

CONTRIBUTORS

David Read Johnson, Ph.D., R.D.T.

*Department of Psychiatry
Yale University
New Haven, Connecticut
Veterans Administration Medical Center
West Haven, Connecticut*

Priscilla Rodgers, M.P.S.

*Psychoanalytic candidate
C. P. Jung Institute
New York, New York*

Eileen Serlin, Ph.D.

*Saybrook Institute, and private practice
San Francisco, California*

Alice Shields, D.M.A.

*Faculty, Rutgers University
New Brunswick, New Jersey
The New School for Social Research
New York, New York
Psychoanalytic candidate
Institute for Expressive Analysis
New York, New York
and private practice
New York, New York*

The Psychoaesthetic Experience

An Approach to Depth-Oriented Treatment

Arthur Robbins, Ed.D., A.T.R.

*Creative Arts Therapy Department
Pratt Institute
Brooklyn, New York
Institute for Expressive Analysis
New York, New York
and Faculty, National Psychological Association for Psychoanalysis
New York, New York*

With contributions by
David Read Johnson, Ph.D., R.D.T.,
Priscilla Rodgers, M.P.S., Eileen Serlin, Ph.D.,
and Alice Shields, D.M.A.

Prepared in collaboration with colleagues of the
expressive therapy professions



HUMAN SCIENCES PRESS, INC.

Introduction

In the next three sections, a dancer, a musician, and a dramatist, each trained as a depth-oriented therapist, will offer their particular metaphor applied to the aesthetics of a verbal psychotherapeutic dialogue. Each emphasizes a particular aspect of the psychotherapeutic matrix. All of them, however, have in common a belief in the psychoaesthetic importance of the therapist-patient interchange.

In the preface of my book, *Expressive Therapy: A Creative Arts Approach to Depth-Oriented Treatment* (1981), I stated the following:

In any one session, we can detect in patient-therapist communications both verbal and nonverbal cues that

can be examined within the artistic parameters of sight, sound, and motion; that is, in rhythm, pitch, and timbre, in color, texture, and form, and in muscular tension, energy, and special relations. These elements of therapeutic composition have their own principles and require the utmost skill in therapeutic management.

This nonverbal composition of a given patient's communication takes place on a number of psychic levels and presents a unique aesthetic character. First, however, let me define what I mean by aesthetic. In *The Artist as Therapist* (Robbins, 1987), I stated the following:

When I speak of aesthetics, I'm referring to making the inanimate animate, giving form to diffuse energy or ideas, breathing life into sterile communications. *Communication* is a key word here, for a complete work of any medium becomes art only when it touches us as a living truth. This happens when it is an authentic expression of the artist, and more often it involves an integration of polarities.

In another section, I further elaborate on this point:

When symbolic form includes multiple levels of communication and transcends its individual parts to communicate a larger meaning, it approaches the level of aesthetic communication.

Historically, the language of the artist has always addressed itself to the self that cannot easily be reduced to words. In the following sections, each artist will offer his/her special view of the language of art applied to the therapist's grappling with an understanding of man's wish to give freedom and space to the very essence of where the self lives.

Movement Composition and the Choreography of a Verbal Psychotherapy Session

Eileen Serlin

P moved against the far wall. She stayed in the corner, keeping 4 or 5 feet between herself and the other group members, not acknowledging them in her movements. She was hunched up, eyes closed, energy pulling inward, hands gesticulating. These hands seemed to flail out into empty space, hands curled like claws, clawing the air. Her head was tilted toward one side, eyes beseeching and flaring, mouth twitching.

She says she wants to be touched, but is terrified and furious. She grew up in an orphanage and was sexually abused as a child. She is afraid of being violated and abandoned.

P's back was to the wall, braced by the wall. This was the only solid point of contact, of support. Everything else was flailing, desperately, helplessly, uselessly. Her body was limp and lacked a strong central inner support.

I momentarily saw my cat, a frightened creature. My cat loves to be held, but if approached tentatively, head-on, with hesitancy, she'll lash out and claw. If approached from the side, however, with swift sureness, decisiveness, and a firm touch, she will melt and cuddle.

I swiftly approached P. Without pause, I moved in from the side and placed my two palms against her thrashing hands. She pushed my hands away. As she pushed, her body resisted, strengthened, and focused. Her flaccid weight mobilized, her diffuse efforts organized. She pushed, and I pushed back. As we pressed

against each other her inward-pulling energy reversed and flowed toward me. As I stayed steady and clear, she continued to mobilize her efforts toward me, integrating and mobilizing herself.

Suddenly she screamed—uncanny screams, one after another. Then she fell sideways, across my lap. I leaned over her, pressing my upper body down on her, containing her with my body. Her thrashing diminished, her body quieted, and her tears stopped. She looked at me and said softly: “Thank you.”

What happened during this session? P is a borderline personality, with issues of early maternal deprivation, trust, splitting, and boundaries. Although I worked with her nonverbally, I believe that elements which I used to sense our interaction are ones which can be used to understand a verbal session. These elements—body, space, time, and energy—are from the language of dance and describe basic compositional elements of any diagnostic or interactional process.

