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Coming to Our Senses:

The Application of Somatic Psychology to Group Psychotherapy

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ABSTRACT

Somatic psychology, the interplay of the body, the mind, the emotions, and the social context, significantly contributes to the theory and practice of group therapy. The processing of sensory experiences in the here-and-now of the therapy group helps group members to develop self-awareness, the ability to understand their relationships with others, and the capacity for empathy. When group members know what they experience they can understand how others feel and resonate emotionally with those feelings. Neurobiology, sensory processing and attachment theories help us to understand how the sense of self develops somatically. Principles of somatic therapies are applied to group therapy practice in working with attachment disorders, transference impasse, and trauma. The importance and implications of the group therapist's embodied attunement are explored.

In the stimulating relational environment of the therapy group, members learn to reflect upon and develop language for their experiences, most typically their thoughts and feelings (Cohen, 1997; Rutan, Stone, & Shay, 2007). Here, we suggest that the integration of sensory experiences with cognitive insight and emotional awareness adds an important dimension to the group therapeutic experience. This expanded group perspective helps the group member to connect emotional, cognitive and somatic experiences, facilitating the development of a coherent self (Siegel, 2006) and promoting successful adaptation (Ayers, 1972; Damasio, 1999; Hannaford, 2005; Rothschild, 2000; Siegel, 1999).

Central to our thesis is the idea that emotions are experienced and influenced through the complex interaction between body and brain. Cognitive scientists posit that emotional knowledge can be represented by sensory-motor states that occur during emotional experiences (Niedenthal, 2007). Consciousness itself is thought to be associated with the somatosensory structures of the brain (Damasio, 1999).

In the following sections we illustrate how the application of somatic psychology and the integration of sensory, affective, and cognitive elements contribute to the effectiveness of group therapy. Case material presented derives from the author's ongoing psychodynamic therapy groups and a training group for therapists. In all of these groups, the author has prepared and oriented members with the following statement designed to enhance their attention to sensory awareness and non-verbal communication: "This therapy group integrates thoughts, feelings, and sensations to give you opportunities to learn about yourself and others, and about your relationships. In order for us to know about ourselves we need to know what we are thinking and feeling, and what we are sensing in our bodies. The group

process will help you to be able to describe your thoughts, feelings and sensations in words. Being able to label these inner states will help you to understand yourself, to be empathic with others, and to have more satisfying relationships. You will also learn to express your feelings non-verbally in ways that others can understand. In the group we look at other group members, as well as listen, so that we are attentive to and attuned to non-verbal communications of the other group members and the leader.”

SOMATICALLY ATTUNED COMMUNICATION IN DISORDERS OF ATTACHMENT

Support for a close connection between the emotional and somatic realms can be found in the study of attachment. The abilities to appraise another’s emotional state, to manage stress, and to regulate emotions, are all thought to develop through the development of the attachment system. In secure attachment repeated experiences of appropriate sensory stimulation are needed for the growth of somatosensory structures. Responsive and sensitive attunement creates mental models or schema which help the child to develop an internal sense of safety and security (Schoore, 2001). Importantly, the origin of attuned communication in adults is thought to be non-verbal and somatic, derived from the sensitive and empathic responses of the caregiver, including such elements as facial expression, tone of voice, touch, gaze, holding, and rocking (Siegel, 2006).

Group therapy is an ideal treatment modality for the treatment of disorders of attachment and for building secure attachments (Flores, 2001, 2008). From our understanding of how secure attachment is achieved, we can see that somatic integration is a necessary component.

Group members come to the group with varying capacities for effective non-verbal communication, symbolic thought, and awareness of thoughts, feelings, and sensations. By

learning to identify and articulate their experiences and emotions, group members learn to differentiate and integrate sensory, cognitive and emotional experiences (Swiller, 1988). They also learn to find words for feelings that they may have been unaware of; to become attuned to their own underlying motives, beliefs, feelings, and desires; and to understand the mental and emotional processes of others (Allen, Fonagy, & Bateman, 2008). Developing these skills allows those group members with anxious attachment to self-regulate what was previously overwhelming (Barth, 1994) and those with dismissive attachment styles to feel safe enough to reveal their real selves to others and to be comfortable with closeness and intimacy.

