 2018). This is further exemplified by the finding that “children experiencing the death of a parent, need support, nurturance, and continuity from their surviving parent or caregivers” (Muselman & Wiggins, 2012, p. 233). This is an example of how strong and long-lasting early bonds in the attachment process are, and how important other secure relationships become when one experiences the loss of a parent. Because of this it is clear that “support, understanding, and warmth from the adolescent’s social relations and therapeutic environment are key in their adaptation and coping with grief” (Muselman & Wiggins, 2012, p. 233).

Embodiment of Grief

“While bereavement has been researched considerably in children and adolescents, its somatic and embodied dimensions in young people are less well understood” (Philpott, 2013, p. 149). This is unfortunate because it has been found that “grief is a curiously somatic experience...” (Philpott, 2013, p. 149). “Movement, emotions, and memory happen on a cellular level” (Dillenbeck & Hammond-Meiers, 2009, p. 115). Hence, some common somatic symptoms of grief include stomach aches, headaches, nausea, insomnia, and weight loss or weight gain (McNiel & Gabbay, 2018). This may result in an overall loss of energy and these reactions can

change daily (McNiel & Gabbay, 2018). In extreme cases some somatic symptoms of grief may include “higher cortisol levels, and dysregulation of the hypothalamic-pituitary adrenal axis of the brain” (Philpott, 2013, p. 149). Therefore, it is evident that grief may have a lifelong impact on the physical body (Philpott, 2013).

It is important to acknowledge the embodiment aspect of grief because “these past experiences live in our bodies and uniquely impact our present moment” (Simpkins & Myers Coffman, 2017, p. 191). Therefore, a past experience of death that results in grief must live in the body. Researchers have identified this concept of past experiences that live in our body as body memory (Simpkins & Myers Coffman, 2017). “The concept of body memory, which utilizes kinesthetic awareness, is not only complex, but also holistic: it requires an integrated view of systems of the mind and the body” (Simpkins & Myers Coffman, 2017, p. 191). Body memory is described as the “embodied information storage function of the body” (Simpkins & Myers Coffman, 2017, p. 191), in which the “body remembers the past in the present moment” (Simpkins & Myers Coffman, 2017, p. 190). This kind of memory has also been described as a form of implicit, or unconscious memory, similar to muscle memory, however it is a little more complex (Simpkins & Myers Coffman, 2017).

“After experiencing the death of a caregiver, people often maintain a connection, or bond to the deceased” (Simpkins & Myers Coffman, 2017, p. 190). Adolescents maintain these bonds frequently through memories (Simpkins & Myers Coffman, 2017). These bonds are called continuing bonds which have been referred to as “the presence of an ongoing inner relationship to the deceased person” (Simpkins & Myers Coffman, 2017, p. 190). The concept of body memory addresses this relationship or bond with the deceased on a bodily level, which is typically seen primarily as a cognitive process (Simpkins & Myers Coffman, 2017). However,

research shows that forming continuing bonds “is an internal process and, therefore, should be created in and experienced through the body” (Simpkins & Myers Coffman, 2017, p. 193). This is because:

The sensorial, emotional, and cognitive nature of memories as well as the body’s ability to encode, store, and retrieve them, places body memory in a unique position to help uncover and explore memories in new ways. (Simpkins & Myers Coffman, 2017, p. 193)

Body based approaches could be used to better understand body memory in relation to grief and how the body holds grief, (Simpkins & Myers Coffman, 2017), which is often overlooked or unaddressed.

Expression of Grief

“Childhood grief is best facilitated in the presence of a consistent adult who is able to meet the child’s needs and help the child express feelings about the loss” (Philpott, 2013, p. 146). This is because “grief is an experience that often lacks a language and can, at times, (particularly for children), be challenging to express” (McNiel & Gabbay, 2018, p. 7). It has been said that humans are capable of and desire individual expression in order to overcome a loss (Philpott, 2013). Nonverbal release of feelings often occurs more willingly (Philpott, 2013). It is important to remember however that, “there are always those parts of grief that are that person’s alone and may never find expression verbally or otherwise, but nonetheless are an important part of shaping who a person is becoming and how he or she will cope” (McNiel & Gabbay, 2018, p. 7). However, therapists can offer children and adolescents who are grieving the opportunity to express their grief through the empathetic therapeutic relationship (Philpott, 2013).

Therapeutic Relationship

It is clear that “early caregiving can leave an enduring imprint on relational capacities” (Ogden & Fisher, 2015, p. 585), but research shows that childhood experiences can be shaped and altered by increased personal awareness, meaningful relationships, and psychotherapy (Cozolino, 2014). This means that although attachment relationships and schemas are often consistent overtime, they can be modified (Cozolino, 2014). Because of these changes in our relationships and schemas, this finding suggests that our attachment systems are flexible, and that we can attach and reattach to many different people (Cozolino, 2014). For example, “a healing relationship with a secure partner or with a “good enough” therapist, in which past pain can be processed and resolved supports earned autonomy and neural integration” (Cozolino, 2014, p. 156). Therefore, therapy “becomes a guided attachment relationship” that assists in regulating the body and mending insecure attachment schemas (Cozolino, 2014, pp. 155).

