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# Being a witness: Using kinesthetic empathy as a reflective tool for clients

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Being a witness: Using kinesthetic empathy as a reflective tool for clients

Capstone Thesis

Lesley University

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Expressive Arts Therapy

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### Abstract

The body can be described as the container of one's entire life experience with movement and sensation as its language, known as kinesthetic empathy. Authentic Movement is a practice that makes use of this language to be able to gain a higher awareness of the kinesthetic affective material which may not be accessible otherwise. This paper describes an exploration to investigate if kinesthetic empathy experienced by the therapist in their body may be used as a reflective tool for clients through the process of being a witness to their verbal stories, as practiced in authentic movement.

## Being a witness: Using kinesthetic empathy as a reflective tool for clients

### **Introduction**

“Apologize to your body.

Maybe

That’s where the healing begins.

--- starting” (Waheed, 2013, p.145).

Descartes conceptualized that humans are made up of two substances that are different and unrelated in nature- the body and the mind (Garcia-Diaz, 2018). He believed that the body constituted material and the mind constituted the non-material components of humans. This, in my opinion, implies that the body was being seen as an object available for the mind, creating a duality that undermines the potential of the body as a medium to access psychological states.

Such theories, in my opinion, contribute to the growing disconnect between the body and the mind. “Tuning into the body’s intelligence and listening to what is being communicated emotionally is not something we are taught to do in this culture” (Kossak, 2015, p 36). Thus, tuning into this intelligence was something that I consciously wanted to make a part of my work at my internship. To be able to do so, I started learning to develop and become more present to kinesthetic empathy.

Kinesthetic empathy is a core concept in Dance Movement Therapy (DMT) and “synthesizes an approach of the dynamics of the therapeutic relationship that includes non-verbal communication, bodily movement, dancing and verbal expression” (Fischman, 2011, p.1). DMT

involves the therapist to use kinesthetic empathy to form an understanding of the client's inner experience (Jerak, Vidrih and Zvelc, 2018).

Fischman (2011) suggested that through the use of kinesthetic empathy the therapist can facilitate unblocking of emotions in clients. She further suggested that to be able to do so the therapist needs to be open to their own inner bodily sensations, movements, and feelings. Kossak (2015) talked about a "body-centered intelligence that informs how one knows and experiences the world," (p. 37). Thus, according to Kossak (2015), many body-oriented psychotherapists believe that the body has its own form of intelligence that can store memories, feelings and associations. Halprin (2003) suggested that by paying attention to the body we become aware of our experiences through sensations, emotions, and thoughts associated with them, providing us access to the feelings and memories that maybe stored deep in our bodies and may not be accessible otherwise.

As I was learning more about this concept, an opportunity to experiment with it presented itself in a session with a client. This client likes to take the lead in the therapeutic alliance and is very directive about how she wants the session to go. In one of her sessions, she had brought in all the journals she had maintained since her childhood and wanted to read entries from them to me. While reading these, she gave me specific instructions to not ask any questions and just listen to her read.

However, she was still expecting a response from me after every entry she read. Thus, to meet her where she was at, while still honoring her directions, I decided to offer an artistic response to her every time she was done reading a journal entry. An artistic response can be defined as choosing to respond to the therapeutic material that is being presented with representing how that material is making you feel through the medium of art (M. Kossak, Personal Communication, 2017).

One of the many artistic responses that emerged that day, was becoming present to the sensations and feelings that I felt inside my body as I listened to the client read. By becoming present to these sensations, I could understand the client's experience somatically, providing me a different insight into her world. As I reflected my embodied experience of her emotions back to her, she was able to project her own emotions onto my bodily experience which led to a deeper inquiry of sentiments that she was unable to access before this intervention.

As I reflected on how beautifully the intervention worked, I decided to backtrack what had occurred in the session and investigate what about this technique worked for the client. Upon retracing the events, it became apparent that the shift in emotions that she experienced occurred in response to my sharing of how her experience felt in my body, thus pointing towards the relationship between the body-centered intelligence that is capable of storing memories, stories, and emotions. As I shared my kinesthetic experience of her story, she named the emotion she associated to those sensations as sadness and inquired if that is what I was feeling.