In adults, non-verbal attuned communication includes the ability to encode, or express one's own self-states; and the ability to decode, or understand, the other's self-states. These abilities are compromised in people with attachment disorders (Schachner, Shaver, & Mikulincer, 2005; Wallin, 2007). Nonverbal behavior, the unspoken dialogue, is a central and essential part of interpersonal communication. Indeed, successful relationships hinge on the ability to express oneself non-verbally, and to understand the non-verbal communication of others. Through attuned verbal and non-verbal communication group members develop and strengthen secure attachments.

Attention to non-verbal communication enlarges and expands the group members' self-reflective capacities and empathy with others (O'Hearne, 1993; Burgoon, Buller, & Woodall, 1996). Somatically attuned group therapists observe and track subtle and overt body based behaviors of group members such as blushing, sweating, tension, tearfulness, laughter, coughing, throat clearing, frowning, carriage, posture, movements, gestures, swallowing, breathing, and small changes in the facial muscles. They also notice the non-verbal

components of verbal expression, such as the pitch, timbre, rhythm and intonation of speech (Berne, 1966; Kurtz, 1990). By attending to these cues, they help members to explore their meanings in the present moment and context, understanding that conscious and unconscious assumptions-- individual, cultural, and social-- can influence the way such communications are decoded and interpreted (Burgoon, Buller, & Woodall, 1996; Romaine, 1999).

The following case illustration shows the development of the ability to put into words what was experienced but unknown and unknowable by a group member. Through body oriented and sensory focused work, this group member increased self-awareness, empathy for others, and interpersonal connection.

The Neglected Child

Adrian described her childhood as one of neglect and poor attunement. She complained that her mother was concerned with how she behaved and looked but was uninterested in what she thought and felt. Her wants and needs were ignored. This early lack of attunement contributed to limited development of language for self-experiences. Adrian expressed affect and empathy only when describing her relationships with animals, particularly when she felt they were being abused or neglected. Adrian had developmental deficits in sensory integration and processing, manifested by episodes of irritability. For example, if the weather was hot and humid she would arrive in a depressed and irritable state, unable to connect with others, feeling deeply uncomfortable in her own skin. She became irritated if a light in the room was too bright, or if it was too dim. She reported not being able to stand rough fabrics against her skin and intensely disliking strong tasting foods.

Adrian was silent and withdrawn during the first phase of her group treatment. When she did speak she complained that she got nothing from the group. She did not understand

what group members were talking about when they described their feelings. It sounded like gibberish to her. She communicated nonverbally by yawning quite noticeably while others were speaking; and pulling her chin into her neck as if she were withdrawing into a shell.

Adrian's group participation over several years suggested an ambivalent/preoccupied attachment pattern (Main, Kaplan, & Cassidy, 2005). She was either demanding of attention from others or passively waiting for others to draw her out. Gradually she was able to describe her internal conflict: "I'm a failed hermit. When I'm with people I feel frustrated and unable to connect. I want to be a hermit so I won't feel the pain of not connecting with others. But when I'm a hermit I feel lonely, depressed, and I desperately want to connect with people." The only times she felt connection with the group was when she talked about herself. She continued to feel deeply dissatisfied with the group experience during the early stages of her group participation.

Adrian, the group members, and the group therapist discussed the merits of meeting with the group therapist individually, resulting in a treatment plan of bi-weekly individual sessions. During those sessions the group therapist focused on Adrian's group experiences and ways that she could become more engaged. Since words were confusing to her, the therapist suggested that Adrian look at others while they were speaking and watch what they were doing. It was also suggested that she sit across from the group therapist so that she could be observed. In subsequent group meetings the therapist observed, described, and inquired about her non-verbal behaviors: "Adrian, you are yawning. Are you sleepy? Are you bored? What sensations are you noticing in your body?" "You aren't looking at anyone. Are you here or have you left the room?" As the therapist paid close attention to her, she reported feeling supported and cared for. Group members also took up the role of attuned

parent, noticing her and commenting on what they were seeing. This process enlarged the affective, reflective capacity of all of the members.

