



BODY AS TEXT: A PSYCHOLOGICAL AND CULTURAL READING

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Changes in psychological life are reflected through shifts in culture (Van den Berg, 1970). The new science of psychology represented such a shift. Three shifts that marked the birth of the modern science of psychology were: Nature became known through physics and was seen as external to man; experience, soul or the psychological was studied as consciousness and literalized in the human brain; the human body was studied as an inanimate corpse.

This paper briefly reviews the history of these changes, then focuses on the change in the human body. Part I asks that if the body of modern psychology can be seen as a corpse, how can we understand this corpse? How does it speak? What does it tell us about modern psychological life and about modern culture?

Part II of this paper will extend the metaphor into social and cultural bodies, looking at the corpse as a reflection of modern alienated man. Drawing from a description of working with the bodies of psychiatric patients in Scandinavia, this body will be shown to be a kind of corpse and a reflection of a particular architecture, landscape and culture in which it was embedded.

Part I

Newton's physics was a marker in the emergence of modernity. In order to understand light, he turned his back on the living light and studied it through a prism on a wall. To arrive at the modern concept of the spectrum and the composition of light, he turned away from concrete experience. Because experience

or consciousness was left out of nature, nature became pure matter; the world view was that of materialism.

As the external world became empty of experience, experience was correspondingly understood as taking place only inside the mind. Descartes' *Treatise of Man* (1972) asserted that all thinking, experiencing and discriminating occur inside the brain: "I think, therefore I am." Modern cognitive and depth psychologists echo this move when they seek to understand individual differences by looking inside the mind whereas modern behavioral psychology echoes the physics of nature by looking for differences only in external, observable phenomena. Inside and outside were separated, setting the stage for the appearance of modern alienated man.

Modern alienated man made his early appearance in the body of anatomy. Instead of studying the live body, Vesalius proposed to study the human body by dissecting a corpse. Leaving behind the lived body and human experience, he gave us the modern discipline of anatomy. And in imagining the heart as a pump, Harvey replaced the heart of belief with an empty and divided mechanical heart, showing how modern man is a man without a heart (Romanyshyn 1982). To understand this modern alienated man, we might listen to it, hear its story, hear it speak. We might listen to it in terms of its space, time, boundaries and relationship with others. To do this, I gathered descriptions of alienation from the moving bodies of students.

There are three of us in this group. This evening is warm, and I am moving feeling sensual, sum-

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mer rhythms. M and I move separately and together (according to our observer) reflecting relationship even back to back, creating similar shapes, transitions, rhythms. M moves across this space from time to time and then excludes herself, hunching up. Gradually, I notice my dance becoming more and more bound like a drum beat menacing, heavy, louder and louder until I cannot move with any feeling any more. (Pearmain, 1980)

This student was particularly sensitive to the bound presence in the group and recorded its effect on her. She noticed that the absence of connection to others was felt in term of a jarring energy and truncated shape and rhythm. The mover not only expressed her own experience, but also affected the boundaries and the space for everyone in the room.

R was moving with a constricted flow. Her movements were hesitant, traced vague paths through space and displayed a disconnected relationship to her own inner self and to those around her. She was noticeably "out of synch." Her efforts were half-hearted, not full expressions of intent or commitment. Because there was not a clear rhythmic relation to her own ground, her boundaries were uncertain. This made it difficult for others to sense where she was and to know how to connect with that. She conveyed a sense of fear and alienation from herself and others.

Her self-consciousness embodied another aspect of alienated man. Her objective body was confused with her experienced body; she saw herself as object. Her senses were dominated by the visual gaze; her self-image was a visually distanced one and she watched herself from an outside, disembodied standpoint. Time was cut up, losing transitions and fluidity. Space was outer; time was locked into boundaries of inner. Inner and outer, time and space were separated and experienced as things. Each of these concepts was static, whereas in subjective consciousness all are woven into the fluid experience of an embodied being.

Corporeal perception is originally and fundamentally our presence to a world in which the active and passive, and the invisible and the visible are so little distinguishable that all our traditional categories become indefinite. In action, internal becomes external. (Merleau-Ponty, 1962)

Motility is the core aspect of experience. Being motile means to know in terms of muscular response,

a primary experience of embodiment. Whenever we think, fantasize and dream, nerve impulses are sent to muscles in rehearsal for action. Dreams, art, music, language continuously retrace the sweeping and gathering qualities of energy as it is shaped through physical life. Our capacity to move is our capacity to desire, discriminate, choose. In moving life, all moments of desiring, experiencing, overlap and continuously create changing relationships with our bodies, selves, other. In this dance of moving embodiment, we share resonance. An "open" person can resonate with a wide mix of people, demonstrating a flexibility of range, rhythm and space.