This led us to a conversation about why she associates this feeling with sadness and how representative that was of her own experience of reading that journal entry. As we processed this further, it opened the doors for her to connect to her sadness for the first time since she started therapy, which was until now being covered by anger. Listening to my visceral experience, somehow allowed her to tap into her body and access emotions that she had been unable to reach to before. Thus, the use of kinesthetic empathy was the key aspect that needed to be further explored.

This concept of reflecting one's own felt experience to the client reminded me of the experience of being a witness in the practice of authentic movement. Whitehouse (1958) defined authentic movement, or embodied active imagination as she called it, as "a simple yet powerful

meditative and therapeutic approach that bridges body and psyche through expressive movement” (p. 58). It involves the practice of one person moving and another person witnessing them as they move. Witnessing here does not mean “looking at the person moving.” Instead it means “witnessing, listening, bringing a specific quality of attention or presence to the experience of the mover” (Adler, 1999, p. 21).

Even though the experience of the intervention that had emerged organically in the session with this client resembled the process of being a witness in authentic movement, the content of what was relayed to the client also aligned with the basic principles of Halprin’s three levels of awareness and response. The three levels of awareness and response is a basic map of body-based practice that involves exploring the relationship between the physical, emotional, mental, imaginal, and spiritual levels of experience and expression (Halprin, 2003).

The parallels that emerged with these already existing theories made me curious about understanding the intervention more deeply and explore it further by trying it out with other clients to see if it had a similar impact on them and whether that can be helpful to their therapeutic process. I believe this exploration can lead to the emergence of an intervention that could work with clients with varying mental health issues by combining the information one receives from their own body using three levels of awareness and response while adapting the role of a witness as practiced in authentic movement.

Thus, through this capstone, it is my hope to assert that when the therapist becomes present to their own bodily sensations and feelings that emerge as the client narrates their story, and then reflects it back to them, it can serve as a reflective tool to access deeper understanding of the client’s story for both therapist and the client and shift their perspective of the client’s experience.

For the purpose of this capstone, this intervention was applied in practice with adults who come in for individual counseling at a counseling center. It was observed that the intervention aided them in creating a new understanding of the emotions that they were experiencing and wished to address in therapy. They were also able to find a form of release through other art modalities based on the information they gained through becoming present to the somatic experience of their stories. The intervention also offered the therapist a tool to make the client feel seen in way that they in most probability have not experienced before, thus, proving to be a beneficial body-based intervention in the field of expressive arts therapy and counseling with scope for future research.

### **Literature Review**

Freud believed that the body image was the nucleus of the ego and that consciousness originated from the body (Freud, 1923). An integral part of depth psychology is exploring the relationship between the psyche and soma. Identifying the potential of the body to hold and express unconscious material, both Freud and Jung attempted to study the underlying connection of physical symptoms and somatic disorders to the subconscious (Wyman-McGinty, 1998).

Some psychoanalysts are of the belief that therapists are responsible to “contain, metabolize, and return projections” back to their clients in a way that can be internalized (Lucchi, 2018). Halprin (2003) suggested, “not only can we cultivate awareness and the ability to witness what is happening in us by focusing on the body, using expressive movement we can respond consciously and work creatively with whatever arises” (p 18). This view makes me wonder how this awareness of the body can be utilized by the therapist to respond to anything that arises in the session.



### **Kinesthetic Empathy**

Jerak, Vidrih and Zvelc (2018), defined kinesthesia as “sensation of movement and posture” and empathy as “the ability to understand and respond to somebody else’s inner experience” (p.55). It is an attempt at understand another person’s inner life implying having knowledge of how that person feels, their situation and then acting accordingly (Fishman, 2011). Thus, combining these definitions can lead one to define kinesthetic empathy as the ability to use body movement and sensation to understand someone else’s inner experience (Jerak, Vidrih, and Zvelc, 2018).

Behrends, Muller and Dziobek (2012) suggested that empathy, when first conceptualized, strongly hinted towards a component of kinesthetic sensation where it was seen as an experience that involved a person’s entire subjectivity including the body. Behrends, Muller and Dziobek (2012) further talked about Husserl also emphasizing that a prerequisite for empathizing with others is self-perception at an interior body level creating the possibility of simultaneously understanding one’s own exterior self.