Adrian often said she “hated words.” They were insufficient in describing her internal experience and incomprehensible when used by others. Gradually new words began to occur to her, mostly to describe her irritability. The therapist asked her about physical sensations. She used words such as “fried” and “twitchy” to describe somatic self-states. As others heard for the first time what Adrian was experiencing somatically they felt more connection with her. When a favorite pet died, Adrian wept openly, talking about her feelings clearly and articulately. As she developed her capacities to know what she was feeling and to express herself, she was able to empathize with others and group members said they felt connected with her. Most notably she expressed anger and outrage at how another group member, Catherine, was mistreated by her family. Months later, when Catherine announced that she was moving to another state and leaving the group, Adrian, directly, and with eye contact, told her how much she was going to miss her and how much she valued her compassion and caring. As she was terminating from the group, Catherine told Adrian that she was the person in the group that she would miss the most.

In this example we see how early maternal deprivation left Adrian with a disorganized attachment style that left her unable to self-reflect, connect with others or empathize with others. The group focus on pre-verbal experiences built internal structures that helped Adrian to progress developmentally. Eventually she was able to put words to what was previously unformed and inchoate.

WORKING SOMATICALLY WITH A TRANSFERENCE IMPASSE

Somatic therapies are based on the principle that the body is the theatre of all human experience. Some group members learn and integrate better by doing, rather than by talking.

Adding action to words in a safe setting can be of great advantage to those members. Others in the group can observe and then share their associations when the group member expresses internal experience through gestures or movements (O’Hearne, 1993).

We have used therapist interventions that give the group member an opportunity to try something out in the here-and-now to great advantage. The group therapist suggests that the group member or members move, gesture, or show what they are experiencing. These invitations, which grow naturally out of the present experience of the group, pose the questions, “What happens inside (a group member) when.....” and “What happens in the group when.....” The combination of the intervention and the group process that occurs as a result is a “little experiment.” A successful experiment increases self-reflection, awareness, self-expression, and interpersonal contact (Greve, 1993; Kurtz, 1990). Material that arises, including beliefs, feelings, memories, visual images, and other movements or gestures, are explored for meaning with non-judgmental curiosity. When an impasse occurs in the group the “little experiment” can open up new possibilities. Communication becomes more open and collaborative.

During the unfolding of the material the therapist follows the group members closely, especially non-verbal gestures, tone of voice, posture, and shifts in body states; asks gentle questions that mirror the group members’ emotions; and assists the members in describing in words their internal experience. The group leader looks and listens. While one person is talking, the leader watches the other group members’ faces and bodies. Over time the group members also learn to attend to the nonverbal as well as the verbal. They look at one another and notice what is communicated non-verbally. In the mature phase of the group every group member is watching and observing every other group member.

The following case illustrates a transference impasse between myself, the group therapist, and a group member, Sally. I suggest that Sally show with her body what she feels toward me. The group members engage actively in exploring Sally's inner experience as she shows us what she is feeling. Together we explore the interpersonal implications of Sally's experience.

Emotion in Motion

Sally had told the group that she often was able to work through difficult emotions by listening to and dancing to music. She joined the group after she had attended several expressive movement classes. She said that in those classes she was able to express herself more freely than she was able to when talking. She liked that the group was integrative, that group members talked and also expressed themselves through movement or gestures.

The following is the author's report of her impressions of Sally's transference and her own countertransference responses; a dialogue follows between Sally, the other group members, and the therapist.

Sally was suspicious and angry in her relationship with me. She was guarded, expecting judgment and criticism. While she was able to be open and vulnerable with others in the group, she blocked me out by turning her back to me. She did not make eye contact. When I addressed Sally directly, her body stiffened and she sneered disapprovingly. I became inhibited and fearful of her disapproval. Over time, Sally spoke about her relationship with her mother. She told us that her mother criticized every aspect of her life, including her physical appearance, her personality characteristics, her friends, and her parenting. I began to understand her transference to me as it reflected her unresolved feelings toward her mother. I

shared my interpretation with Sally. While she acknowledged the accuracy of my interpretation, she continued to be guarded and disapproving. The group dialogue follows:

Therapist: I'm wondering if it might be time to talk about your feelings towards me.