In another session, the theme of "knots" emerged. One woman described a knot as a kind of conflicting of desiring-moving, of being caught between two opposing directions and shapings of movement. A knot was experienced as a restriction in movement, a feeling of not knowing where or how to move next or of not being able to shift from one way of moving to another. There were even reports of sharp physical sensations of numbness or pain. We worked to articulate the knots, not to solve them. The thread was not cut through; the knot was not removed, but, through the dancing, the relationship between thread and knot was altered. Here are descriptions of the knot dances:

One evening, people were invited to find their own movement out of relative stillness, to be still until movement is unavoidable and a rhythm and pattern unfold. S began to move away from the ground, carving curves and circles with her body, like a bird swooping up. Her voice came from the top of her throat, strangled. She described how she felt caught in a spiral, moving up and round further away and out of her body. When she attempted to reverse this and come down to the ground, she became smaller and smaller: "just a core of a nucleus." Both states were terrifying for her. Staying with the sense of being pulled between the two, she realized how she does not feel good enough since she has identified with her mother's criticism of her.

F came one evening feeling fragmented and caught between her needs for work, friends, meetings and her needs for aloneness. She used the group as her fragments. She put the members in different places in the room, and negotiated with her work to come and be in her

living space. Working through a dialogue with her friends about wanting to be with them, she attended only to ones she chose, finding a way to gather her fragments into a network of relationships and rhythms around her living space.

J has two characteristic movement phrases that do not connect for him in his life. In one he steps boldly and stops half way so that the movement feels incomplete. In the other, he stands still, leaning against a wall, feeling restless. Both phrases become integrated when he finds a rhythm between both which is a sustained and consistently bold stride. (Pearmain, 1980)

How are the client's symptoms of alienation symptomatic of the field and practices of modern psychology? Any time that psychology objectifies the client in an attempt to cure or change the client, the alienation of the corpse is reflected. Any time the client is characterized in limiting or fragmenting ways, such as being sick or healthy, adequate or inadequate or as bits of behavior that have no roots in interrelation, the corpse is reflected. When particular techniques are isolated and applied to a person, such as assertiveness training or sex training, then the person becomes a passive recipient of a new piece of behavior. When a person's present way of being is split into separate layers of past, present and future time, the present moment is not perceived as open, coming into being, but restricted by past contents (Ricoeur, 1978). Finally, alienation occurs when the product of expression is separated from its coming-into-being, when the dreams, imagery, language and feelings are abstracted from the process of giving birth to them.

In phenomenological psychopathology, on the other hand, Van den Berg lets the world of the patient come alive (1972). He does not approach the patient with an intent to diagnose or to cure; he simply listens. In this way, he is able to understand and to describe the patient's world in terms of its time, its space, its boundaries and its relation to others. He does not interpret his patients nor does he dig into the past to find "cause" for their present "symptoms." He does not try to diagnose the patient whose walls were falling in nor does he try to open out the walls. He listens and, out of this listening, the patient's world is allowed to unfold. In a similar way, the dances of fragmentation and of knots and of alienation were allowed to unfold. By doing this, inner and outer were less separated; authenticity reemerged, and

alienation decreased. The moving heart was re-awakened; desire and flow appeared.

The following account shows how desire is a key element in embodiment. Fear of desire often leads to the constriction visible in the earlier accounts, whereas trusting the embodied self again allows desire to well up in being.

I have an image of being a bird fluttering inside a dark room. The bird keeps battering against the walls, trying futilely to get out. And I keep battering away.

I explore two ways of movement in my choice of lifestyle. One is simple, serene, an accommodating nurturer oriented around continuity, integration, balance and harmony. She moves standing in one place, lyrically reaching out with her arms, sculpting a round belly. The other is spiky, adventurous, aggressive and exploring. She moves with urgency, directly, forward and sideways, reaching and scattering in space, movements sharp and quick without rest. Working with these separately, I find a way of bringing them together, reaching out and bending down as I move springily, rhythmically stretching and gathering, using more dimensions of time and weight and space and flow. It feels wonderful and powerful. Most vitally, I know I can trust my power and resilience. My fear of stuckness is never the same after this experience.