The same view has been reinforced by neuroscientist, Gallese (2003), who is of the opinion that “empathy is deeply grounded in our experience of the lived body” (p.176). Thus, supporting the view that kinesthetic empathy plays an important role in our ability to be able to attune to another person’s experience. Krueger (2010) stated that it is not just recognizing the body of another person as an expressive unit but also our own bodily expression and non-verbal responses that can enhance our ability to empathize. “It arises out of elements that are common in the experience of both individuals that are involved in the empathy process,” (Fischman, 2011, p. 59).

The neurobiological components of kinesthetic empathy can relate to the mirror neuron system of the observer where research has shown that the same brain areas are activated in the observer

as if they are performing the action themselves (Behrends, Muller & Dziobek, 2012). They further cited Gallese's views on embodied simulation to reinforce this idea that suggested "the same mirror neuron structures are activated in the observer as in the person observed, whereby an internal simulation of the state observed in the other person is generated with this sharing of body states enabling implicit understanding" (p.110).

In my experience I have found the body to be the most authentic source for understanding the self. Thus, I can safely resonate with this idea of understanding another person's experience, by bringing the emotions that we experience in our bodies to our conscious awareness. The practice of putting this intelligence of the body at the core is known as body-centered psychotherapy and is discussed more in the following section.

### **Body-oriented psychotherapy**

"A psychological body therapy is a powerful medium that awakens unconscious images and energy and calls for therapeutic assistance," (Conger, 1994, p. xvii). Body-centered psychotherapy puts the body at the central position to be able to bring forth parts of the self that are repressed and fragmented (Caldwell, 1996).

Conger (1994) suggested that all traumatic events are faithfully recorded by our bodies and stored in the form of contracted musculature and energetically withdrawn tissue, however humans prefer that their bodies remain silent so that our psyche remains undisturbed. Thus, patterns to deny the body are built so that we are unable to experience pleasure in our bodies even in the most ordinary tasks which can be restored through psychological body therapy.

The core beliefs of body-centered psychotherapy are that "sensation, breath, and movement are the body's form of speech" (Caldwell, 1996, p.4) and through listening to this speech, one can

release stored trauma, and relearn how to experience pleasure and other positive emotions. She suggested that this speech often emerges from parts of ourselves that are fragmented or we have lost touch with and it can manifest itself in various ways including aches and pains, habitual postures or gestures, health conditions, and unusual sensations.

Caldwell (1996) explained that by being present to a sensation as it emerges while narrating or witnessing an experience, we can gain access to previously unknown information, providing an opportunity to modify its experience. Conger (1994) was of the opinion that even though we tend to separate the body and the psyche, we are lived by our inner selves that unites the two. Thus, the therapist can facilitate a deepening dialogue with the inner self through body-work and interpretation while still seeing the client in their uniqueness.

According to theory of embodiment, “perceiving, recognizing and interpreting an emotion in ourselves or in others requires information from bodily systems,” (Garcia-Diaz, 2018, p.17). Conger (1994) defined the process of embodiment involving aiming for grounded reality, pleasure, connectedness and genuine contact by letting go of grandiosity, illusion and specialness. He also equated becoming more embodied with becoming more liberated.

There are various techniques that make use of body-centered psychotherapy and the focus of this capstone is one such form of movement called authentic movement.

### **Authentic Movement**

Whitehouse (1958) defined authentic movement as “a simple yet powerful meditative and therapeutic approach that bridges body and psyche through expressive movement” (p. 58). It involves the practice of one person moving and another person witnessing them as they move. Witnessing here does not mean “looking at the person moving.” Instead it means “witnessing,

listening, bringing a specific quality of attention or presence to the experience of the mover” (Adler, 1999, p. 21).

Stomsted (2014) suggested that the witness holds and contains the mover’s experience through sensitive tracking so that the mover can access of the psyche that they are drawn to. Thus, the witness’s job is to hold the space in a non-judgmental manner, become present to their own body sensations, movement and experiences through kinesthetic empathy and then reflect back what they felt, without commenting on the mover’s experience. “The witness’s empathic mirroring helps the mover recall and reflect on movements arising from her unconscious,” (Stromsted, 2009, p.202).

