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Dialogue between Transactional Analysis and DMT: Contributions of DMT to the Body Awareness of Transactional Analysis trainees.

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Abstract

The work begins with a literature review of the body in Transactional Analysis (TA), it follows with the topic of body awareness and its implication for practice, and it lands on a developmental Dance Movement Therapy (DMT) project to be done in the future.

This developmental project aims to embody the Transactional Analysis (TA) theory of Drivers by offering TA trainees Dance Movement Therapy (DMT) concepts, and the Laban Movement Analysis (LMA) as a self-observation tool. Drivers are defined as unconscious, repetitive behavioural patterns developed in childhood often stemming from parental messages. The project's objective is to link TA and DMT to find out whether DMT can increase TA trainees' body awareness by enabling them to get close to their bodies and use them as a relevant means within the therapeutic process. This would be carried out using a mixture of quantitative and qualitative methodology.

Keywords: *body, Transactional Analysis, Drivers, body awareness, Dance Movement Therapy, movement*

Introduction

This work commences with the assumption that the therapist exposed to the emotional world of the patient receives somatic resonances (Dosamantes-Beaudry, 2007). The more the therapist is aware of the changes in their intra and inter-personal processes, the more they can attune to their patient (Lyons-Ruth et al., 1998; Stern et al., 1998). Considering that body awareness can be trained (Ortuño Ibarra & Rodríguez Jiménez, 2022; Rodríguez Jiménez et al., 2013) and that Dance Movement Therapy (DMT) works to facilitate the person to build an integrated sense of self from their own body (Payne, 1992), this study aims to offer Transactional Analysis (TA) trainee techniques and concepts from the Laban Movement Analysis (LMA) and DMT as a tool to observe their own *Drivers* (Kahler & Capers, 1974) through embodying them with the aim of observing any changes in their body awareness in a group setting.

In the years of training as a TA psychotherapist, the author of this article was fascinated by one of the key concepts, the *Ego States* (Berne, 1961), namely the *Parent, Adult, and Child* (PAC) classification which refers to three different ways of thinking, feeling and behaving. Each of them represents a different personality aspect that influences how we interact with ourselves and others, and make decisions; therefore we will transact (interact and exchange information) with the world using different modalities depending on which Ego State we are in.

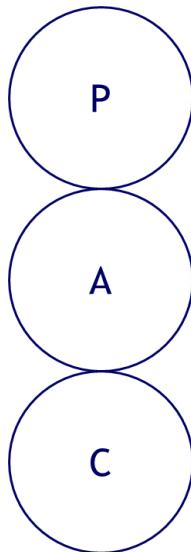


Figure 1. Ego States diagram (Berne, 1961, p. 11)

The author was even more intrigued by the concept of *Life Script* (Berne, 1972) according to which people write their own story since childhood, drawing conclusions and making decisions on oneself and others. Berne's (1972, p. 446) definition of *Script* is "[...] an unconscious life plan made in childhood, reinforced by parents, justified by subsequent events, and culminating in a chosen alternative". The parental reinforcement refers to *Permission* and *Injunctions* (Goulding & Goulding, 1972) detected by the child from their parents' nonverbal behaviour, and to Drivers (Kahler & Capers, 1974) which are verbal messages. *Script analysing* allows one to review one's own story and discover new meanings of it.

Eric Berne (1910-1970), paid significant attention to the phenomenological and behavioural diagnosis (Berne, 1961) that contributes to overcome the Cartesian binomial of body and mind finally affirming the body as a stage and co-author along with the psyche in the development of the *Script*. Later on, in the author's training as a DMT, the observations carried out on their movement and that of colleagues and patients according to the studies by Laban (Laban, 1991), landed onto an insight: considering that Drivers have their own somatic manifestation- posture, gestures, tone of voice and facial expression- using the LMA to describe embodied Drivers, will it increase body awareness?

Given that Drivers represent a gateway to the individual's personality (Berne, 1972), maybe being more aware of how they bodily manifest and of their dynamics allows a greater knowledge of the individual. Based on the fact that in the therapeutic relationship is celebrated an encounter of intersubjectivity and intercorporeality (Ammaniti & Gallese, 2014; Shore, 2003; Siegel, 1999) between therapist and patient and that a present therapist (Robbins, 1997) can listen to their internal processes and to attune into the patient (Trevarthen, 1979), this work will focus on the therapist's body and their ability to increase their body awareness about their embodied Drivers and reflect on the experience of it in movement.

By linking DMT and TA, this developmental project wants to create a means to increase the TA trainee body awareness in service of clinical work. By connecting with their own body the TA trainee will then be more able to meet the clients where they are. This intervention is aimed at facilitating the TA trainee to finally talk *with the body* and not just *about the body*. Therefore, as a feedback cycle, an increased therapist's body awareness may help to better connect to their somatic countertransference (Dosamantes-Beaudry, 2007) and therefore attune to the clients.

Literature review

Before going into Drivers, a small excursus on the relevance that the body has for TA will be done, which is intertwined with the *Protocol* (Berne, 1972)- constitutive aspect of the Script, and the later concept of *BodyScript* (Cassius, 1975). Then, a literature on body awareness will be reviewed.

The Body in Transactional Analysis

The Protocol

Berne's (1949) attention to the body appeared already in his writings on intuition when working as a doctor within the army. He used to observe non-verbal aspects of soldiers such as posture, gaze, the voice to understand what was their previous job as civilians. The importance of intuitive thinking which guides the diagnostic and therapeutic process lies in those early experiences. Later, the consideration for the body appears in the concept of *Protocol* (Berne, 1972) defined as the first and most archaic version of the Script, the original dramatic experience upon which the Script is based. It contains the first experiences that children have with their reference figures and which produce impressions in their bodies, creating what Berne calls a *Primary Image* (Berne, 1972). He defined it as that set of sensations organized outside the child's awareness that result from their first interactions with the adult of reference. Using Marconato's (2024, p. 51) words "[these impressions] reflect [the baby's] experience before words and symbols can be used. Berne considered this organizational activity an act of primary judgment made at a somatic level, similar to those we all put into action when we are dealing with aspects of our world or people that we judge, at first glance, friendly or hostile which are at the basis of intuition.”.

Therefore, from the *Protocol*, behaviours that represent the first relational experiences lived in the immediacy of the body and stored at an implicit and non-verbal level derive and appear (Cornell & Landaiche, 2006) which underlies transferal experiences classified as *Impasse* (Mellor, 1980), enactment or acting out (Freud, 1964), projective identification (Klein, 1946).

The Somatic Child

At birth, and even prenatally, the body exists, revealing and imposing its presence through movement and activity (Ligabue, 1991). As Winnicott (1965, p. 38) said, "In the beginning was the body", therefore with a newborn we are in the presence of the so-called *Somatic Child* (Woolams & Brown, 1978) or *Natural Child* according to James & Jongeward (1971), that is, what a child is naturally when not subjected to external influence. The newborn draws on both its own specific potential and on its relationship with the external world using movement as the only form of psychosocial contact (Ligabue, 1991). The newborn communicates through a rhythmic alternation of tension and relaxation: through hypertonia, the muscles contract in reaction to internal stimuli (feeling hungry, excreting feces) and external stimuli (undefined danger). Through hypotonia, the muscles relax as a signal of baby's needs satisfaction (having been fed, ending of alarm state) (Ligabue, 1991). It is through a loving handling of the body and an empathic holding that trust in others and in life is conveyed (Winnicott, 1971) as well as the basic permissions- you may exist, you may be yourself (Goulding & Goulding, 1979) are transmitted through a physical relationship with the caregiver. Therefore, the body is not an objective one, but a subjective one invested with affects and grounded in personal history (Cargnello, 1969; Galimberti, 1983). Both, optimal and frustrating experiences leave traces in memory and in the muscles of the body, thus changes in muscle tension are normally associated with all emotional or cognitive events. In the polarity of life process, every "NO" causes a contraction of the body while every "YES" a relaxation and be they repeated are associated to patterns of muscular and energetic contraction (Reich, 1942). In the human being, the body and mind are inseparable and closely intertwined in the physical experience of feeling and cognitive processes (Ligabue, 1991).

