

MOVEMENT THERAPY

Portrait of Karen: A Gestalt-Phenomenological Approach to Movement Therapy

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Introduction

Movement therapy* is a new field. As it grows, it must be involved in the exciting work of articulating its theoretical and technical framework. Developmental psychology, ego psychology, and psychoanalytic theory are among the psychological approaches which movement therapists presently use. One's theoretical orientation will necessarily influence one's approach to such critical considerations as: how to begin a session, if and how to use speech, and what material to choose and how to focus it. I would like to present a gestalt-phenomenological approach to movement, and demonstrate how it influences my choices as I work, and one person's unfolding therapeutic process.

What does gestalt-phenomenological mean? Gestalt therapy emphasizes awareness, excitement, and involvement (responsibility and contact) in the moment-to-moment process of living.

Predetermined moral standards (perfectionistic ideals, "shoulds") limit one's perceptions. One is split off from one's immediate experience; being busy watching, judging or controlling the situation prevents full involvement in it. Bringing these normal patterns into awareness can free one from compulsive patterns. As long as these patterns remain habits, or outside immediate awareness, the resulting chain of compulsive behavior keeps repeating. When one is aware of them, however, one can begin to step outside them. Each situation, then, presents fresh possibilities and greater freedom of choice. The blockage, confusion, and fragmentation of neurotic compulsive behavior give way to an awakened state: being aware, spontaneous, and open to each new situation. Neurosis is basically a compulsive style in which there is reduced excitement and contact with self and others. Sanity is a style which allows for excitement and responsible involvement in each moment.

Phenomena are those aspects of the world which are knowable to us through direct sense-perception (experience). Phenomenology concerns itself with the

*Movement therapy can be used interchangeably with dance therapy.

so dissatisfied with a plump thirteen-year old girl that she put her on amphetamines so that this girl sped nervously through the next ten years of her life. Even though she stopped the pills six years ago, she still feels out of control. Limbs crossing and uncrossing. Run-on sentences. Run-on movement.

Feeling compassionate, I want to slow her down, teach her t'ai chi, cradle her lanky body. I keep listening. Her talk tumbles out, not allowing room to take me or anything new in. I hear of her business, how she started her own small business. It runs with surprising ease, so she works only a few hours a day. Moderate success is enough. She is surprised that people take her seriously, as a real businesswoman adult; why don't they see the hiding child in her? She has been to a psychiatrist. She experienced him as silent and cruel, but stayed for several months. Laughing, she admits her need to find life a struggle; love, work, and therapy should not come too easily, should hurt a little. She was married to a man who was impotent. In her subsequent affairs, she would leave men just as they began to love her. Now, however, she is living in a loving, stable relationship with a man.

As I listen, I sense discomfort in myself. Even when Karen talks personally, the phrases seem to come a little too easily. They sound as though she has repeated them before. While she continues to talk, I begin to feel anxious—ought I do something? Tell her what I am experiencing? I fear getting stuck in a neurotic treadmill with her. But I keep listening, sensing who she is.

Karen begins to tell me that she cannot relax, cannot sleep. I am not so relaxed either at this point; I want to act, to help her feel that she can, indeed, use her own body's resources to help herself. It is tempting; I suggest a relaxation exercise.

It is interesting to both of us. I am experiencing her somewhat as I do my hospitalized patients, as someone who is not living fully in her body and who is not sensitive to her own comfort or discomfort. I ask her to lie on her back, supported entirely by the floor. Back to the floor, to basics; standing is too vulnerable and frightening.

We do tense-relax of the toes, of the feet, moving sequentially up toward the head. Karen recognizes that she cannot release tension in her left arm. We do not focus on the significance of her left arm; we continue to explore. Her breathing remains shallow and irregular; her breath goes in the vertical dimension between head and feet, but does not fill out her width or expand her chest and narrow little torso. Constriction, lack of generosity shows in her chest. If she feels me touch her, though, if I put both hands around her ribs and ask her to "push them away with her breath," then she can feel her body. She needs touch at this point in order to feel her body. Her breathing becomes deeper and fuller through the chest. She settles down, settles into the floor. She looks relaxed, seems relieved. I, too, feel relieved.

The hour is almost over, and I quietly tell her this. She spurts off the floor, abruptly moves to the couch, and says that she has lost her relaxation. The transition is already lost, so we work with this new event. I ask her to feel where her weight is pressing into the couch, and to let herself sink into these places. She is somewhat able to feel her weight, and looks again "released." After a few moments of silence, she says that she feels lazy and comfortable.

The next week, we begin with introductory talk, then she picks up her walking. I begin to walk with her again, but the pace gets so fast that I become tired. After I sit out, she keeps striding; the circle tightens; she must lean into it to maintain the speed. Around and around she goes, insistently, relentlessly. I am impressed with her intensity, endurance, and nightmarish quality. Her dance is compelling to watch; it looks tight, hypnotic, grim.