Stromsted (2001) described the mover’s only job to be able to listen respectfully to her experience through engaging her inner impulses and letting them guide her movement. The witness’s role comprised of dual responsibility that included of observing the mover’s experience, while simultaneously keeping a track of her own somatic and imaginative processes by paying conscious attention to the body’s experience.

“Authentic Movement offers a practice for developing the ability to be present, with oneself and with another, in a more vital, increasingly conscious relationship, awakening to the body’s sensations, natural movement, emotions, and experiences of the imagination,” (Stromsted, 2001, p.40). This is achieved through the simple format of the practice that provides a platform for not just expression but also integration of complex and rich material that emerges unfolding with a unique depth for each individual.

Wyman-McGinty (1998) described authentic movement as a form of active imagination that focuses attention on the unconscious as it is experienced and expressed at a bodily-felt level, terming it the somatic unconscious. She further suggested that when used as a form of clinical

training, it can be a valuable practice to develop a connection to the somatic unconscious within the therapists' own bodies as well as the client's.

Halprin (2003) was of the opinion that by engaging our unconscious and imagination through creative processes, we experience life from the lens of an active participant, learning to explore our power to reshape how we respond to life stories instead of facing it as victims. She further emphasized that blocks in this creative process can lead to feelings of depression, anxiety, or anger. Thus, both the process of making art and what emerges from it is are means to engage with ourselves.

The ability of the witness to understand the psyche at the level of the body can have a deep healing effect on clients creative energy as through reflecting upon the witness's bodily experience, the client may be able to access therapeutic material that is not yet available at a conscious level (Wyman-McGinty, 1998). As this reflective relationship develops further, feelings that the client is unable to hold on their own start emerging.

Adler (2002) suggested that one of the objectives of authentic movement is to be able to develop an inner witness through which a person can increase their awareness of a range of sensations, emotions, thoughts, and movements that were previously embodied outside the consciousness. Musicant (2001) supported this view by suggesting that through authentic movement clients are able to experience feelings, thoughts and images that were previously unknown to them.

On the basis of the role of kinesthetic empathy and its potential as therapeutic tool when reflected to a mover by a witness in authentic movement, this research investigated if the same

process can be applied in a therapy setting as a tool of accessing deeper therapeutic material even when clients use modalities other than movement.

### **Methods**

“All that I know when I dance, I want to know in my life when I am not dancing.” (Overo as quoted in Halprin, 2003, p. 59).

This section of the capstone will provide an overview of the participants, the intervention and how it developed.

### **Participants**

This research was conducted at a counseling center run by a non-profit organization that offers a sliding scale fee to all their clients. The counseling center is open to both adults and children with varying mental health issues. I work with individuals, couples, and families at this center.

For the purpose of this capstone, I applied this intervention with two adult individuals to gain an insight of the different ways the methodology can be applied. The application with more than one participant also provided a platform to test the consistency of the approach across clients.

The first participant is a 29-year-old married Asian female, who presented to therapy to address anxious and depressive thoughts that she had been experiencing for over a year. She has been given a diagnosis of Major Depressive Disorder (MDD) with anxious distress and had been in therapy for a month before this intervention was introduced in her sessions.

The second participant is a 23-year-old single Black male, who also presented to therapy to address anxious and depressive thoughts along with sleep disturbance and dissociative

experiences. He has been given a diagnosis of Generalized Anxiety Disorder (GAD) and MDD and had been in therapy for two weeks when the intervention was introduced in his sessions.

Both the clients have had a history of trauma and thus, were a good fit to use body-based interventions. In the interest of maintaining confidentiality, the names of both the clients have been changed and will be referred to as Karen and Mark respectively, in this capstone.

### **Intervention**

As mentioned in the introduction, the intervention emerged organically in a session with a client. Being a directive client, she had brought to the session many of her journals that she has maintained since her childhood. In this particular session, she wanted to read entries from these different journals while not wanting me to ask questions in response to what she read.

As she finished reading her first entry, she responded to a question that I asked by saying, “this session can be about you asking me questions and me answering them and exploring my relationships; however, it is not going to be about that.” Upon inquiring what the session then would be about, the client responded, “this is going to be about me reading to you and you listening to me.”