The BodyScript

Cassius (1975) coined the word BodyScript through which he argued that it is impossible to talk about the Script and how it develops without considering the role of the body in its growth.

Ligabue (2020) argued that, since BodyScript combines corporeality with the concept of Script, we can talk of it as a relational footprint, namely an embodied narrative of the subject's story as an outcome of their significant relationships which is renewed through current experience by putting in dialogue the traces of experiences already lived by the person, with those potential ones. Thus, the body is no longer seen as just a set of defenses to be dismantled (Reich, 1972) rather as a living form with an unconscious procedural root and a psychotropic structure that shapes itself in relationships from birth and even earlier in gestation (Ligabue, 2020). The "given body" at birth is already a "received body", at least partially by transgenerational way and it is modified and influenced by the contact and projections of which the child's body will be invested right from the outset (Lemma, 2014). Consequently, as we embody our own story, the body holds the most deeply hidden or denied feelings and those which are permitted including Drivers which may be revealed in posture, style and quality of movement, breathing, and so on.

The Drivers

Psychologist Taibi Kahler (1974) created the concept of Drivers, defining them as internal messages that have arrived to the child as verbal messages from their parents and significant others. Although they are recommendable, and socially acceptable, they are potentially harmful as they may lead to disruption in thought, feeling, and action if the child (and then the adult) strictly follows them thinking that something negative will happen if they depart from them (Kertész, 2004). Five messages have been identified: *Be perfect, Be strong, Try hard, Please others, Hurry up* under which people approach themselves and others. Kertész (2004) offered the following description of how a person's life sounds under each Driver:

Be perfect- It refers to an excessive demand for perfection, accuracy, and detail. Decisions are delayed beyond the appropriate time limits. Obsessive behaviours are common: checking again and again, putting everything exactly in place. The person self-tortures thinking that they are not doing well.

Be strong- The tendency is to hide emotions, especially fear and sadness are considered "weak", and not to ask for help. There is an internal disqualification according to which "you must not be weak". When speaking the person denies their responsibility for the emotions: "a sadness came to me".

Try hard- The basic misconception is that things don't work without effort. People perceive problems as much more difficult than they are. They make unnecessary efforts: setting the wrong goals, choosing the unworkable ones, or following inefficient methods. Their typical words are "I will try...it is hard...it is difficult" and filling words like "Emm...well...". They start a sentence and go on the wrong track or leave it incomplete. They start an activity, suspend it, initiate another one, and so on, again and again.

Please others- In the face of a social stimulus, the internal disqualification is "you are not good enough" to which the person responds by pleasing and making others feel good, forgetting their needs. Exchanges with others are regulated through giving and receiving: giving too much or claiming to receive too much.

Hurry up- The person has a problem with time. The internal disqualification is "you will not be able to finish on time" which is solved by accepting this message. However, accepting this Driver falls into pathology, because excessive speed induces errors, premature decisions, clumsiness, and accidents.

According to Kahler (1975), Driver behaviours last from a split of seconds to no more than seven seconds; they act as they were impulses and are observable by behavioural signs such as words, tone of voice, gesture, posture, and facial expressions. Berne (1972) already claimed the importance of

using all five senses to hear, see, smell, taste, and touch (of the handshake) every nuance of how clients present themselves: changes in facial expression, breathing rhythm, voice tone, gestures, posture are considered to be Script signals that provide cues to a client's personality and history dynamics.

Kahler (1975) observed several thousand people and found that there were distinctive sets of behaviours corresponding to the five Drivers which people consistently showed just before moving into any kind of scripty behaviour or feeling.

Drivers in the body

The next table lists behavioural cues of Drivers and how they appear in tone, gesture, posture, and facial expression (Stewart & Joines, 2012).

	TONES	GESTURE	POSTURE	FACIAL EXPRESSIONS
BE PERFECT	Well-modulated, neither high nor low	Counting on fingers Hand may stroke chin in the traditional thinker's gesture. Fingertips placed together in a V shape.	Upright, evenly balanced round midline.	Eyes look upwards and to one side while making a pause in speech. Mouth often slightly tensed, with the corners drawn a little outwards.
BE STRONG	Flat, monotonous, usually low.	Absence of gesture.	Closed. Arms folded or crossed. Legs in the "figure-four" position, with the ankle of one leg resting on the knee of the other. Whole body conveys immobility.	Expressionless and immobile.
HURRY UP	Staccato, machine-gun-like. Words are rushed out so quickly that they are scrambled up.	Finger-tapping, foot-tapping or wagging, wriggling round in the chair, repetitive checking of watch.	No specific posture, but overall impression is of agitated movement.	Frequent, rapid changes in direction of gaze.
PLEASE OTHERS	High voice, squeaky tone, typically rising at the end of each sentence.	Reaching out with the hands, usually palms up. Head nodding.	Shoulders hunched up and forward. Leaning towards the other person.	Looking at others with face turned slightly downwards. Looking up at with eyebrows raised. Mouth shaped in an expression similar to a tense smile. The upper teeth are bared, and the lower teeth are shown as well.
TRY HARD	Throat muscles are tensed up and voice sounds muffled or strangled.	Often one hand is placed beside the eyes or one ear, as though the person were straining to hear or see something. Fists may be clenched.	Often the person strains forward. Hands may be placed on the knees. General impression is of a hunched-up pose.	The person crunches their brow up so that the vertical lines appear above their nose. The eyes and sometimes the whole face may be screwed up into tight wrinkles.

Table 1. Adapted from Stewart & Joines (2012)

Ligabue (2020) argues that the term BodyScript emphasizes the need to tap into the somatic resources that this term highlights: the body with its signals (Gowell, 1975) its built-in defenses (Reich, 1972) become privileged access to the world of the patient since the origins of the Protocol. The author goes on saying that the experiences that constitute the Protocol are stored in the implicit memory, therefore they are not verbatim (Mancia, 2004) but accessible through preverbal modalities that include the use of voice, gestures, images, the dream and through unconscious transference processes characterized mainly by splitting, projective identification (Klein, 1937) and enactments (Jacobs, 1986).

Ligabue asks if we can interrogate the body and its gestures as we do with dreams. Her work (1991) testifies to the feasibility of integrating TA concepts with client's awareness of their body's signals as she did with clients presenting with anxiety. They struggled to perceive their body as a whole equipped with weight, support, and rooting. Through the use of her observation skills along with breathing and boundaries exercises, Ligabue aimed to make clients more aware of those body parts that generated feelings related to anxiety such as chest, stomach, and tingling.

[The body in Transactional Analysis practice](#)

TA was born in the 50s having behind the Freudian approach that saw the physical body as primitive and unlanguaged (Klopstech, 2009), and the Reichian (Reich, 1972) approach that considered the body the privileged access to the unconscious. Along Gestalt, TA sought a balance between spoken language and bodily forms of communication (Irani, 2023) acknowledging the double nature of the body as both an experience and as Klopstech (2009) said, a communicating agent.

Later, with the expansion of the Object Relations Theory, the therapist-patient dyad has started to be seen as an experience where two subjectivities together create something that goes beyond the sum of the two parts. This changes the way of approaching the experienced somatic dimension of the dyad, which as Cornell says (2007) is an embodied and interactive process involving two bodies enquiring. The author (2015, p. 19) points out that the body is not "[...] a prison full of primitive debris or neural muscle gears" but it is flesh (Merleau-Ponty, 1969) equipped with perceptive skills that allow deep body experiences facilitating the development of self and relationships with the world.

Including the body in the psychotherapeutic work has been an important focus for TA therapists (Erskine, 1980) who went beyond the client's observation in the room only, instead, they used the body in a more active way inviting the client to perform actions rather than simply describe them.