This student described the change in the following way:

When I can tolerate feeling anxious, I can feel the warmth and joy of wanting in my chest as a surge of energy flowing through my shoulders, arms and hand, through my whole body, alive, strong, powerful and on the ground. Before wanting seemed peripheral, weakening out there and disembodied. Now it feels, I feel, like a current moving from me to the world, clear and whole. I reach up to the sky and feel receptive, for the first time wanting and receiving at the same time without feeling weak.

She reported that her movement style changed from light and flexible with unsustained phrasing to one with firmer, more leisurely, direct and sustained elements. Although the theme remained consistent,

there were more variations—more sustained expansion, more subtle undulations of withdrawing from another without cutting off presence. She experienced desire as being outside herself and beyond her reach. Consequently, she disowned it and persistently sought aspects of herself in space, air and fantasy. These alienated aspects were reflected in a style that avoided directness, strength or holding her ground—a lack of sustaining qualities. Instead, her movements emphasized flexibility, lightness and yielding to space to the extent of being vague and diffuse. Seeking wholeness beyond her reach was a doomed quest. What she needed was to recontact her moving—desiring as a flow through and with her body as herself coming into being. Through such contact and identification with her movement, she gained a new realization of self. As a continuum of embodying movement, she discovered an integration of desire and movement and perception that brought a new relation between self and world (Serlin, 1992).

Part II: Cultural and Social Bodies

Not only can bodies be read as metaphors of individual characteristics, but landscape and buildings are also texts that can be read phenomenologically. The reading of bodies is deepened by connecting them to the context in which they move (i.e., social and ecological). The deepest meaning of the reading occurs in the interrelation *among* land, dwelling and bodies (Sardello, 1978).

Architecture, first, is a “concretization of existential space.” Thus, architecture can be read as a concrete embodiment of the way in which a land and a people dwell (Norberg-Schultz, 1980). As phenomenology was conceived as a “return to things” as opposed to abstractions and mental constructs, so the discussion of the interrelation of body, landscape and building will focus on a phenomenological reading of one particular building, its surrounding landscape and the particular bodies that inhabit it. This building was a psychiatric hospital in Scandinavia, where I was brought in to consult with the physiotherapist (body therapist) department some years ago (Van den Berg, 1962).

The hospital was approximately 10 kilometers outside the nearest town, which was a lovely port on the coast. The island was one of many of the thousands dotting the archipelago. The smaller islands were rocky, covered with purple and yellow wildflowers, and seagulls swooped above the little red fishing

houses that stood as they had for hundreds of years, except that the ferry to the mainland was only recently built. One colleague lived in a simple wooden house; nearby was the house of her parents, the house of her children and the house of their children. Four generations still lived on this island and took the ferryboat to work every day.

Roads wound past houses of white or yellow, usually having gables, boxes of geraniums outside the windows and neatly drawn frilly white curtains. Cars were small, people few and there were no billboards or neon signs anywhere. All appeared to be calm, stable and uniformly quaint.

There was everywhere a smell and sense of the sea, reminiscent of Viking ships and of the power of the sea for Scandinavians. Air was salty and fragrant; ferries were common transportation and seagulls filled the sky. In the summer when the days were long, waters and the islands were luminous—everything sparkled, clear, fresh and golden.

In the winter, the landscape changed to grey. It was like Norberg-Schultz’s description of the Norwegian landscape as “introspective,” quiet and reflective like the presence of water. It was a brooding Romantic world, characterized by extreme shifts of weather—mutable, varied and subjective, peopled perhaps by dwarfs and trolls.

In the middle of this world was the hospital, housing 500 psychiatric patients. When these patients arrived they were placed in an observation unit, then diagnosed. They were then sent to a special unit which corresponded to their symptom, so that each building unit corresponded to a classification of disorder. These diagnostic wings sprawled out at angles from each other. The surface was smooth, and large plate glass surfaces fit neatly into the wall. Glass-enclosed hallways passed from unit to unit.