Sally: (Looking down at the floor) What good would that do? I don't feel safe talking to you.

Barbara: Yes, I feel the tension between you and the therapist and I wish you would deal with her directly about it.

Therapist: How do others see what is going on here?

Terry: I'm with Barbara—Sally, I wish you would deal with this. I sense how mistrustful you are of the therapist and I don't get it.

Therapist: I want to suggest a little experiment. Could you show me with your body, rather than tell me with words, how you feel? Would you be willing to try this and see what happens inside?

Sally: Yes, I'd like to try that (After taking a few moments to turn her attention inward, and closing her eyes, she crosses her arms a little bit away from the front of her upper body.)

Therapist: What is that like for you? What are you noticing inside?

Sally: It feels really good. I feel protected from you. You aren't so dangerous.

Therapist: I'd like to suggest another little experiment to everyone. Let's all try doing what Sally is doing to see how it feels to us. Would that be ok with you, Sally?

Sally: Yes, it would. I'm curious.

Group Members: OK. (Group members and therapist try out the physical expression while Sally observes and looks around at everyone crossing their arms in front of their upper bodies.)

Sally: I like seeing you all doing it. I feel understood. It's kind of fun watching you doing it, too.

Barbara, Terry, and others: Yes, it does feel good, self-protective, but also feels like there is a barrier between me and everyone else. That part doesn't feel so good.

Therapist: I'd like to suggest another little experiment. Sally, is there anything else that your arms want to do? Would it be ok to show us?

Sally: Yes, I'll try (after brief moment of self-reflection, she closes her eyes and pushes her crossed arms away from her, forcefully.)

Therapist: You might like to try that movement again. (Sally does) And what is that like for you?

Sally: I'm not only guarding myself, I'm also pushing you away—I have to fight back or I will be erased.

Therapist, to group members: Is it ok if we all try that? Let's notice what happens.

Barbara, Terry, and others: (After agreeing to try it) I feel angry and hostile. Pushing away. Aggressive. Yes, yes, that is what we have been feeling since the beginning. Sally, you've been angry and hostile toward Dr. Cohen and it seems like she hasn't done anything to deserve it.

Sally: I can see that now. (Turning to me): I have to push you away to keep you from hurting me. This is exactly how I feel with my mother. I can't let her in at all. I have to be angry to protect myself from her. If I didn't she would take me over and I would lose myself completely. I would be annihilated. There would be no "me" left.

Processing of the material followed, both verbally and nonverbally, as Sally and I and the group members experimented with crossing our arms and pushing with them. We all began to relax. Laughter and excitement replaced the dark and tense mood. Sally said she felt that something was shifting, something that she could not put into words. The group members smiled and looked pleased.

In the group sessions that followed Sally faced me when talking. She was more open about herself, sharing more intimate details about her pain and sadness. As I felt more

relaxed and less fearful of being attacked or criticized, my empathy for Sally increased. Very gradually Sally was able to receive what I offered to her and to the group.

In preparation for this group interaction I had been tracking the group members' non-verbal expressions. I saw and felt Sally's guardedness. I attended to my own sensory experience. Interventions arose out of my attunement with Sally and the group. Mirroring and imitating Sally's actions allowed for deeper empathic connections. Because Sally could see others physically mirroring her gesture, she could experience first hand what her action expressed interpersonally. Sally was curious rather than ashamed when she saw others mirroring her movements. I maintained a curious and interested stance and refrained from interpreting. She was reassured that I would not be intrusive by telling her my opinions or interpretations, or by judging what she felt and thought. When Sally integrated her sensory and affective experience she was able to make her own interpretations.