After five exhausting minutes, her circle begins to open out. The room is square with a slightly raised platform in the middle. The circle opens until Karen is striding just around the inside edge of the platform. She stays here, does not deviate to come either inward or outward from it.

She asks to talk, so we sit again on the couch. She describes the central image which emerged from her walking.

A ball and chain attached to her ankle connects her to a stake in the middle of the circle. She likes this feeling of being "in harness," she feels purposeful and directed. Almost with regret, she moves onto the second part, where she experiments with loosening the structure. The edge of the platform represents too many possibilities, too many decisions to be made. This briefly brings up the fantasy of being kept by a rich man who would limit her freedom and make decisions for her.

Two Kinds of Coping Styles

I begin to get a sense of two kinds of coping styles; ways in which she makes a basically random, unpredictable world into one which has structure, definite dimension, and is thus manageable. In the first, she maintains an active, driving ambition which keeps her in harness. It provides her with focus, path, and meaning. It also keeps her from having to deal with other parts of life; being lost, meandering, anxious, exploratory, spontaneous, or existentially free. The other style is more passive. A rich man will keep her in a gilded cage. It is safe inside the cage, and her world is small, defined, and thus manageable. Yet the cage also keeps her from being responsible for her own initiative, her own actions, and her own responsibility. It also keeps her from being open, from feeling anxiety, from feeling lost, and from feeling free. The styles are important for her, for they represent a means of coping which has worked successfully for her. The question is to what extent they are still necessary, and what price she must pay for maintaining them.

How are these styles manifest in the movement? The harness is maintained: *Structurally*; She walks in a prescribed route, over and over. The circle is closed, nothing new comes in, and she could walk like this indefinitely. The length of the chain determines how far she can stray, and keeps her anchored. The use of symmetry means round and round, right foot, left foot, direct forward. This leaves out the asymmetry, or the possibility for change. We do not see other body parts introduced, the route varied, indirectness, walking backward, risking going off balance, varying the rhythmical steadiness, etc. *Spatially*; This is the direct route forward, with no route or directional change. She is focused and not risking being lost. Keeping oriented primarily to a spatial route keeps her from focusing on the body sensations; it keeps her focused "out there" to a goal, and not focused inward on her feelings.

The inner voices judging the parts. Making it explicit, intensifying her experience of herself. Bringing it into awareness. Only as Karen becomes fully aware of *how* she creates her personality might she even change. Only as she might accept herself as she actually is, not in terms of an ideal, will she be able to befriend herself. Only then will she relax and be able to let go, to be open to new possibilities and to continue to grow.

What else is Gestalt about our session? The therapeutic form itself is not prestructured. I often worry: "How do I start. what do I do? Should I begin with a case history? If I do, what happens between verbal and movement therapy? How do we make the transitions between the two. . ."

But I am aware that if she sits next to me or in a corner across the room, if she becomes aware that she wants to stop the movement and to talk, it is all part of our relationship. It is not *what* we decide to do, *what* we do to begin, it is more a question of *how* we do it. With Karen, our ritual of having a certain area of the room be used for talking and another for moving grew organically from our being together and suited our needs.

It is so difficult for both client and therapist to live with their anxiety about uncertainty and not to deaden the situation by predetermining it.

I am also aware of a pitfall. Being neurotic is connected with being perfectionistic: i.e., living according to ideal concepts and arbitrary structures rather than allowing oneself and one's environment simply to be what they are. If a client comes to me asking to achieve an ideal such as relaxation or a straighter back, then I must ask myself; "What is she really telling me?" If the message is one of disliking herself, then I feel it most important that we deal with this. I do not think that I can help her by colluding with her perfectionistic side as we both work to help her be a new and improved person. It is so easy for me as a movement therapist to call upon a whole battery of techniques which promote relaxation and fluidity to "help" someone. I wondered about this in doing relaxation with Karen. It is often much harder to suspend ideas and instead to allow both of us to experience the actual feelings in the present. Instead of learning to be relaxed or free, it might be more useful to experience what might be actual feelings of boredom with who we really are, personal ambition, restlessness, etc. If we pretend that these do not exist, then we risk indulging in more fantasy of what "should" be. If we try to change style before first allowing ourselves to see it, then we are simply repressing it. The possibility of real excitement, authentic feelings, and growth is blocked.

Karen began, with a great deal of courage, to discover her dance of herself. And as time went on, she began to show in her dance more use of her body, more movement relationships with me and with those who joined the group, and she moved from walking to dancing.

The process of therapy presented in this paper is about using movement to intensify awareness and style. All parts of the person are brought out, until she is able to identify with her personal mythology. Awareness moves toward self-acceptance, self-acceptance moves toward greater freedom and excitement in living.

Awareness, then, is the "cure." The route is the same as the goal. With awareness can come further opening out and continued growth.

SUGGESTED READINGS

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