Rogers (1993) defined the therapist’s role in a person-centered approach as one that emphasizes “being empathetic, open, honest, congruent, and caring” while listening in depth that will eventually facilitate the client’s growth (p. 3). The underlying principle of this approach is that each individual has the capacity for self-direction to be able to reach their full potential. Thus, this intervention emerged through incorporating the person-centered approach by taking the client’s direction for the session and responding to her reading through an artistic response instead.

As I started responding to different readings with different forms of artistic responses, that included visual art and writing, the one response that led her to have a deeper experience was a body-based response where I reflected to the client my embodied experience of her story. This involved sharing my own somatic experience of her story that consisted of sensations, impulses and emotions that I felt in my own body during her narration.

This seemed to have provided a safer space for the client to name the emotion that she was feeling by projecting it onto my somatic experience. As she asked me if what I felt was sadness, I was able to reflect that emotion back to her which provided me a window to ask her about the underlying emotions she was holding onto. This reflection allowed the client to own her “sadness” for the first time since we started working together, thus making me curious about the intervention’s effectiveness.

Rogers (1993) further stated that “offering the client an opportunity, rather than insisting on a method,” can enhance the client’s sense of safety and thus aid in fostering a facilitative relationship (p. 13). Hence, it can be safe to assume that by first accepting her direction of “no questions” and then not insisting any method of healing on her, might have led her to experience an enhanced sense of safety and trust in the therapeutic alliance.

This method also provided me an opportunity to check-in with the client through my own sense of kinesthetic empathy instead of trying to check for symptoms or pathologies, thus, allowing the client to feel seen or be heard in a safer environment than direct questioning or advising can provide. This process reminded me of the experience of being a “witness” in the practice of authentic movement.



The witness in authentic movement provides “a safe, contained, and receptive presence, maintaining an awareness of her mover’s bodily expression as well as her own embodied experience,” (Stromsted, 2009, p. 202). The empathic mirroring offered by the witness can help the mover to recall and reflect on emotions and impulses from her unconscious (Stromsted, 2009). Even though there was no mover in this process, my reflection of my somatic experience allowed the client to be able to break the barrier she had been facing in being able to attend to her sadness in a safe and contained space.

Making this the base of my intervention I decided to create a structure around how I can be a witness to my clients, as they narrate their stories verbally, and through reflecting my embodied experience of their narration, provide them a gateway to explore their emotions more deeply.

Halprin (2002) suggested that attending to the body, does not just involve the physical level of the body but also requires paying attention to the emotional, mental and spiritual levels of the body. She further added that even though understanding these levels individually can each give us a unique access to our unconscious, by understanding those in unity can provide a more integrated insight of the individual’s felt experience.

Thus, I decided to integrate Halprin’s (2003) “three levels of awareness and response” with the role of witness in authentic movement to create this intervention. These levels help us understand our experience through all the four lenses individually and also in unity through becoming present to the following:

1. What is happening in the physical body (sensation, body posture, body parts, gesture, and movement)?
2. What is happening in the emotional body (feelings)?

3. What is happening in the mental body (images, memories and associations)?
4. And how are they related (are they in accordance or in opposition), (Halprin, 2003).

Thus, the intervention now involved becoming present to my own somatic experience at these different levels of awareness in the body reflecting the same to the client. However, keeping in mind the boundaries that need to be maintained in a therapeutic setting, self-disclosure needed to be taken into I decided that it will be safer to avoid touching upon the third and fourth level of the therapist's experience and use the information from the first two level to gain a deeper understanding of the client's experience.

To sum up, the final intervention involved the following steps:

1. As the client shares their experience, the therapist will become present to:
  - a) What is happening in her own physical body, that is, sensations and body posture
  - b) What is happening in her own emotional body, that is, feelings
2. Staying present to the information that emerged in her own body, the therapist will reflect this information back to the client.
3. The therapist will then provide space for the client to process this information however they wish to and note their response.
4. The therapist will then improvise how to facilitate a deeper experience of what emerges for the client based on their response to the therapist's experience.

## **Results**

### **Client 1**

Karen began the session by sharing that she had a miscarriage over the last week. She had only found out four days prior to the miscarriage that she was pregnant, however, she reported that she

had started associating her pregnancy with the “direction towards a purposeful life” and thus, it was a big loss for her. The client went on to narrate the actual incident and the details of how the entire event unfolded that night, including her experience at the hospital when she went to get herself checked.