Inside the hallways was the impression of brisk cleanliness. Floors were highly polished, furniture gleamed, everything worked. Staff clumped around in black or white clogs, and all wore identical white lab coats. In order to enter one of the doctor’s offices, the colored lights that appeared outside his door must be consulted. Red said that he was not on, green invited one to enter, and blue directed one to buzz the intercom. Everything announced efficiency, function and a logical rather than an organic structure. The atmosphere was cheerful, upbeat, and homogenous.

One day I approached the ward. Outside the door stood the ubiquitous little table, covered with a piece of Scandinavian woven fabric and one white candle. There was a traditional rag-woven rug in front of the

table; all was familiarly charming. A little bit of home captured and placed in the hospital. As I pushed open the door, I saw a young man in a wheelchair, screaming in anguish and straining at the wheelchair. Two lovely young nurses walked over, reached out and patted him with stiff arms while standing away. Their solicitous faces and placating touch mirrored their words: "Please don't feel bad."

Where was the place for madness in this dwelling? If someone could not get or go mad here, then what was left for him to do? And where was the place for imagination, individuality, for dreams as well as nightmares? If we read the building as metaphor, then what reality did it point to? And was there a figure in its story?

The landscape, body, and architecture can be read to reveal a rational, ordered society that dominated the Romantic and the dark side of life, forcing a greater split between the two. The rational world was cheerful and sunlit, imposing order on the flux of phenomena and of emotion. The dark side was forced to erupt in terrifying and surprising bursts. There was very little place for twilight, for the darkness to be contained and to find place in the day world. And so there was very little place for suggestion, for metaphor, indirection. In Scandinavia one had the chance to see this logical ordered society in an almost perfect state, and yet also in the problems it could bring. For the price for such material perfection was a loss of spirit and soul, with the absence of suffering, of twilight and mystery, of emotions and of meaning.

If this ordering principle were a figure, it would be the opposite of a troll. It would be some Clockwork Orange monster, a white-coated social engineer gone mad, raving for the deification of function, for the triumph of function over expression. If the architectural perspective of reading a building (and thus a society) in terms of the relation of function to expression is taken as a thematic mode of organization, and if the human body is taken to be a *third* text that may be read, then does the study of the human body reveal anything about this problem of structure and expression? Will reading the body as text support the observations that were made by reading building and culture as texts? (Benthall & Polhemus, 1975). Or, more concretely, is this split between function and expression visible in the body?

To study the body, effort-shape, a language system for describing movement derived from Laban's system for notating choreography, was used (Laban, 1971). The three basic parameters were:

1. The body itself as instrument was analyzed in terms of the shape of torso, preference of body parts used and relationship among the parts. Each part has the associations with psychological states (e.g., one person may literally and metaphorically lead with his head, whereas another may use his limbs only symmetrically and never asymmetrically).
2. Qualities of movement. These are grouped as continuums of opposites. Quickness and slowness describe time; direct and indirect describe space; bound and free describe the kind of constriction and light and heavy describe use of weight. These qualities tend to occur in clusters rather than in isolation and the clusters have psychological associations. For example, one person might make a decision with quick, strong impact, whereas another would use indirect lightness, and so on.
3. The planes. Clusters of qualities tend to associate with particular planes. Lightness obviously tends to go upward whereas strength tends to go downward. Upward may carry a symbolic meaning of the sky whereas downward may carry a meaning of the earth. The horizontal plane tends to be connected with communications, with giving and taking, whereas the vertical implies a kind of dignity, of "I am." Width suggests stability or "I am here" whereas the sagittal suggests action or "I do" (North, 1970). People, like buildings, tend to concentrate their exertions in one or two planes and to avoid others. Movement, like architecture, is an extremely concrete and visible embodiment of man's dwelling in the world (Birdwhistell, 1970).

What, therefore, did the movement of the Scandinavian patients reveal? First, the placement of the department in the building in which the movement took place was itself revealing. In this huge psychiatric hospital almost all of the floors were devoted to curing the mind and staffed by psychiatrists and psychologists. Care of the body was separated, staffed by physiotherapists (generally women) and housed in small, dark rooms in the basement. The mind was upstairs, connoting "up" and "upright" and "superior." The body was downstairs, connoting "down" and "inferior." The generation of physiotherapists who contacted me were young and trying to break away from the old-fashioned traditional gymnastic interventions that emphasized function over expression,

in which the body was envisioned as an object to be conditioned.