As therapists,

we have the precious opportunity to help our patients mend/rewire even the earliest relational fears, adding the new energy and information of compassion, care, safety, stability, and warmth... (Badenoch, 2008, p. 54)

One of the ways therapists can do this is through empathy. “Empathy is the foundation of a therapeutic relationship and is instrumental in improving the effectiveness of the relationship” (Young, 2017, p. 96). Empathy has been described as “a felt, embodied, and intersubjective experience imperative to understanding another’s world” (Young, 2017, p. 96). It is “an interactive process or flow in which one temporarily lives and moves in the life of another” (Young, 2017, p. 96).

Within grief counseling literature, this empathetic therapeutic relationship is a crucial intervention (Philpott, 2013). There has been a distinction made between “resolving grief and serving as a companion to the grieving process” as a grief counselor (Philpott, 2013, p. 147). Like McNiel and Gabbay’s finding (2018) that grief is not something that can be fixed, serving as a companion in the grief process entails having the intention to “stay with the bereaved person’s pain, and honor it, rather than trying to fix it” (Philpott, 2013, p. 147). This is an important distinction as we create a trusting and secure therapeutic relationship with our clients.

Dance Movement Therapy

In the dance movement therapy field, we have the unique opportunity to explore these elements of the therapeutic relationship through movement. Because of the focus on empathetic attunement, embodiment, and nonverbal expression that a dance movement therapist can incorporate into the therapeutic relationship, this way of working with a grieving adolescent may prove to be beneficial. The American Dance Therapy association defines dance movement therapy 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, 2014). This holistic approach to healing is based on the notion that “mind, body, and spirit are inseparable and interconnected” (ADTA, 2014). This means that “changes in the body reflect changes in the mind and vice versa” (ADTA, 2014). There are certain elements of dance movement therapy that this writer believes would be beneficial for adolescents who have lost a parent. These elements include the therapeutic movement relationship, attunement/mirroring, kinesthetic empathy and awareness, and witnessing, which will be discussed below.

Therapeutic Movement Relationship

The therapeutic movement relationship is a core component of dance movement therapy theory and can be developed through establishing a sense of somatic attunement, kinesthetic empathy, and presence (Tortora, 2006). Marian Chace, one of dance movement therapy's first pioneers worked around the idea that "dance is communication, and this fulfills a basic human need" (Levy, 2005, p. 21). Because the development of an attachment relationship stems from a child getting their basic human needs met by an attachment figure through nonverbal communication, there are similarities between these two relationships, which could be beneficial when working with this population. Marian Chace describes the therapeutic movement relationship as the therapist's ability to interact with a patient through movement as a way of "reflecting a deep emotional acceptance and communication" (Levy, 2005, p. 22). In other words, it is a way of meeting the client where they are at emotionally in order to "understand and accept the patient on a deep and genuine level" (Levy, 2005, p. 22). The therapeutic movement relationship happens through the process of mirroring.

Attunement/ Mirroring

According to Chace, mirroring takes place by a therapist "reflecting back via her own muscular activity and verbal narration what she perceives and experiences in the body action and body of the patient" (Levy, 2005, p. 24). Mirroring, as opposed to mimicry, involves the incorporation of meaning into the movement and not just the action of copying the movement itself (Levy, 2005). Mirroring also involves "taking the patients non verbal and symbolic communications seriously, and helping to broaden, expand, and clarify them" (Levy, 2005, p. 22). This helps to validate the clients direct experience of themselves (Levy, 2005). When this is done properly, the therapist has the opportunity to experience what the client is experiencing and trying to communicate both kinesthetically and visually (Levy, 2005). Other researchers

conclude that “mirroring another’s movements allows dance movement therapists to embody the feelings and lived experience of another” (Young, 2017, p. 96). Because “empathy develops out of attunement” (Young, 2017, p. 97), this process is also called kinesthetic empathy (Levy, 2005).

Kinesthetic Empathy

Kinesthetic empathy refers to “a therapists’ emotional reactions derived both from observing and from experiencing a child’s movements by trying them on” (Tortora, 2006, p. 234). This process occurs by “first being present in the moment, observing and embodying a child’s actions through experiencing, mirroring, and attunement” (Tortora, 2006, p. 234). Using kinesthetic empathy allows a therapist to be both empathetically and physically present (Tortora, 2006). Tortora states that “By approaching a child from a place of compassionate understanding, the therapist stays open to first sensing and feeling the child’s actions, rather than immediately interpreting them” (Tortora, 2006, p. 234). This is important when working with an adolescent during their grief process because of the idea that grief is personal (McNiel & Gabbay, 2018). Similar to understanding grief, the therapist cannot entirely understand how the child is feeling, but instead understands how it feels to be in relationship with the child in the experience (Tortora, 2006).

Before developing kinesthetic empathy, one must have a sense of what Tortora refers to as kinesthetic seeing. This is an aspect of self-reflection that “draws attention to a therapist’s own sensorial experience” (Tortora, 2006, p. 232). Kinesthetic seeing is important because “becoming aware of bodily reactions provides information about how a therapist is physically experiencing a child through observations and shared actions” (Tortora, 2006, p. 232).