As Karen was narrating her story, I became present to the sensations and emotions in my own body. I asked one or two occasional questions as she spoke to help the client narrate her experience just as I would in any other session. After she was done sharing her experience, I began reflecting my own somatic experience to her.

At the physical level of my body, I felt a strong tingling sensation in my stomach which kept growing stronger as Karen continued her story. I was also experiencing a tightness in my stomach that seemed to be holding the tingling sensation. At the emotional level I was experiencing sadness and a sense of loss combined with the feeling of something physically being taken away from me.

I reflected my experience to Karen while placing my hands on my stomach right where I felt the sensation and tightness to be able to provide her with a visual image of where I felt it in my body. After I was done sharing, she placed her hand on her stomach as well and shared that she too felt a “heaviness” in her stomach. I encouraged her to describe this heaviness in more detail and she went on to share that it felt like a “big and heavy lump,” sitting right in the middle of her stomach.

Based on her response, I presented her with some art material such as paper, pencil, crayons, and paints, and invited her to create this “lump” on paper however she wished to. She accepted the invitation to participate and chose paper and crayons to make a visual representation of her lump. She drew an image that looked like a big blue ball of thread entangled tightly together.

Looking at the image, I enquired what did she think the lump represented and she responded by saying that the lump represented “a sense of loss which is why it feels so heavy.” At this point, I suggested that maybe we could try honoring the baby that she lost to address the feelings of loss and grief that she felt. The client accepted the suggestion and decided that she wanted to honor the baby by singing a goodbye song from Vietnam (where she lived until she was 16-years-old).

I invited her to find a comfortable position and suggested she can feel free to add any movement or gesture if she so wishes. She stood up from her chair and sat on the floor with her back leaning on the wall and eyes shut. I too joined her on the floor and asked if it was okay that I sat next to her to which she agreed. Once we were both sitting on the floor, she began by placing her hands on her stomach and cried all the while she sang the song.

After she finished singing, I invited her to continue holding her stomach and facilitated a few rounds of deep breathing with a visual image of sending the breath into her stomach. I then invited her to share what that experience was like for her. She shared that she is “feeling lighter” and is “glad that she got a chance to grieve and say goodbye” to her baby. She further shared that while singing the song, she could see her house in Vietnam, which to her meant that the baby is “resting there,” and that provided her a sense of comfort. She also shared that her lump feels “much smaller and lighter now.”

## **Client 2**

In the session with Mark, he was talking about the anxiety that he experiences every day and how “it completely takes him over” and produces fear, preventing him sometimes from being able to carry out regular tasks such as “riding the train.” Just like the previous experience described, I

started to pay attention to the sensations and emotions I felt in my body and reflected them back to Mark after he was done sharing his experience.

My somatic experience included a running sensation that began in my stomach and rose up to my chest. After reaching there, it collected together and created a heaviness in my chest, making me feel like someone is pushing a heavy weight on me. The emotion that I felt was extreme anxiety which I believe I was picking up from Mark.

Upon hearing my embodied sense of his anxiety, he said that these sensations “made a lot of sense” because he feels it like “a fire that begins in my stomach and rises up to my chest and sometimes reach my throat as well, preventing me from being able to even speak at times.” Taking cue from the imagery that he provided, I invited him to create a body contour on paper and draw the fire inside of it as he feels it.

He agreed to participate and created an image of the “fire like sensation” that he feels in his body when he experiences anxiety. The fire began in his stomach, just as he had mentioned earlier and was colored orange. At the top of the fire he marked traces of red that rose up like smoke and collected together in his chest in a round motion.

Since this was an image of something that he feels often, unlike Karen’s experience which was particularly associated with one incident, I wanted to offer him something that he could access outside of therapy as well if he needed to. Thus, I offered to lead him through a meditation, involving guided imagery of water that he could shower upon the “fire” to ease his anxiety.

The client accepted the offer and participated in the meditation. The meditation involved two phases of breathing activity. The first step required Mark to focus on imagining a stream of water that he was inhaling as he took a breath in and letting it travel all the way down with his breath

and shower over the fire. I encouraged him to keep reporting if he could see the fire calming down and continue the process until he felt he put it out completely.