In the research within the Transactional Analysis Journal (TAJ), the author came across with few articles that explicitly addressed the body and movement of the client. The work of Gowell (1975) where she used sensory stimulation techniques (SST) among which breathing, grounding, stressing, and aggressing, to encourage the client's body movements designed to make them aware of the previous restrictions. The work of Steere (1981) which aim was to identify bodily expressions of Ego States (Berne, 1961) by observing people's posture and changing of it during an interview. The TA literature illustrates that bodywork has been done by mixing hard techniques with soft and expressive ones (Marconato, 2024). O'Reilly-Knapp and Erskine (2003) presented the use of touch and breathing (soft technique), along with muscular massage-hard technique, and encouragement or inhibition of movement-expressive technique as a way to free an inhibited body for feelings and needs never met (Erskine, 1980). These techniques aimed to help the client become more aware of their physical symptoms of psychological origin (Goodman, 2007). As for the unconscious level, it manifests itself in the countertransference and it is recognized first by the therapist (Cornell & Landaiche, 2008). On the other end, Laurie Hawkes (2003) combined the work in the therapy room with workshops where she used the Argentine Tango couple dance as a container where could move and sense their bodies and how they relate to others through their bodies aiming to increase their awareness.

Among these articles, Eigner's (1976) work stood out in which the author asked participants of her workshop to "translate" in body movement TA concept such as Ego States, *Miniscript* (Kahler &

Capers, 1974) and *Drama Triangle* (Karpman, 1968) bringing them alive in the space. Her work has demonstrated the merge between bodywork and movement through the space that went beyond the client's chair. Her generosity in sharing the structure and openly describing the movement sections allowed to appreciate the resemblance with a DMT session. Another work that drew attention was that of Zenoff and Matze (1978) about their workshop called "How to mix oil and water: Transactional analysis and dance/movement therapy", of which only the abstract was available. What emerges from these works is that dance and movement were themselves the subject of research, as well as in the work of Irani (2023) which illustrates her research proposal about exploring attunement through the use of dance and rhythmic movements. Irani aims to introduce dance as a self-supervisory technique that could support TA therapists to have a more embodied relationship with their clients.

Given the gap of years between those works, the author of this article wondered if it is due to either a lack of interest in expressive techniques (Smith, 1985) within the TA world or reticence towards a form of therapy that challenges the therapeutic setting of the couch. Bergamaschi (2024) highlighted the difficulty of therapists in experiencing their own body and using it as a relational tool to gather knowledge in clinical work. It is worth asking whether this difficulty is the reflection of an approach to therapy that has traditionally seen the cognitive channel as the preferential one, limiting thus the therapist exposure to the experience of and with their own body, intended as an affective sensory somatic channel to connect with the internal world of the client.

Body and Body Awareness

Talking about body awareness brings back to the phenomenological distinction between the objective body- *Körper* or body-as-object and the lived body- *Leib* or body-as-subject (Husserl, 1989; Merleau-Ponty, 1962).

Merleau-Ponty (1962) claimed that it is through our body that we understand the other and perceive things, this is what makes it a subjective body. Therefore, the *corps vivant* is at the centre of the phenomenological reflection about self-awareness and intersubjectivity as Stanghellini said (2006). The author goes on to argue that intersubjectivity is a phenomenon based on the perception of the other's emotional life. The consciousness is embodied and being the flesh an impressionable matter, it receives from contact with the world the feeling of its own presence in the world. These considerations are self-explanatory of why intersubjectivity is inherent in every relationship including the therapeutic one.

Taking up the concept of body awareness, contrary to the expectation, an univocal definition of body awareness was not found. In relevant literature, it is rather described as a complex, multi-dimensional construct in need of more nuanced conceptualization (Mehling et al., 2019) which led to conceptualize body awareness as an umbrella concept. For the purpose of this work the definition of Mehling et al. (2011) will be used, according to which body awareness is defined as the subjective, phenomenological aspect of proprioception and interoception that enters conscious awareness and is modifiable by mental processes including attention, interpretation, appraisal, beliefs, memories, conditioning, attitudes and affect. The human body is capable of being internally self-aware as well as externally aware (Hanna, 1995) due to the "dedicated sensory systems" (Knoblich et al., 2006) consisting of sensory nerves such as interoceptors, exteroceptors, proprioceptors, kinaesthetic senses and sense of touch (Moore & Yamamoto, 2011).

Interoceptors are located in organs and soft tissue and receive sensory stimulation from internal and visceral processes such as the circulatory, digestive, respiratory, and neuromuscular. The role of the interoceptors is to track the moment-to-moment fluctuations in the state of the body and send information up to the brain for mapping visceral sensations (Blakeslee & Blakeslee, 2007). However, it appears that interoceptors activity is not merely linked to physiological processes, but also it provides information about the state and function of the body that could influence higher mental functions and behaviour (Cameron, 2001). Moore and Yamamoto (2011) argued that awareness of

the body is basic to awareness of the self, and interoceptors furnish a constant flow of visceral sensation implicated in the manifestation of emotion and judgment. Damasio (1994) well described this process by saying that our thoughts and actions, joys and sorrows, use the body as a yardstick.

Exteroceptors include the five senses of vision, hearing, smell, taste, and touch. They receive stimuli from the external environment about events that occur very far away as well as in contact with the body.

Proprioceptors register information about the position of the body in space, its movement, and the relationship of body parts (Hartley, 1995) and they are found in joints, muscles, and the vestibular apparatus of the inner ear.

Kinesthesia, also called sixth-sense or sense of movement, relies on proprioceptors and exteroceptors aiming to provide information about our body's position, posture, and direction of the movement of our limbs. Thanks to it, we can shut our eyes and still be aware of where our body is and going (Moore & Yamamoto, 2011). The touch receptors are involved in movement perception and they are located on the skin renowned for being one of the largest organs of the body. They detect changes in temperature, painful stimuli, friction, light contact, and pressure (Brynie, 2009).

I like to think of this sensory system as a complex that is behind every relationship, starting from the one with the caregiver. I think of the concept of handling (Winnicott, 1960) in which the quality of this encounter is unfolded: two sensory systems, skin-to-skin communication whose experience is stored at an implicit level (Fuchs, 2012).

Implications for the psychotherapist's practice

The part of psychotherapy research interested in therapy outcome has studied the person of the therapist focusing on their attributes, training process, and performance (Orlinsky et al., 1999). Within the recent research, some studies have instead analysed personality patterns, values, beliefs, emotional well-being, socio-professional factors and therapeutic style (Fernández-Álvarez et al., 2017) whilst others turned the lights on variables such as years of experience, type of treatment used, ability to form a therapeutic alliance, interpersonal skills, and theoretical orientation (Casari & Ison, 2019). Although the body and its reactions are a useful means for therapist enabling them to self-regulate thus impacting their clinical practice (Ovalle et al., 2024), variables related to the therapist's body have been scarcely observed, such as interoceptive awareness (Athanasidou & Halewood, 2011).

Interoceptive awareness allows therapists to attune to both their own and other's boundaries (Mehling et al., 2012) and to facilitate comprehension of both their own and client's emotional and physical processes (Booth et al., 2010). It turned out that 46% of therapists' reactions are categorised as embodied or body-related, and by being more aware, these somatic reactions enable the therapist to have a deeper understanding of whether they are at ease or feel anxious with their clients (Loughran, 2002).

Being interoceptively aware becomes a means of empathetically and intuitively connecting with the client's inner world through identification and projective identification (Athanasidou & Halewood, 2011). In addition, interoception awareness promotes self-regulation which helps the therapist during therapy preventing them from falling into a state of automatic functioning (Hilari, 2017).

Ovalle et al. (2024) argued that it is necessary for therapists to focus on their own bodily reactions as they reveal much information about the therapeutic dyad which otherwise would not be taken into consideration.