The language used in most traditional psychology comes from a mechanistic, Cartesian system that posits discrete entities, such as ego and id, or which suggests that dance is about a body literally projecting itself through space. Modern physics, however, has shown the world to be more fluid than this. From a non-Cartesian perspective, a study of the human mind would describe processes rather than entities and qualities rather than quantities. These processes and qualities are already in movement; movement is basic to life. Using the language and images of dance can thus help to articulate patterns of any process. What are the elements of a dance language and how can they be used to

describe the therapeutic process? I will first describe the elements as concretely manifest in the session with P, then I will show how these elements can be used metaphorically to understand the compositional aspects of a therapeutic process.

Body

1. **Body parts.** Body parts means which parts of the body are emphasized in the movement and how they are used. P used primarily her hands, head, mouth, and eyes. Her hands were like claws, curled inward, arms crooked, head at an angle, mouth grimacing as though she were vomiting, and eyes fixed and glaring. Her torso was concave and still. The shapes of the body parts were in complex angles, convoluted and twisted.

2. **Organization.** Organization describes how the parts are organized into one moving piece. P's body seemed all joints. The parts did not move together as one organized system, but moved in fragments. A clear, organizing center was missing.

3. **Posture.** Posture describes the organization of the large architectural units of the body. P's back was supported by the wall. She was not able to maintain an upright posture without this support. With the support, however, she could sustain a great deal of peripheral activity.

4. **Flow.** Flow is the movement of energy through the body parts and joints. Movement flowed through P's body in a twisting, grinding, circling, spiraling motion, successively moving through the joints.

Space

1. Perspective. If these movements took place in a composition, how would the composition be arranged? P chose to position herself in a far corner of the room, squeezed into the line between floor and wall. She was far from the others in the group and from me. She looked as though she were being seen through a telescope, appearing far away and huddled small.

2. Open versus closed. What is the basic spatial configuration along the dimension of open or closed? P's body was twisted into itself and did not open out to others. Her flailing hands created a wall of "static," a shield of chaos through which penetration to her heart or body center would be difficult.

3. Kinaesphere. How large is the "personal space" bubble in which the mover moves? P claimed a large area as her own space, and her movements did not echo anyone else's or invite anyone into her space. This personal space was clearly hers and not shared.

4. Boundaries. Boundaries refer to the outline or edges of the movement. P's hands kept circling. They did not seem to come up against anything or suggest any edges. There was a sense of her inner self pouring out without a firm container to hold the writhing torment.

5. Negative space. What is the relation of mass to surrounding (negative) space? If P's body were seen as a sculpture, the space around her would be an empty void. There was not a dynamic interplay of matter and space, an interpenetration of shapes. The space around P did not support or contain her; she seemed lost in space, diffuse, alone.

6. Relationship to objects in space. Do P's move-

ments reach out toward others, make clear or vague paths through space? P did not carve through space or reach with intentionality or purpose toward any other individuals. Her efforts to cope with her environment and with others were minimal.

7. Pathways of contact. If contact were to be made, what logical approach would the movement suggest? P's frontal movement blocks and her glaring eyes said not to approach head-on. When, in fact, one of the group members asked if she could approach, P refused, and the group member said that she would have approached too directly. A clear, indirect, peripheral path to P would reach her without threatening her and would establish strong contact at her boundary.

Energy

Energy describes the qualitative (light-strong, quick-slow, direct-indirect, bound-free) and directional aspects of the movement. P's efforts were predominantly light, sustained, very bound, and indirect. The flow of energy pulled inward, referring back to the body center. The loops of movement were repetitive and of even intensity, lacking clear phrasing or closure.

Interaction

What was my own sense of body, space, and energy and how did I use my force field to create a therapeutic dance with P?

First, I sensed her as very far away, as if I were looking at her through a telescope. She felt remote and unreachable. I inched closer, just trying to feel her

proximity. As I noticed her against the wall, I felt a need for her to be supported. I had the sense that if I could slither around quickly enough, I could brace her back with my own. But I knew that I could not get there and establish very firm contact fast enough to forestall a reaction. Therefore, I planted myself instead in my own spot and grounded myself by strengthening my own spine and its relation to the floor. From this stable sitting position, I could observe her increasingly agitated movement grimaces. It was not time to "do" anything, but I used my own posture to ground my own energy field and to provide a stable force field near her. Then, just when I sensed in my own body that her writhing was becoming unbearable and she paused momentarily, I moved in on her. I knew that her coiling hands were closest to me and I could engage them quickly. I had to place clear pressure against her palms so she could feel me, but in such a way that the contact would be at the edge of her space and not too close to her center. Together, we created a strong boundary to mediate the point of contact. By pressing with increasing strength against her hands, I could sense her and she sensed me. I had to close my eyes to concentrate fully on the feeling between our hands, otherwise I felt I would be seduced into the chaotic and angry distraction of her other movements and angry eyes. She felt like my hissing cat or a mad Medusa. I could not look too directly into her eyes, but kept my awareness of the steady point of contact between us. As I pushed against her, her inward-pulling energy began to mobilize and focus on my push. It described a figure eight as it spiraled in toward her center, then looped back around toward our point of contact. As she pushed me

with increasing strength, her whole body got behind the push, and soon both our centers were engaged in the relationship. Once her breathing and "gut" center were engaged, a feeling level came into our relationship. I felt her direct her anger and frustration at me, while I kept my push steady and neutral. Her push escalated until it peaked with a shriek.