Kinesthetic seeing is also referred to as kinesthetic awareness by some dance movement therapists (Levy, 2005). Like kinesthetic seeing, kinesthetic awareness is “the individual’s internal sense of his or her physical self” (Levy, 2005, p. 53). This kinesthetic awareness can be “awakened, developed, and encouraged” (Levy, 2005, p. 53). Research states that “individuals who lack emotional awareness are able, with practice, to connect their physical sensations to psychological events. Then they can slowly reconnect with themselves” (van der Kolk, 2014, pp.103). When working with individuals who are experiencing grief, kinesthetic awareness can be used to allow the client to become more aware of their somatic symptoms or body memory surrounding their loss, in order to help move through the grief process.

Witnessing

Reciprocal movement behavior results in “the consciousness of oneself as an embodied individual” (Young, 2017, p. 97). As this kinesthetic awareness is awakened in both the client and the therapist, the therapist can become a witness of the grief process. The concept of witnessing developed out of Whitehouse’s theory of authentic movement, another pioneer in the field of dance movement therapy and was expanded upon by Janet Adler (Levy, 2005). During an authentic movement experience “one person moves in the presence of another” (Musicant, 2001, p. 18). According to Adler, the therapist or witness acts as an empathetic observer who is both active and interactive in the mover (client), witness (therapist) relationship (Levy, 2005). The witness “sits at the side of the movement space and brings conscious attention to the mover” (Musicant, 2001, p. 18). During this process the witness keeps their eye on the mover, while also containing “his or her own judgements, feelings, sensation, and impulses to move” (Musicant, 2001, p. 18). For the purposes of this literature review, it is important to note that “the attitude of

the witness toward the mover is nurturing, protective, empathetic, and parental at times” (Philpott, 2013, p. 148).

Being a witness in the therapeutic relationship also has scientific implications as researchers have discovered that “identical sets of neurons can be activated in an individual who is simply witnessing another person performing a movement as the one actually engaged in the action or the expression of some emotion or behavior” (Philpott, 2013, p. 147). These mirror neurons “start functioning as soon as babies are born” (van der Kolk, 2014, p. 114), and are referred to as “brain to brain links that give us our capacity for empathy” (van der Kolk, 2014, p. 113). Examining mirror neurons is beyond the scope of this literature review, however it is important to acknowledge the scientific evidence behind the concepts of witnessing and mirroring.

Previous “dance movement therapy research or studies using body-based interventions have showed how the body and its sensations and experiences can be important to bereavement” (Simpkins & Meyers Coffman, 2017, p. 194). This writer believes that these elements of dance movement therapy could be beneficial for grieving adolescents. However, research on this topic is limited and more research is needed on dance movement therapy and grief as a whole, to have a better understanding of how specific interventions could be used with this population.

Discussion

“Grief is an integral, transitional human experience that children and families must live through as they adapt their loss into a new understanding of how the world works and of their place in that world” (McNiel & Gabbay, 2018, p. 9). My personal experience with the embodiment of grief as well as my ongoing education as a mental health counselor and dance movement therapist in training, guided the way I did my research for this literature review.

Research shows that it is important to know our own grief experience as therapists so that we can be aware of how it is affecting us and our clients (Malone, 2018). Through writing this literature review I became more aware of my own losses and feelings surrounding death, and how this was stored in my body. This in turn effected how I structured my literature review and what themes I chose to highlight throughout my paper. The experience of being affected by the exposure to an individual experiencing grief seems to be a common theme in grief literature as represented by the argument that “grief counseling presents a special challenge to the mental health worker” (Worden, 2003, p. 84).

Bowlby states that grief “not only is painful to experience, but also painful to witness” (Worden, 2003, p. 84). According to Worden there are three areas in which the bereavement experience in others affect counselors (Worden, 2003). These areas include awareness of one’s own losses, one’s feared losses, and one’s own personal death (Worden, 2003). However, my experience focused mostly on the first area of my own grief experience from previous losses. Research states that a dance movement therapist who is “comfortable with her own expression and exploration around the themes of grief, loss, death, and dying is better equipped to work with clients who are themselves working with these concepts” (Philpott, 2013, p. 150). Therefore, it is important to be aware of these impacts as a grief counselor as well as a dance movement therapist in the field.

My own implicit knowledge of grief, in addition to my experience as a dance movement therapist in training, and the knowledge I gained from writing this literature review support the idea that these concepts of attachment, grief, and dance movement therapy are related. The results of this literature review conclude that the connection between these constructs lies in the body, and therefore should be addressed on a bodily level. However, there is future research

needed on how these constructs are related specifically regarding the connection between attachment and dance movement therapy, and dance movement therapy and grief, to determine the extent of the benefits of using an attachment informed approach to grief counseling that incorporates elements of dance movement therapy. My hope is that this literature review provided a lens from which to see grief counseling through the body for current professionals in the field, and that this is one of many literature reviews that addresses this topic in the future.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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