Bergamaschi (2024) highlighted the need for the therapist to start from their own body, to reconnect with it, finding those senses that have been dismissed or left in the shadows. By using their subjective experience, they will learn (Bion, 1962) what happens inside and outside the body within the setting,

thus increasing their body awareness and somatic intelligence. Only in this way, Bergamaschi (2024) says, it is possible to accompany the client in the dynamic dance of co-regulation, listening to what the body has experienced so that it would possibly live an emotional recovery.

As mentioned earlier in this written, the BodyScript (Ligabue, 1991) will be based on the first relationships having then its relational footprint imprinted on the Self. It will be lately activated in subsequent relationships, and in the therapeutic one too. Since the isomorphism between mother-child and therapist-patient dyads, the client will experience again embodied implicit memories (Fuchs, 2012; Mancia, 2004). A body-aware therapist would possibly be able to better connect with their somatic resonances manifested in the processes of transfer and countertransfer (Dosamantes-Beaudry, 2007) and co-regulate their intervention using the right hemisphere communication (Schore, 2003). Bollas (1987) argued that the analyst should adopt an instinctual bodily knowing towards the “unthought known”, namely the nonverbal expressive behaviour of clients regressed to preverbal self-states. He recommended to assume a mother’s functional attitude towards it to help translate it into verbal representations. Bollas’s stance lay on Stern’s (1985) findings on the intersubjective relational model of the infant-caregiver dyad in a preverbal experience: the latter stressed that the mother’s capacity to make sense of her preverbal infant’s subjective experience depended upon her capacity to accurately interpret her child’s internal affective states from their intensity, rhythm, and form.

DMT and LMA as means for increasing body awareness

As mentioned earlier, developing greater body awareness means becoming a careful listener of one’s own body and entails expanding the ability to sensitively connect to its somatic features as the result of cognitive-emotional-behavioural changes. To do so, Dance Movement Therapy (DMT) and Laban Movement Analysis (LMA) are well-suited methodologies to explore and work on emotions, self-regulation, and re-pattern behaviour along with a “Think Martian” stance towards the body, which Berne (1972) referred to as having a curious attitude without judgments or preconceptions.

DMT is a type of psychotherapy of the so-called Creative Therapies such as Art therapy, Music therapy and Dramatherapy. It is defined as the use of creative movement and dance in a therapeutic alliance, and it lays on the relationship between motion and emotion as a tool through which a person can pursue psychophysical integration and a clearer definition of self (Payne, 1992). According to Fishman (2005), DMT is designed as an enactive approach that entails that the body knows through its action and creates the worlds in which it lives, while simultaneously being affected and transformed by its environment.

The concept of DMT as a healing tool is based on the idea that the body and the mind are inseparable; the primary assumption is that body movement reflects inner emotional states (Levy, 1988) therefore changes in the movement pattern might create changes in the psyche enhancing a greater emotional and physical health (Flaum Cruz & Florence Berrol, 2004). Studies on movement and emotions found that movement plays an important role in self-regulation, recognising emotions, and empathy (Shafir et al., 2013).

DMT draws on diverse psychological and psychoanalytical stances, among which there is Laban’s philosophy by which we gain richness from body movement when we relate this to our inner world (North, 1972). Rudolf von Laban (1879-1958) was interested in the human body and human movement and along with his students created the Laban Movement Analysis (LMA) which is a powerful tool to analyse and understand movement. It enables us to deepen our actions and interactions with the environment; it is a system capable of describing the body’s connection and the dynamics of movement produced by it (Ros, 2008).

Knowing this makes it possible to use LMA as a means to fine-tune one’s own body awareness aiming to describe actions objectively, and consciously reflecting on the intention and meaning of the

movement. Indeed, it has been found that LMA has allowed to identify the movements/ set of motor characteristics that enhance a specific emotion (Shafir et al., 2016).

The Dance Movement therapist Lijan Espenak (1972) was influenced by Lowen's bioenergetic thought that gestures, movements, and postures are the expressive aspects of personality. If a patient can become more aware of their own muscles rigidity, they also can learn how to relax their muscles rigidity which in turn will release the emotional impulses stuck due to muscle stiffness. She argued that gaining knowledge about the body through the perception of a movement pattern increases the knowledge of one's self and the environment. On the other hand, it means that a change in posture might evoke a new conception of self (Dosamantes-Alperson, 1979).

Going back to TA and the behavioural manifestation of Drivers, as said earlier in this written, Kahler (1975) argued that by observing someone's Driver patterns it is possible to predict features of their Script and personality. Hence, LMA could be used to observe someone's embodying their own Driver, helping them to gain awareness, possibly experiencing new movement patterns, and ultimately getting to know more about themselves. The word embodiment well describes the ability of the body to store the emotional story in its muscles and psychological system as manifesting in posture, gestures, use of space, and quality of movement (Fishman, 2016).

From this literature review, so far it has been deducted that:

TA recognizes the body as an interlocutor with which to establish a dialogue (Ligabue, 2020); it cannot be overlooked otherwise lots of information would be lost, hence therapists are called to regain their own senses (Bergamaschi, 2024). Having greater body awareness facilitates the therapist to tune into the patient's emotional experience and history (Lyons-Ruth et al., 1998; Stern D. N., 1985) embracing the somatic resonances that reverberate in the therapeutic process.

Considering that body awareness can be trained (Ortuño Ibarra & Rodriguez Jimenez, 2022; Terrón-López et al., 2013), DMT can be used as a tool to develop it by asking participants to embody the theoretical concept of Drivers and reflecting on the movement experience through the use of LMA.

In all the above lay the premises that support the following proposal intervention.

Objectives

The main objective of this work is to outline a developmental project that can be conducted in the future but not as part of this MA thesis. This project aims to find out whether DMT can increase the body awareness of the TA trainees by embodying their Drivers, observing movement patterns, and how they relate to the environment and interact with other participants. The main research question is: can a DMT intervention on TA trainees increase their body awareness and embodied understanding of Drivers theory, thence increase their attunement to clients?

Methodology

Participants: n. 6 TA therapists in training (18+) on weekly therapy, in placement, at 3rd year of training.

First evaluation: clarification of primary Driver (Drivers Questionnaire) and Body Awareness (Body Awareness Questionnaire and open questions).

Intervention application details: 8 sessions of 90 minutes each following the structure of check-in, warm up, process in movement, and check-out.

Evaluations: 3 minutes writing by answering 3 specific open questions, at each session between process and check-out. Drivers Questionnaire and Body Awareness Questionnaire in the last session. Focus group after 3 weeks from the last session.

Brief Ethical admin: informed consent provided to participants and to the training institution.

A quantitative method will be used by administering the Driver questionnaire (Cox, 2001) as cited in (Golovan, 2015) and available in Appendix 1 with the objective to identify the primary Driver, and the Body Awareness Questionnaire (BAQ) (Shields et al., 1989), available in Appendix 2, before and after the intervention which object is to see if there has been any change. Along with the BAQ, this open question will come:

- *What does body awareness mean to you and how do you include it in your work?*

The basic Laban terminology about *efforts* (Laban, 1980) will be presented so that they can use it to describe the experience. At the end of each sessions they will be asked to write for a limited time of 3 minutes their feelings answering these questions:

- *How did you perceive the Driver that you embodied?*
- *Which areas of your body has your Driver primarily occupied?*
- *What has this experience moved inside you?*

The qualitative analysis of these reflections will have the objective of seeing which words they will use to describe the experience and if they used the Laban language.

After three weeks from the last session, the group will meet again and a focus group will be conducted, whose objective will be to share feedback on whether this intervention has impacted the relationship with their clients or not.

The intervention will be addressed to a maximum of 6 TA therapists (18+) in training from a Psychotherapy Institute of East Sussex in the UK. Participants need to be both in weekly psychotherapy and in placement in their third year of studies. They will be recruited voluntarily after two months of promotion through the training school channels (official website and social media).