SOMATIC PSYCHOLOGY IN THE TREATMENT OF TRAUMA

A majority of people who present with psychological problems report childhood histories of abuse (psychological, sexual, and physical) and emotional and relational trauma (Schore, 2001). Such trauma can be effectively treated by group therapy (Klein, & Schermer, 2000). Because trauma is experienced by and in the body, work with traumatized patients is most effective when it includes a somatic component (Ogden, Minton, & Pain, 2006). Understanding how the brain and body process, remember, and perpetuate traumatic events holds important keys to the treatment of trauma (Rothschild, 2000). In work with the group member with a trauma history the therapist closely monitors bodily states by watching and listening for physiological responses, behaviors, and affects that are indicators of the reliving of trauma (Adams, 2006). Additionally, through sensory awareness and movement of the body patients can access and gain control over dissociated parts of themselves.

In the group, affect, defenses, and dissociative states are managed by helping group members to maintain firm contact with reality (Hegeman, & Wohl, 2000). As the therapist guides and teaches body awareness, group members achieve stabilization, self-regulation, and connection to oneself and others. Members develop skills in observing, identifying, and naming body sensations. The therapist also guides and teaches group members to feel stable physically and emotionally by paying attention to the connection of their feet and legs to the floor under them; and the weight of their bodies against their chairs while seated. Posture and alignment of the spine is attended to both to self-regulate affect and to manage being thrown off center. Group members are guided to notice and make changes in the alignment of their spines, sensing pelvis, chest, and head balanced and upright. They learn to notice their breath and make the conscious choice to slow their breathing to calm themselves (Ogden, Minton, & Pain, 2006). Trauma survivors also use their own natural ability to reduce symptoms by staying focused on their “felt sense,” the innate, biological, physical sense that resides in the body (Gendlin, 1973). They are encouraged to express this felt sense, the “whole feeling of it all,” through imagery as well as through physical expression (Eldridge, & Cole, 2008).

The following case illustrates the working through of trauma of a group member.

From Dissociation to Connection

Priscilla was a survivor of childhood sexual, physical, and emotional trauma. While she had developed impressive coping strategies, her ability to be close with others was greatly impaired. She believed that if she expressed any feelings at all, including positive ones, she would get the “shit beat out of her.” In the beginning stages of her group membership she was quiet for long periods of time. Emotional expression of other group members frightened her. The threat of physical violence was very real to her when group members expressed any

negative emotions. Rather than enacting her strong impulse to run out of the group, she sat in silence, dissociating. She also silently judged anyone in the group who was expressing emotions with which she was uncomfortable. She later reported that any expression of emotion showed weakness; she felt powerful when she was silently judging others.

The group therapist asked Priscilla what the whole feeling was like as she sat in silence. Through access to the “felt sense” of her experience Priscilla identified a feeling of chaos inside, the way she felt as a little girl. When the group therapist asked, “How old are you?” Priscilla replied, “I’m three.” She associated to a memory of herself hiding under a table, watching her father assault her mother. Now she could see herself hiding under the table that stood in the center of the group room when the group felt scary to her. Another group member, James, was empathically attuned to Priscilla in this moment. Using her metaphor of the table, he told her that he would join her under the table if she felt the need to hide there. She didn’t have to be under the table alone. The feeling of chaos inside subsided as Priscilla heard that a member of the group understood her fear and wouldn’t leave her alone.

Over time, while Priscilla felt more secure in the group, her dissociation continued. I offered grounding techniques, suggesting to all of the group members that they could use body awareness to manage overwhelming feelings. For example, people might feel more stable by paying attention to their feet on the ground and the sensation of the weight of their bodies while sitting in their chairs. I also suggested that group members pay attention to their breath. I gave them time to notice what they sensed in their bodies and to practice doing this in the group. Gradually, Priscilla and other group members began to include a description of their physical sensations when they were talking to one another. Priscilla reported that her

body felt heavy, “like a brick” when she was disconnected from the group. Later, another group member, Roxanne, noticed a burning in the pit of her stomach that moved up into her throat as Frank was talking about the ending of his marriage. Her description of her physical sensations reminded her of her anger and hunger trying to get her mother’s attention. She used this information to understand her strong reaction to Frank. Priscilla’s ability to recognize and reflect on her physical sensations was reinforced as she listened to others do the same.

Group members also noticed subtle, non-verbal signs that Priscilla was beginning to dissociate. James noticed and commented on the fact that her eyes looked up and away from the group when she was frightened. His sensitive and attuned observations helped Priscilla to stay present.