Once the fire was put out, the second phase involved him concentrating on the exhale and letting out the smoke that had collected inside with the fire, continuing until he felt that most of his smoke had been released. While verbally processing his experience of the activity, he reported that it was helpful to create a visual image of putting out the fire however, it initially led to a feeling of being choked. However, after releasing the smoke through exhaling, he felt a “sense of calm and cool.” I encouraged him to keep practicing this meditation and use this imagery that he created to manage his anxiety when it “takes him over.”

From the above mentioned experiences, it can be seen that the intervention proved to be helpful to both the clients and thus, has the potential to be developed further to be used in therapy. The next section of the capstone will discuss how and the possible reasons of why this intervention worked. It will further discuss how it can be adapted to be a body-based intermodal intervention in expressive arts therapy.

### **Discussion**

This capstone focuses on using kinesthetic empathy as a reflective tool for clients through adapting the process of being a witness in authentic movement to a therapeutic setting. The process of being a witness, that involves becoming present to one’s own somatic experience and reflecting that back to the client, was combined with a few stages of Halprin’s (2003) “three levels of awareness and response,” to provide a reflective structure for the therapist.

The final intervention was then used as a reflective tool to respond to clients as they narrated their stories verbally and include their response to improvise the rest of the therapeutic

intervention. The intervention was carried out with two adult clients who had been coming to individual therapy at a counseling center to address anxious and depressive thoughts that they had been experiencing. They both also had reported having a history of trauma. This section of the thesis will provide a summary of what emerged in the process for the clients and the therapist, and my thoughts on what that could mean, tying it to the already existing literature.

### **Clients' Experience**

“We, as human beings, do need the words since they are an important bridge between lived experience and consciousness, a way of knowing our experience,” (Lavendel, 2017, p. 215). In my experience, often many clients are unable to connect to what their bodies wish to tell them as they do not have enough experience with body work to be able to develop language to speak in terms of the body. An example of this could be, on previous occasions when I had invited both the participants to relate their felt emotions to their bodies, they both were unable to understand what I meant and thus, were unable to think in terms of the felt sensations in the body.

“The nonverbal must be brought into consciousness and language in order to be integrated within the totality of one’s being,” as finding new language can help let go of “old assumptions, narratives or interpretations” (Lavendel, 2017, p. 216). Through listening to my somatic experience of their narration, the clients were able to develop their own vocabulary to be able to verbally express and process their own sensations, impulses, and emotions in their bodies, thus, bringing it to their conscious awareness and providing them new information.

Lavendel (2017) further suggested that through uncovering experience that has never been conscious and having it be witnessed with absolute acceptance, can make the client feel “seen with utter respect for her experience,” (p. 215) and thus, can create the possibility of seeing themselves

with love. The underlying essence here is that this intervention involved simply receiving the client's experience with no identifying, defining, explaining or interpreting. Thus, it is possible that both the participants experienced a similar feeling of being seen with no stories or interpretation being attached to them, providing them with acceptance and compassion for their own experience.

Adler (2007), suggested that by using as many words as we wish to be able to “name as closely as we can” something that is “unnamable,” that is, “the felt experience of the lived moment, what the body knows,” we can create “a felt shift from the words carrying symbolic meaning or narration, towards the words energetically becoming the vibrations that they are, and thus directly being the meaning themselves” (p. 264).

This can be seen to be parallel to both the participants' experiences. When Karen was able to name her feeling of loss and heaviness as a lump in her body, somehow singing goodbye to the lump made her be able to say goodbye to the baby she lost. Similarly, naming the felt experience of anxiety in his body, Mark was able to equate it with fire and learn an active skill which could help him reduce his anxiety by “putting out the fire.” Thus, it is apparent that the symbolic meaning they both attached to their felt experience in the body, led to an energetic shift of their experience of their initial feelings, learning from what the body knows.

One aspect of the intervention that probably helped the participants feel safe could also be the fact that this intervention requires the therapist to name the emotions and sensations in their own body and not the client's. Thus, the therapist is not trying to put meaning to the client's experience and instead just naming their own, leaving the client free to put their own words to their experience, making it fully their own.



This aspect is also keeping the therapist away from any kind of interpretation of the client's feelings, therefore offering an indirect method to approach the therapeutic material that emerges in a session. It is also possible that seeing the therapist be vulnerable in a session by sharing their own bodily sensations, lets the client allow themselves to be vulnerable in therapy as well.