The intervention will have to be approved in writing by the management of the training institution who will be informed of the possibility to publish research data. An informed consent form will be provided to participants and they will be asked to sign a form that explicitly states the anonymous use of questionnaire results and their personal reflections used in research, together with all the material from their clinical practice they might share.

Eight sessions of 90 minutes each will be provided with the usual structure followed in DMT: check-in, warm up, process, and check out. In the check-in, participants will verbally express their psycho-physical state. In the warm-up, movement is introduced with the aim to stimulate the ability of each group member to express themselves emotionally, their presence, and body awareness (Sandel et al., 1993). In the process, they will be invited to embrace their own Drivers and those of others by embodying and moving them in space, freely and following some instruction that they will be given. At the end of it, they will be prompted to write their reflection in a 3-minutes time frame and finally, in the check out, the group will be encouraged to verbally share the experience. These reflections will be audio recorded and transcribed.

The following table shows the above-mentioned structure.

SESSION	CHECK IN	QUESTIONNAIRE	WARM UP	GUIDED VISUALISATION	DMT/LABAN ELEMENTS	DRIVERS	WRITTEN REFLECTION	CHECK OUT
1	✓	✓	✓	✗	Kinesphere Space Time	✗	✓	✓
2	✓	✗	✓	✗	Kinesphere Flow Weight Efforts	✗	✓	✓
3	✓	✗	✓	✓	Grounding Mirroring Metaphor Efforts	Be perfect	✓	✓
4	✓	✗	✓	✓	Grounding Mirroring Movement Metaphor	Be strong	✓	✓
5	✓	✗	✓	✓	Efforts Grounding Mirroring Movement Metaphor	Please others	✓	✓
6	✓	✗	✓	✓	Efforts Grounding Mirroring Movement Metaphor	Hurry up	✓	✓
7	✓	✗	✓	✓	Efforts Grounding Mirroring Movement Metaphor	Try hard	✓	✓
8	✓	✓	✓	✗	Efforts Grounding Mirroring Movement Metaphor	Review	✓	✓

Table 2. Research Intervention Structure

Guided visualization will be used as a method of reducing anxiety given its meditative and relaxing nature (Dempsey, 2009). Its use would allow participants to focus internally and to create the space for whatever images, thoughts, feelings, and sensations that will appear, without judging their meaning (Gunaratana, 2011). The guided visualization helps participants to land on their body to start working through it.

Offering LMA vocabulary means enhancing the observation of intra and interpersonal dynamics (Terrón-López et al., 2013), and expand participants' movement repertoire and expressiveness (Hackney, 2002).

Grounding can be described as the ability to live "the here and now", being in contact with the ground (Meekums, 2002) which reflects on its practice by working on feet and legs that foster support, balance and rooting to the earth (Lowen, 2006). The aim is to reach an energetic alignment with it between feet, pelvis, and head (Helfaer, 2011) as working on the physical stability will allow participants to achieve emotional stability (de Tord & Bräuninger, 2015).

Mirroring, key to Chace's method, is based on the therapist reflecting back with their own muscular activity and verbal narration of what is perceived in their own body action and in the body of the client (Levy, 1988). Chaiklin and Schmais (1986) described mirroring as distinguishing from mere mimicry that involves duplicating the external shape of the movement without its emotional content. On the contrary, mirroring is about incorporating action and meaning which enables the Dance Movement therapist to be kinesthetically empathic with what the client is experiencing and trying to communicate (Levy, 1988). The Dance Movement therapist can mirror the exact movement of the client or just specific movement qualities such as effort elements that reflect the movement's emotional tones (Jerak et al., 2018) aiming to increase the client's awareness (Berrol, 2006). Also, mirroring increases empathy between therapist and client and between clients (Berrol, 2006)).

Movement Metaphor, as Meekums (2002) said, is central to DMT practice; it goes beyond a mere linguistic device since it is evident in thought and action (Lakoff & Johnson, 1980). The movement metaphor exists in the "potential space" (Winnicott, 1971), namely the creative space between therapist and client or group members. It mediates between what is consciously known and accessible to verbalisation, and what is symbolically encoded and part of implicit knowledge (Ellis, 2001). When such implicit knowledge is accessed, it can provide valuable insights leading to potential transformation (Lakoff & Johnson, 1980). Metaphors can come from the inner world or culture and give a notion of the quality of the experience (Samaritter, 2009). It may emerge during the check-in or as a core group theme, for instance of "feeling trapped": the Dance Movement therapist then may encourage the client to explore it by offering an image or enabling them to find their own movement metaphors through improvisation (Meekums, 2012). The Dance Movement therapist aims to have a sense of the inner experience of the client and share it with them without knowing the whole story, in this way the therapy will develop through a subtle, non-verbal layer of communication (Samaritter, 2009). Meekums (2012) highlights a point that makes working with metaphors interesting because its use offers a distance from the emotional material, making the client feel safer, and reduces the sense of distance between the client and the therapist (Angus & Rennie, 1989; Cox & Theilgaard, 1987).

Ethical Considerations

Some participants might find the deepening of the relationship with their body challenging and possibly disturbing due to the high level of vulnerability involved in meeting themselves in such a different way from their training. The act of embodying emotions might evoke protocol-bound elements of their Script, which will require additional self-care practices on their part outside their involvement in the project, and a more active observation from mine. Choosing to recruit trainees in the UK implies that they will be in weekly therapy for a minimum of 40 hours a year, a factor that ensures additional safety for all the participants. This is why in the recruitment stage they will be informed about this possibility and asked to prepare for such events. A clear contract will be provided with all the needed explanations of both risks and commitments, and paramount areas to the participation to this research highlighted.

Confidentiality will be ensured by asking to sign an informed consent in line with the relevant code of ethics that oversees clinical and research practices in the UK. The form will explicitly state the intention to run a research project with the aim of publication and academic writing. This must be very clear

because of the very high chance that the participants might share very personal material in regards to their life and their work with clients.

Limitations

This primary limitation is that the author of the article will be not only the designer of the intervention but the one who carries out the intervention and the one who will analyse the intervention. Objective measures will be used to compensate for this and participants will be prompted to write about their own experiences, nevertheless, this may make the proposal to suffer from confirmation bias (Nickerson, 1998).

A second limitation concerns the construct of body awareness and its multifaceted complexity. It makes its operationalization complicated and by choosing a definition others will be excluded.

Another limitation concerns the sampling method and its self-selection bias (Alarie & Lupien, 2021). Besides the known problems of self-selection sampling, this proposal is aimed towards trainees of a psychotherapeutic modality that has not produced a sizeable amount of theory about the body, and certainly teaching about the body is not part of basic theory. This might create an additional problem where the people attracted by this research might have either a very high or low interest in the body, hence this might cloud the effectiveness of my intervention.

Conclusions

Relational psychoanalysis focuses on the co-constructed encounter that occurs between therapist and client. In this encounter of body-affect-cognition, intersubjectivity is celebrated as intercorporeality (Ammaniti & Gallese, 2014; Shore, 2003; Siegel, 1999). It is the therapist's willingness to let themselves exposed to the inner world of the client and welcoming somatic resonances (Dosamantes-Beaudry, 2007) that allows them to meet the client where they are. In this encounter, a non-verbal conversation will unfold where implicit memories will wake up and re-actualize (Lyons-Ruth et al., 1998; Stern et al., 1998). The purpose of this work is to offer an intervention to raise the TA trainees awareness of the potential that their body has, encouraging them to listen to the story it is carrying on and what it says within the therapeutic process. The intention is to create a positive synergy between TA and DMT: to the TA visual diagrams used to describe the psychological structure, movement, and embodiment are added, and Laban vocabulary is offered. If "in the beginning was the body", as Winnicott (1965) said, it means that it is in ourselves already the ability to connect and attune to it, it just needs to be brought to light again.