At times, Priscilla used grounding techniques when the group began to feel chaotic to her. At other times she stayed focused on her breath, and discovered that she was better able to contain her anxiety. Eventually she was able to express her fear verbally when it was occurring. Ultimately she was able to talk directly about her feelings toward specific group members. For example, with an angry tone of voice and facial expression she told Frank that he was selfishly monopolizing the group’s time. During the latter stage of her group membership she participated actively in the group. She pushed for what she wanted, which was more here-and-now process and less story telling. She engaged in spirited conflict with the leader. She terminated from the group after 12 years, feeling ready to leave the group. She had achieved her goals of working through her early trauma and having satisfying relationships with herself and others.

GROUP THERAPIST EMBODIED ATTUNEMENT

Embodied attunement (Stern, 1985) strengthens the connection between the leader and group members. Group therapists who have awareness of their body sensations are able to receive communications by physically resonating with and accurately decoding non-verbal cues and behaviors (Aposhyan, 2004; Wallin, 2007). There are a variety of paths available for therapists seeking to develop or improve their somatic skills, including meditation, yoga, and body oriented therapies. The author has taken yet another approach, expressive movement, which helps to develop and refine body-centered experiences and provides opportunities to learn about the non-verbal dimension of human experience (Pacifci, 2008). The author is an instructor in the Nia Technique, an expressive movement practice, set to music, that incorporates movement forms from dance and martial arts (Rosas, & Rosas, 2004).

The following case illustrates the group therapist's embodied attunement. The use of body awareness is viewed as information similar to what would be gained from a consultant who was observing the group and giving feed-back to the leader.

The Author's Embodied Attunement

The author was leading an experiential process training group for group therapists. In the first half hour one member of the group was devaluing and disdainful, questioning me in a challenging and aggressive way. Another member was also competing with me for leadership. A third member announced that he had to leave the group early, despite his prior agreement to stay for the entire time.

I felt overwhelmed, disempowered and unable to think clearly. I felt tense, cold and distant. I began to turn my attention to my body, noticing the sensations as I sat in my chair, the weight of my body, and the pressure of the chair against my back and legs. I was holding one hand in the other and sensed the warmth of the skin of my hands. I noticed the tension in

my shoulders and in my neck. As I was becoming more aware of my sensations I began to feel calm inside. My breathing deepened. I felt warmth spreading through my body. Then I noticed that I was thinking clearly and coherently. I saw the group from a totally new perspective, a group of people who were trying to find ways to connect with one another and who were afraid of what would happen if they let their guards down.

Once I had calmed myself through my sensory awareness I attended to the non-verbal communications in the group. I noticed that group members were sitting with arms crossed, or were motionless in their seats. Facial expressions were frozen. I saw the same fear in the group that I had sensed in my own body. I became aware of feelings of shame, of not being good enough, or smart enough, and that the group members were fearful of being found out. Embodied attunement helped me to connect with the implicit communications of fear.

I used sensory awareness when I was overwhelmed by anxiety. I was able to self-regulate and calm myself so that I could connect emotionally with the group. As a tool for understanding the group, my body resonated with the fear and anxiety existing in the group members, thus allowing me to resume working effectively with the group.

CONCLUSION

This paper addresses the developing dialogue between somatic psychology and group therapy. We have suggested that by being attuned not just to the mind and the emotions, but also to the body, the therapist can provide group members with expanded access to their inner experiences, more secure attachment, increased empathy, and more satisfying interpersonal relationships. We have presented several illustrations showing how somatic integration can be effective when working with attachment disorders, transference impasse, and trauma. We have shown the importance of the group therapist's embodied attunement.

Working with somatic, as well as with cognitive and affective material, helps group members to access their inner experiences. As I have worked in this way for the past ten years, I have found that I and the group are moved by the connections that are formed. Aliveness and vitality infuse the group's interactions. We can always turn to our bodies to help us understand when we are confused or stuck. There are two "royal roads to the unconscious," free association and body awareness. When our associations reach their limit, we can turn to our bodies' sensations for deeper understanding.

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