Second, the movements themselves revealed:

1. The movement was initiated not from the breath or the center, but began in the musculature of the periphery. The motivation for the movement came from will-power and effort, rather than from an organic center (body part organization).
2. The movements did not ripple sequentially through the whole body, but instead single arms, legs, and torso were systematically moved in one held unit (direction and flow of movement).
3. The energy flow was even and bound. There were no changes, surprises, phrasing. The movement did not come to a peak or make a statement, as would a corresponding verbal expression. It was flat and predictable (bound/free dimension and phrasing).
4. Body parts moved, but not in relation to space. So each individual toned up separately and there was no dialogue, response or movement relation to others or to the environment (spatial dimension).
5. The vertical plane was extremely emphasized, creating the effect of tall and reserved dignity.
6. Concentration was on skills and technique, not on expression.
7. Lack of intentionality in movement. Patients were asked to "reach." There was no context for them to reach, nor were they asked if it had any meaning for them to reach. They were not even asked to reach *for* the ceiling or for another person—that is, there was no objective and no desire in their actions. When asked to reach out toward another person, their faces changed, and the muscular patterning fired differently—the movement actually traveled through their arms and out their hands, rather than stopping dead at the ends of their arms (Davis, 1970).

What was frightening was that most of these patients had come in with complaints of feeling dissociated from their inner lives and this form of movement did not connect them back to their inner lives. Officially, most of them were diagnosed as schizophrenic. This quality appeared in their flat and mechanical movements, in the peripheral motivation and use of will-power to move. Movement did not originate centrally, that is from their breath, their soul,

their inner lives, their intentionality. It was separated from expression; it was functional movement (Bartnieff & Lewis, 1980).

The use of the vertical plane created an impression of separate and self-contained beings (Jager, 1971). In fact, the Scandinavian people seemed to value privacy, living with space between themselves and retreating to private huts in the woods. Yet many who came to the hospital were lonely and scared, especially women who lived alone and had few activities or contacts. They lived a rural and rugged life, often drinking a great deal (Serlin, 1995).

The even flow of energy suggested their stable lives. This country had created an impressive material stability where most families had one house, one car and one vacation hut. Everything that they needed was right there. Many lived, as did my colleague, surrounded by generations of family. But monotony was a price paid for this stability.

The mechanical "tuning up" of the body was a metaphor for their concept of health. Their bodies were treated as cars that had broken down and needed repair. Part of the well-oiled utopian machinery in this country also necessitated a flattening of individuality, a submission and a sensitivity to the group. Most people wore basic navy and white colors, had similar basic haircuts and chose not to differentiate themselves from the group. Yet often they came in complaining of not knowing themselves, not trusting themselves, not feeling free, of losing something.

In movement groups, the traditional procedure was for the leader to lead the patients around the gym floor in a series of exercises. The patients copied her exactly. When it was my turn to lead, I turned to the man behind me and asked if he had any exercises that he would like to show to the group. If this were American group therapy, the patients might seem to be overly dependent on the leader and would be encouraged to take some initiative. But this man jumped in surprise, said, "The other patients do not want to follow me, nor I them. I came here to be re-conditioned. You're the experts and I want to follow you!" With that outburst, he ran out of the room.

These patients seemed like young children in a strict classroom, timid and worried about offending. Yet a crack had already occurred in the neatly patterned structure of their lives. Like the young boy screaming in anguish, *something* had erupted. There was no point in trying to smile and hide it nor was there any point in fixing it back up. This was a gap, a time to explore with them and to let the material emerge. The "cure" for a breakdown seemed to come

directly out of the same culture that promoted that particular kind of breakdown. That is, the stability and efficiency of Scandinavian culture gave rise to the functional gymnastic system, which was used to cure breakdown in the body machinery (Hillman, 1975).

The relation between culture and breakdown, between culture and treatment, is complex. Had methods from our more improvisatory, expressive, individualistic American work been used, the patients might have been embarrassed. Self-expression, in the American sense, was not part of their culture. Landscape, buildings and treatment methods mirrored each other in a coherent pattern.

Both the golden cheerfulness and the romantic dark side of life were visible in the countryside. The optimistic progressive outlook was echoed by methodological, logical thinking. The sleek, carefully planned building came out of a rationalism that attempted to make life secure and conquer darkness. In this way, the bodies of the patients reflected the emphasis on function and uniformity over expression and reflected the symptoms of alienation. But what happens when the machine has gone too far, has become too perfect? What happens when the darkness erupts and how is it handled? Can the beautiful golden machine afford to give darkness a place or must it "cure it away?" What are these methods for cure and how do they reflect the inevitably same cultural pattern that also created the symptom?