By combining DMT and TA the following would be expected:

- The TA trainee could deepen the theoretical concept of Drivers welcoming the embodied dimension and the Laban Movement Analysis vocabulary;
- To enrich the TA theory with methods coming from embodied theories;
- To allow DMT to be known by TA which belongs to the so-called talking therapies;
- To bring together two disciplines that put at the centre the "encounter", where for TA is two sets of Ego States and for DMT two bodies.

Hopefully, this research once carried out will promote a dialogue between the TA and the DMT communities, facilitating mutual curiosity, mutual inspiration, and finally integration, creating something bigger than their mere sum.

Bibliography

Alarie, S., & Lupien, S. J. (2021). Self-selection bias in human stress research: a systematic review. *Psychoneuroendocrinology*, 131. <https://doi.org/https://doi.org/10.1016/j.psyneuen.2021.105514>

Ammaniti, M., & Gallese, V. (2014). *La nascita della intersoggettività. Lo sviluppo del Sé tra psicodinamica e neurobiologia*. Cortina.

Angus, L. E., & Rennie, D. (1989). Envisioning the Representational World: The Client's Experience of Metaphoric Expression in Psychotherapy. *Psychotherapy*, 6, 372–379.

Athanasiadou, C., & Halewood, A. (2011). A grounded theory exploration of therapists' experiences of somatic phenomena in the countertransference. *European Journal of Psychotherapy & Counselling*, 13(3), 247-262.

Bergamaschi, M. (2024). Meravigliose creature: l'Umano, un sistema complesso. In M. Bergamaschi, & B. Piermartini (Eds.), *I sensi ritrovati. Il corpo del terapeuta nell'incontro clinico*. FrancoAngeli.

Bergamaschi, M. (2024). Storia naturale dei sensi. In M. Bergamaschi, & B. Piermartini (Eds.), *I sensi ritrovati. Il corpo del terapeuta nell'incontro clinico*. FrancoAngeli.

Berne, E. (1949). The Nature of Intuition. *Psychiatry Quarterly*, 23(2), 203-26.

Berne, E. (1961). *Transactional Analysis in Psychotherapy* (Reprinted London: Souvenir Press 1975 ed.). Grove Press.

Berne, E. (1972). *What Do You Say After You Say Hello?*. Grove Press.

Berrol, C. (2006). Neuroscience meets dance/movement therapy: Mirror neurons, the therapeutic process and empathy. *The Arts in Psychotherapy*, 33(4), 302-315.

Bion, W. R. (1962). *Learning from Experience*. Karnac Books.

Blakeslee, S., & Blakeslee, M. (2007). *The Body Has a Mind of its Own*. Random House.

Bollas, C. (1987). *The shadow of the object: Psychoanalysis of unthought known*. Columbia University Press.

Booth, A., Trimble, T., & Egan, J. (2010). Body-centred counter-transference in a sample of irish clinical psychologists. *Psychologist*, 36(12), 284-289.

Brynie, F. H. (2009). *Brain Sense: The Science of the Senses and How We Process the World Around Us*. AMACOM.

Cameron, O. G. (2001). "Interception: The Inside Story-A Model for Psychosomatic Process". *Psychosomatic Medicine*, 63, 697-710.

Cargnello, D. (1969). Il problema della corporeità. *Il lavoro neuropsichiatrico*, Anno XII(3), 1232-1312.

Casari, L., & Ison, M. (2019). Therapist personal style: Comparison between professional working in addiction institutions and professional in the general clinical area. *Revista Costarricense De Psicología*, 38(1), 57-73.

Cassius, J. (1975). *Bodyscripts. Collected papers of physical aspects of transactional analysis*. Author's unpublished manuscript.

Chaiklin, S., & Schmais, C. (1986). The Chace Approach to Dance Therapy. In P. Lewis (Ed.), *Theoretical Approaches in Dance-Movement Therapy* (2 ed., Vol. 1, pp. 17-36). Kendall/Hunt.

Cornell, W. F. (2007). Self in Action: The Bodily Basis Of Self-Organization. In F. S. Anderson (Ed.), *Bodies in treatment: The unspoken dimension* (pp. 29-51). The Analytic Press.

Cornell, W. F. (2015). *Somatic Experience in Psychoanalysis and Psychotherapy: In the expressive language of the living*. Routledge.

Cornell, W. F., & Landaiche, N. M. (2006). "Impasse and intimacy: Applying Berne's concept of script protocol". *Transactional Analysis Journal*, 36(3), 196-213.

Cornell, W. F., & Landaiche, N. M. (2008). "Nonconscious process and Self-development: Key concepts from Eric Berne and Christopher Bollas". *Transactional Analysis Journal*, 37(4), 256-262.

Cox, M. (2001). Driver questionnaire. *Workshop Handout*.

Cox, M., & Theilgaard, A. (1987). *Mutative Metaphors in Psychotherapy – the Aeolian Mode* (1 ed.). Tavistok.

Damasio, A. R. (1994). *Descartes' Error: Emotion, Reason and the Human Brain*. Papermac.

de Tord, P., & Bräuninger, I. (2015). Grounding: Theoretical application and practice in Dance Movement Therapy. *The Arts in Psychotherapy*. <https://doi.org/http://dx.doi.org/10.1016/j.aip.2015.02.001>

Dempsey, M. (2009). Dance/movement therapy as an effective clinical intervention to decrease anxiety and support the recover process. In S. Brooke (Ed.), *The use of creative therapies with chemical dependency issues* (pp. 162-173). Charles C. Thomas Publisher Ltd.

Dosamantes-Alperson, E. (1979). The intrapsychic and the interpersonal in movement psychotherapy. *American Journal of Dance Therapy*, 3, 20-31.

Dosamantes-Beaudry, I. (2007). Somatic Transference and Countertransference in Psychoanalytic Intersubjective Dance/Movement Therapy. *American Journal of Dance Therapy*, 29(2), 73-89.

Eigner, J. (1976). Integration of TA with Body Movement. *Transactional Analysis*, 6(3), 289-292.

Ellis, R. (2001). Movement Metaphor as Mediator: A Model of Dance/Movement Therapy Process. *The Arts in Psychotherapy*, 28(3), 181-190.

Erskine, R. G. (1980). Script cure: Behavioral, intrapsychic and psysiological. *Transactional Analysis Journal*, 10, 102-106.

Espenak, L. (1972). Body-dynamics and dance in individual psychotherapy. *Monographs of the American Dance Therapy Association*, 111-127.

Fernández-Álvarez, J., Castañeiras, C., García, C., Gómez, B., & Fernández-Álvarez, H. (2017). Investigating therapist personal style: Correspondence between self-descriptions and external judges' observation. *Journal of Psychopathology and Clinical Psychology*, 22(3), 207-217.

Fischman, D. (2005). La mejora de la capacidad empática en profesionales de la salud y la educación a través de talleres de Danza Movimiento Terapia. <https://www.scribd.com/document/52363713/tesis-doctorado-dra-diana-fischman>.

Fishman, D. (2016). Therapeutic relationship and Kinesthetic Empathy. In S. Chaiklin, & H. Wengrower (Eds.), *The Art and Science of Dance/Movement Therapy. Life is Dance*. Routledge.

Flaum Cruz, R., & Florence Berrol, C. (2004). *Dance Movement Therapists in Action. A Working Guide of Research Options*. Charles C. Thomas Publisher.

Freud, S. (1964). Chapter VI. The Technique of Psycho-Analysis. In S. Freud, & J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 23, pp. 172-180). Macmillan.

Fuchs, T. (2012). The phenomenology of body memory. In S. Koch, T. Fuchs, M. Summa, & C. Muller, *Body Memory. Metaphor and Movement*. John Benjamins.

Galimberti, U. (1983). *Il corpo*. Feltrinelli.

Golovan, G. (2015). A pilot study to investigate and analyse script components of hospitalised individuals in Ukraine diagnosed with schizophrenia paranoid sub-type. *International Journal of Transactional Analysis Research*, 6(1), 54-69.