Another common theme for both the participants was the emergence of a visual image for their felt experience and sensations in their body. This emergence is in accordance with the principles of the polyaesthetics theory that states "each art form contains within it the seeds of the other arts through aesthetics and sensory perception," (Estrella, 2005, p. 193). This intuitively felt continuity between art modalities that arose in the process was able to enhance communication and provide a broader expression for the client's experience. This can be explained further by the theory of crystallization explained by Knill.

The metaphor of crystallization is used to explain how in an environment saturated with artistic imagination, a small creative act, seen as a seed, will grow. The growth, then following ancient traditions of the arts, reveals the seed's full meaning with the clarity and order of a crystal (Estrella, 2005, p. 193).

In the sessions with the current participants, the environment saturated with artistic imagination can be equated with the therapeutic relationship, small creative act can be the intervention, that acted as a seed which once planted led to the growth of the participants' understanding of their embodied experience through engaging with the arts.

The emergence of these two theories in the process can be the basis of the intermodal transfer that presented itself. Intermodal transfer comprises of shifting from one art form to another (Knill as cited in Estrella, 2005), which in this process was beginning from the body, shifting to visual

arts then further moving to music for Karen, and back to the body for Mark. This will be a good point to transition into my experience of the intervention as the therapist and what occurred for me.

### **Therapist's Experience**

Using this intervention as a therapist, my main motive was to be able to find a way to attune to my clients through the use of kinesthetic empathy. The term kinesthetic empathy can be understood by empathizing through the kinesthesia. Kinesthesia can be referred to sensations of movements and positions and is informed by senses such as vision, hearing, smell, touch including internal sensations such as muscle tension and body position (Reynolds and Reason, 2012). Thus, using our body's sense of internal and external sensations and feelings to understand another person's experience can be termed kinesthetic empathy.

Halprin (2003) suggested that "our bodies contain our life stories just as they contain bones, muscle, organs, nerves and blood." Thus, my intention of using the body to connect to the participants was to be able to facilitate a greater awareness of their experience by bringing attention to how the stories contained in their body.

An important ideal of being a witness that creates a cathartic experience for the client is providing the human companionship in the full impact of their suffering, making them feel that they are not alone in their experience for the very first time (Lavendel, 2017). Through this process I discovered that using kinesthetic empathy to provide a reflective summary to the participants, allowed me to actually name what I was feeling, which was similar to what the participants were feeling.

Thus, fostering a connection that cannot be reached through verbal empathy because of the limitations it poses. For example, if a participant shares that they are feeling sad, I cannot ideally respond by saying, I too feel sad listening to you. However, by naming my body sensations, I was able to provide them a companionship in their suffering that they had never experienced before this.

In many cases in psychiatry, the patient who comes to us has a story that is not told, and which as a rule no one knows of. To my mind, therapy only really begins after the investigation of that wholly personal story. It is the patient's secret, the rock against which he is shattered. The doctor's task is to find out how to gain that knowledge. In most cases exploration of the conscious material is insufficient (Jung, 1973, p.117).

This intervention provided me a way to gain this knowledge and became a bridge to the participants' story, letting me be in the role of a witness as a companion rather than someone with the answers. "The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares," (Nouwen, 2004). Through this companionship I was able to offer them support to be able to fully embrace themselves, including the parts that were too painful to face by themselves, instead of trying to fix them.

From the above discussion, it can be summarized that this intervention proved to be effective in shifting the participants' experience of their emotions. It provided them with a vocabulary for a body-based understanding of experiences and helped them gain access to unconscious material stored in their bodies. This unfolding of unconscious images provided a means to shift their understanding of the felt emotions and addressing this image further offered them a release. From

a therapist's view this intervention can be used as a body-based intermodal tool to be a companion to the client in their story instead of trying to assign their own meaning to it.

I would like to conclude the discussion with a poem that captures and conveys the essence of my experience as a therapist of using this intervention with my clients.

“If I write

What you may feel

But cannot say.

It does not make me a poet.

It makes me a bridge.

And I am humbled

And

I am grateful

To assist your heart in speaking.

---grateful.” (Waheed, 2013, p. 36).

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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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