Social Bodies

Beginning with the idea that the life-world was an embodied ground, O'Neil (1974) proposed that we can understand social myths as they are made flesh through the body. Using a kind of sociological myth, O'Neil differentiated primitive world from contemporary world. In the world of the Dogen, for example, man's dwelling was modeled on his body. Their early cosmography was a grounded one in which the human body became a bridge between the cosmic macrocosm and the daily life microcosm. The exchanges between these worlds paralleled the wholeness also found in Plato's account of creation in the *Timaeus*, in which the world's body contained all other bodies and man's body reflected perfect cosmic proportions. The analogy between God's body and man's body was found in the Bible as well as in medieval and in Renaissance thought. Body metaphor was seen as a key to order and to social hierarchy.

William Blake dreamed of a perfect four-fold body, and the seven-fold body reflected the seven

liberated arts. To be perfectly knowledgeable was to be perfectly embodied or "Men sana in corpore sana." Our contemporary phrase, "A healthy mind in healthy body" comes close but does not capture the essential interrelatedness spoken by this old phrase. As we have seen in Scandinavia, the technological age has interpreted the phrase to mean that the mind and the body are both to be exercised independently, fundamentally undermining the earlier concept of wholeness.

If the Dogen society is used as an image for the pre-scientific embodied cosmography, we may use the Scandinavian hospitalized body as metaphor for Copernican cosmography. The corpse tells us about the modern scientific world. In Scandinavia it may be that the god of rationalism was worshipped, was made flesh. Just as in primitive times men's myths were formed through their bodies, so in Scandinavia the bodies gave us clues about the myths that people live.

Whatever we may infer from the speaking corpse, that, for example, efficiency and maintenance of order are top values in Scandinavian society, we need to remember that, most importantly, the body is articulate and speaks to us about its world. How it speaks of the world is a complicated question. For man first knows his world through his body, just as babies learn abstract concepts first directly through their body images. But where do these body schema come from? O'Neil gave us the other side of the question when he wrote about how society as body invades our own "private" body. We are always being formed by advertising, social norms concretized and impinging on our development. So it is impossible to separate body and environment for cause and effect and it would be a mistake to think the question simple. But for our purpose here, we may simply note that body speaks culture as much as it is formed by culture and stay specifically with our sample of the corpse as a figure of modern alienated man (Serlin, 1993).

Because we allow ourselves to be invaded by social forces, we allow the body's natural wisdom to be silenced. This was visible in the example of the male patient who ran out of the room. He was so accustomed to being told what to do that he really came to distrust his own sense of things. His perceptions, intuitions—his kinesthetic body wisdom—were denied. This is a serious problem and especially disturbing to see within the "modern temple of healing" itself.

Verticality is associated, linguistically and morally, with uprightness (Strauss, 1968). It is associated with being straight, clean, dutiful. Uncleanliness becomes associated with immorality, with evil. Our

Scandinavian corpse tells us this with its extremely clean hospital environment. We can imagine entering the hospital because our world and literal seams are falling apart—and to feel reflected back how undesirable such a state of affairs is. Better get it together quickly. Society has patterned its individual bodies with the group body norm (Serlin, 1989).

Durkheim and others tell us that attitudes are socially learned. But we may see here that they are learned not only conceptually or through educational channels, but they are “osmosed” through the body. The body is extremely permeable; its boundaries are really not citadels of privacy. Inside and outside reflect each other; the body is a bridge between attitudes and the social order.

Conclusion

In this paper we have told a story through the figure of the corpse. We began with the assumption that psychological life is metaphorical, telling its story through figures. As metaphorical, to what reality does the figure of the corpse point? The figure of corpse told us of its world, of the jarring, frightened lack of courage and desire. We tried to understand a culture that gave birth to such figures. We began by reading this culture, that is, by reading landscape, building and body all as texts. By doing this we were able to get a reading on the relation between culture and body, on the relation between the realities that they speak. Finally, we looked at the interaction between body and culture; how do they form each other? How can we more carefully attend to the kind of culture that we allow, the way in which we are being shaped by it and the way in which our own bodies are taking the shape of this culture?

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