Goodman, M. (2007). "Focusing on the "bodily felt sense": A tool for transactional analysts". *Transactional Analysis Journal*, 37(4), 278-285.

Goulding, B., & Goulding, M. (1979). *Changing Lives Through Redecision Therapy*. Brunner/Mazel.

Goulding, R. L., & Goulding, M. M. (1972). Injunctions, decisions, and redecisions. *Transactional Analysis Journal*, 6, 41 - 48.

Gowell, E. C. (1975). Transactional Analysis and the Body: Sensory Stimulation Techniques. *Transactional Analysis Journal*, 5(2), 148-151.

Gunaratana, B. (2011). *Mindfulness in plain english*. Wisdom Publications.

Hackney, P. (2002). *Making connections- Total body integration through Bartenieff fundamentals*. Routledge.

Hanna, T. (1995). "What is somatic?". In D. H. Johnson (Ed.), *Bone, Breath, and Gesture: Practices of Embodiment* (pp. 341-352). North Atlantic Books.

Hartley, L. (1995). *Wisdom of the Body Moving*. North Atlantic Books.

Hawkes, L. (2003). The Tango of Therapy: A Dancing Group. *Transactional Analysis Journal*, 33(4), 288-301.

Helfaer, P. (2011). Foundation of bioenergetic analysis. In V. Heinrich-Clauer (Ed.), *Handbook Bionergetic Analysis* (pp. 21-33). Psychosozial-Verlag.

Hilari, A. (2017). Differences in emotional self-regulation and cognitive complexity in critical therapeutic situations between novice and expert therapists. [Doctoral dissertation, Universitat Ramon Llull].

Husserl, E. (1989). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy: Second book studies in the phenomenology of constitution*. Kluwer.

Irani, Z. (2023). Research Proposal: Exploring Phenomenological Change and Improving Attunement Through the Use of Dance/Rhythmic Movements. *International Journal of Transactional Analysis Research & Practice*, 14(1), 55-63.

Jacobs, T. (1986). On contertransference enactments. *Journal of American Psychoanalytic Association*, 34, 289-307.

James, M., & Jongeward, D. (1978). *Born to win*. Penguin Publishing Group.

Jerak, T., Vidrih, A., & Žvelc, G. (2018). The experience of attunement and misattunement in dance movement therapy workshops. *The Arts in Psychotherapy*, 60, 55-62.

Kahler, T. (1975). Drivers: The Key to the Process of Script . *Transactional Analysis Journal*, 5(3), 280-284.

Kahler, T., & Capers, H. (1974). The Miniscript. *Transactional Analysis Journal*, 4(1), 26-41.

Karpman, S. (1968). Fairy tales and script drama analysis. *Transactional Analysis Bulletin*, 7(26), 39-44.

Kertész, R. (2004). *Analisis Transaccional en Vivo*. IPPEM.

Klein, M. (1937). *Love, Guilt, Reparation*. Norton.

Klein, M. (1946). Notes on some schizoid mechanisms. *The International Journal of Psychoanalysis*, 27, 99-110.

Klopstech, A. (2009). So Which Body is it. The Concepts of the Body in Psychotherapy. *The Clinical Journal of the International Institute for Bioenergetic Analysis*, 19(1), 11-30.

Knoblich, G., Thornton, I. M., Grosjean, M., & Shiffra, M. (2006). "Integrating Perspectives on Human Body Perception". In G. Knoblich, I. Thornton, M. Grosjean, & M. Shiffra (Eds.), *Human Body Perception from the inside Out* (pp. 3-8). Oxford University Press.

Laban, R. (1980). *The Mastery of Movement*. (L. Ullmann, Ed.). Macdonald and Evans.

Laban, R. (1991). *La Danza Educativa Moderna*. Paidòs.

Lakoff, G., & Johnson, M. (1980). *Metaphors We Live By*. University of Chicago Press.

Lemma, A. (2014). *Minding the Body: The body in psychoanalysis and beyond*. Routledge.

Levy, F. J. (1988). *Dance Movement Therapy. A Healing Art*. American Alliance for Health, Physical Education, Recreation and Dance.

Ligabue, S. (1991). The Somatic Component of the Script in Early Development. *Transactional Analysis Journal*, 21(1), 21-30.

Ligabue, S. (2020). BodyScript in dialogo. Una prospettiva contemporanea. In S. Ligabue (Ed.), *Quaderni di Psicologia. Analisi Transazionale e Scienza Umane* (Vol. 73).

Loughran, E. (2002). The therapist use of body as medium for transference and countertransference communication. [Doctoral dissertation, Wright Institute Graduate School of Psychology].

Lowen, A. (2006). *The Language of the body. Physical dynamics of character structure. How the body reveals personality* (3rd ed.). Bioenergetics Press.

Lyons-Ruth, K., Harrison, A. M., Morgan, A. C., Nahum, J. P., Sander, L., Stern, D. N., & Tronick, E. Z. (1998). Implicit relational knowing: Its role in development and psychoanalytic treatment. *Infant Mental Health Journal*, 19(3), 282-289.

Mancia, M. (2004). *Sentire le parole. Archivi sonori della memoria implicita e musicalità del transfert*. Bollati Boringhieri.

Marconato, F. (2024). Di che corpo parliamo? Tra corpo vissuto e corpo saputo. In M. Bergamaschi, & B. Piermartini (Eds.), *I sensi ritrovati. Il corpo del terapeuta nell'incontro clinico*. FrancoAngeli.

Meekums, B. (2002). *Dance Movement Therapy*. Sage Publications.

Meekums, B. (2012). Kinesthetic Empathy and Movement Metaphor in Dance Movement Psychotherapy. In B. Meekums, D. Reynolds, & M. Reason (Eds.), *Kinaesthetic Empathy in Creative and Cultural Practices*. INTELLECT PUB.

Mehling , W. E., Gopisetty, V., Daubenmier, J., Price, C. J., Hecht, F. M., & Stewart, A. (2019). Body Awareness: Construct and Self-Report Measures. *PLOS ONE*, 4(5). <https://doi.org/https://doi.org/10.1371/journal.pone.0005614>

Mehling, W. F., Wrubel, J., Daubenmier, J. J., Price, C. J., Kerr, C. E., Silow, T., . . . Stewart, A. L. (2011). Body Awareness: a phenomenological inquiry into the common ground of mind-body therapies. *Philosophy, Ethics, and Humanities in Medicine*, 6(6).

Mehling, W., Price, C., Daubenmier, J., Acree, M., Bartmess, E., & Stewart , A. (2012). The multidimensional assessment of interoceptive awareness (MAIA). *PLoS One*, 7(1). <https://doi.org/e48230>

Mellor, K. (1980). Impasses: A Developmental and Structural Understanding. *Transactional Analysis Journal*, 10(3), 213 - 220.

Merleau-Ponty, M. (1962). *Phenomenology of perception*. Routledge & Kegan Paul.

Merleau-Ponty, M. (1969). *The visible and the invisible*. Northwestern University Press.

Moore, C. L., & Yamamoto, K. (2011). *Beyond Words. Movement Observation and Analysis* (2 ed.). Gordon and Breach.

Nickerson, R. S. (1998). Confirmation bias: A ubiquitous phenomenon in many guises. *Review of General Psychology*, 2(2), 175-220.

North, M. (1972). *Personality Assessment Through Movement*. Macdonald and Evans.

O'Reilly-Knapp, M., & Erskine, R. G. (2003). "Core concepts of an integrative transactional analysis". *Transactional Analysis Journal*, 33(2), 168-177.

Orlinsky, D., Ambühl, H., Rønnestad, M., Davis, J., Gerin, P., Davis, M., & SPR Collaborative Research Network. (1999). Development of psychotherapists: Concepts, questions, and methods of a collaborative international study. *Psychotherapy Research*, 9(2), 127-153.

Ortuño Ibarra, A., & Rodriguez Jimenez, R. M. (2022). A Proposal for Emotional Intelligence Development through Dance Movement Therapy. UAB- Universitat Autònoma de Barcelona.

Ovalle, A., Fischer, C., Dagnino, P., & Vaccarezza, S. (2024). Interoceptive awareness and therapist characteristics. *Counselling and Psychotherapy Research*, 24, 642-651.

Payne, H. (1992). *Dance movement therapy: theory and practice*. (H. Payne, Ed.) Routledge.

Reich, W. (1942). *The function of the orgasm*. Orgone Institute press.

Reich, W. (1972). *Character Analysis*. Holiday House.

Robbins, A. (1997). *Therapeutic Presence: Bridging expression and Form*. Jessica Kinsley.

Rodríguez Jiménez, R. M., Caja López, M. d., Gracia Parra, P., Velasco Quintana, P. J., & Terrón López, M. J. (2013). Inteligencia Emocional y Comunicación: la conciencia corporal. *Revista de Docencia Universitaria*, 11(1), 213-241.

Ros, A. (2008). Laban Movement Analysis (Una herramienta para la teoría y la práctica del movimiento). *Estudis escènics: quaderns de l'Institut del Teatre de la Diputació de Barcelona*, 33-34, 477-484.

Samaritter, R. (2009). The use of metaphors in dance movement therapy. *Body, Movement and Dance in Psychotherapy*, 4(1), 33-43.

Sandel, S. L., Chaiklin, S., & Lohn, A. (Eds.). (1993). *Foundation of Dance/Movement Therapy: The Life and Work of Marian Chace*. The Marian Chace Memorial Fund of the American Dance Therapy Association.

Schore, A. N. (2003). *Affect regulation and the repair of the self*. W.W. Norton.

Shafir, T., Taylor, S. F., Atkinson, A. P., Langenecker, S. A., & Zubieta, J. K. (2013). Emotion regulation through execution, observation, and imagery of emotional movements. *Brain and Cognition*, 82, 219-227.

Shafir, T., Tsachor, R. P., & Welch, K. B. (2016). Emotion regulation through movement: Unique Sets of Movement Characteristics are Associated with Enhance Basic Emotions. *Frontiers in Psychology*, 6.

Shields, S. A., Mallory, M. E., & Simon , A. (1989). The Body Awareness Questionnaire: Reliability and Validity. *Journal of Personality Assessment*, 53(4), 802–815.

Shore, A. N. (2003). *Affect Regulation and the Repair of the Self*. W.W. Norton.

Siegel, D. J. (1999). *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*. Guilford Press.

Smith, E. W. (1985). *The Body in psychotherapy*. McFarland and Co.

Stanghellini, G. (2006). "Corpo (Alterazioni del vissuto corporeo)". In F. Barale, M. Bertani, & V. Gallese (Eds.), *Psiche* (Vol. 1, pp. 251-256). Einaudi.

Steere, D. (1981). Body Movement in Ego States. *Transactional Analysis Journal*, 11(4), 335-345.

Stern, D. N. (1985). *The Interpersonal World of the Infant* (2018 ed.). Basic Books.

Stern, D., Bruschweiler-Stern, N., Harrison, A. M., Lyones-Ruth, K., Morgan, A. C., Nahum, J. P., & Tronick, E. (1998). The process of therapeutic change involving implicit knowledge: Some implication of development observations for adult psychotherapy. *Infant mental Health Journal*, 19(3), 300-308.

Stewart, I., & Joines, V. (2012). *TA Today* (2nd ed.). Lifespace.

Terrón-López, M. J., Rodríguez-Jiménez, R. M., Velasco-Quintana, P., Caja-López, M. d., & Gracia-Parra, P. (2013). Non-Verbal Teacher Training Program: Emotional Intelligence, Body Awareness and Communication. *Literacy Information and Computer Education Journal*, 4(3), 1149-1156.

Trevarthen, C. (1979). Communication and cooperation in early infancy: A description of primary intersubjectivity. In M. Bullowa (Ed.), *Before speech: The beginning of interpersonal communication*. Cambridge University Press.

Winnicott, D. W. (1960). The Theory of the Parent-Infant Relationship. *International Journal of Psycho-Analysis*, 41, 585-595.

Winnicott, D. W. (1965). *The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. Routledge.

Winnicott, D. W. (1971). *Playing and Reality*. Penguin Books.

Woolams, S., & Brown, M. (1978). *Transactional Analysis*. Huron Valley Institute Press.

Zenoff, N., & Matze, M. (1978). How to mix oil and water: Transactional analysis and dance/movement therapy. *American Journal of Dance Therapy*, 2, 19.

Appendix 1

Driver Questionnaire ((Cox, 2001) as cited in Golovan (2015, pp. 65-66)

‘Drivers’ are generalised messages about how to act that each of us acquires from family and social influences. The purpose of this questionnaire is to help you identify what kinds of ‘driver’ behaviour you typically get into, especially when under stress.

The questions are formulated from general and clinical experience and are intended to stimulate self-awareness. This is not intended to be a ‘personality’ test.

ANSWER questions “yes” or “no” or “to some extent”.

1. In general do you hide or control your feelings?
2. Are you reluctant to ask others for help?
3. Do you set yourself high standards and then criticise yourself for failing?
4. Do you do things (especially for others) that you don’t really want to?
5. Do you have a tendency to do many things simultaneously?
6. Do you hate ‘giving up’ or ‘giving in’, hoping ‘this time it will work’?
7. Is it important to you to be right?
8. Is it important to you to be liked?
9. Do you have a tendency to start things and not finish them?
10. Do you set unrealistic time limits (especially too short)?
11. Are you fairly easily persuaded?
12. Do you dislike being ‘different’?
13. Do you have a tendency to be in a position of being depended upon?
14. Do you feel discomforted by small messes, mistakes?
15. Do you get impatient fairly easily?
16. Do you hate to be interrupted?
17. Do you tend to compare yourself with others?
18. Do you have a tendency when problem solving to ‘go round in circles’?
19. Do you tend to ‘keep going’, not noticing hunger, tiredness, and other needs?
20. Do you often talk at the same time as others, or finish their sentences for them?
21. Do you generally explain things in detail and with precision?
22. Do you prefer to get on with a job rather than talk about it?
23. Do you prefer to do things on your own?
24. Do you dislike conflict, and tend to avoid it?
25. Do you have a tendency to be a rebel or be the ‘odd one out’?

Appendix 2

Body Awareness Questionnaire (Shields et al., 1989)

Instructions

Listed below are a number of statements regarding your sensitivity to normal, non-emotive body processes. For each statement, select a number from 1 to 7 that best describes how the statement describes you and place the number in the box to the right of the statement.

Not at all
true of me

Very true
of me

1 2 3 4 5 6 7

Score

1. I notice differences in the way my body reacts to various foods.	
2. I can always tell when I bump myself whether or not it will become a bruise.	
3. I always know when I've exerted myself to the point where I'll be sore the next day.	
4. I am always aware of changes in my energy level when I eat certain foods.	
5. I know in advance when I'm getting the flu.	
6. I know I'm running a fever without taking my temperature.	
7. I can distinguish between tiredness because of hunger and tiredness because of lack of sleep.	
8. I can accurately predict what time of day lack of sleep will catch up with me.	
9. I am aware of a cycle in my activity level throughout the day.	
10. I don't notice seasonal rhythms and cycles in the way my body functions.*	
11. As soon as I wake up in the morning, I know how much energy I'll have during the day.	
12. I can tell when I go to bed how well I will sleep that night.	
13. I notice distinct body reactions when I am fatigued.	
14. I notice specific body responses to changes in the weather.	
15. I can predict how much sleep I will need at night in order to wake up refreshed.	
16. When my exercise habits change, I can predict very accurately how that will affect my energy level.	
17. There seems to be a "best" time for me to go to sleep at night.	
18. I notice specific bodily reactions to being overhungry.	