After that, the quality of the relationship changed dramatically. P threw herself sideways across my lap, letting her whole torso touch me. I could lean over her back, with no interference from moving body parts, and use the whole of my own torso to contain her. She was like a child twitching in my lap, asking for strong cradling. I circled her with my arm while I held her tightly and steadily, protecting her new vulnerability. Feeling safe within the confines of my human straitjacket, she was able to soften and quiet down. When her agitated, endless movements were contained, phrased, and came to closure, then she could thank me.

If the elements described in this session were taken metaphorically instead of as concrete movement, how could the metaphors describe and illuminate processes of a verbal psychotherapy session? I will focus on two aspects of a psychotherapy session: (1) the movements and nonverbal communication that are part of any interaction and that indicate intra- and interpersonal dynamics, and (2) elements of energy, space, and composition that make up style of rhetoric. Further, physical dimensions of movement, such as containing and holding, metaphorically speak about patterns in a therapeutic interaction. How, then, can these movement elements appear in a verbal psychotherapy session?

1. **Body.** Taken as a form, the body of any client yields important diagnostic information about the personality. Is it fragmented, organized, flaccid, or taut? Is there a central organizing support? How do the parts fit together? Implicit in this diagnostic is an assumption that "you are your body"; that is, the body reflects personality style and ego strengths. Further, "body" may refer to the body of speech. Is the language fragmented or organized; are there central support themes; how do the parts hang together? Finally, body may refer also to the body of the therapist. Does the therapist have a strong observing ego (spine) to ground and contain the client's diffusion? What imaginal and subtle body shifts does a therapist do with her body during the session to provide a good holding environment for the client?

2. **Space.** Looked at as a composition, the spatial configurations of the mover in space is also an important diagnostic tool. Translated into a psychotherapy session, we might notice whether the client places himself in a corner, close or far from the leader. Does he feel that he must take up just a little spot; can he sprawl, be close to others? Does he tend to shrink into the background or thrust into the foreground?

The kinaesphere of a client may be visible as soon as she enters the room. Does she take up a lot of room; is she expansive; are the gestures large or small? In her rhetoric, is she expansive or constricted; are the sentences full or terse? How much of the conversational space does she occupy, and will she accommodate in size to coordinate with a listener?

Boundaries are one of the most salient dimensions for the borderline client. This may be felt as soon as a client enters the room. There may be a sense of awk-

wardness in passing each other, in glances or gestures that linger slightly too long, in a feeling of sticking to each other. The body might not have a clear definition, and there might be a sense of emotions spilling out. Words might also spill out and lack containment or tension. Both therapist and client may experience a sense of being flooded by sensations and affect, without an appropriate screening mechanism. The session might run over just a few extra minutes.

Fuzzy boundaries obviously affect the relationships one can make with objects in space. In the opening example, the client had difficulty making clear paths through space toward others in the room. Because she could not establish clear movement boundaries and because her boundaries were masked by chaotic movement "clutter," she could not establish definite contact at the boundary. Her relationships were diffuse and unclear. With movements that spiraled back toward her own center rather than outward, her relationships were self-absorbed.

Negative space refers to the space around or through solid forms. This may be observed in actual movement; for example, the client in this example did not make an active relationship to the space around her body. Space may also mean the space around thoughts or words in conversation. Another borderline client observed that she was characteristically overwhelmed by feelings and could not "step back" from them or get any space around them. She also identified too readily and felt others' pain as her own; she could not separate and find space between another and herself. She would either merge or withdraw and could not find an interplay. Movements and emotions dance in the context of recip-

rocal space; without this spatial context, they are overwhelming or out of proportion. Finally, space can describe the therapist's "technical neutrality" (Kernberg, 1984, p. 103) of maintaining a distance from the patient's intrapsychic conflicts. Without it, the therapist is sucked into strong primitive defenses.

Space can also be experienced as open territory in which we set roadmaps. P clearly indicated to everyone else in the room that she could not tolerate a direct frontal approach, but might allow a sideways, indirect one. As a metaphor, this might indicate that a verbal statement should not be too confrontational, but must be more indirect. In some forms of therapy, the therapist will sit at the side of the patient rather than in front. If eye contact is made, it might be better to look from the corner of the eye than to look too straightforwardly.

3. Energy. Words and thoughts, as well as actions, can be quick or slow, light or heavy, tense or free. In a session, a therapist can sense the qualities of energy of the communication and can use this sense to clarify therapeutic issues. Time, one of the elements of energy, describes not only quick or slow but also the phrasing of the movements. If the movements were read as a musical score, then the individual qualitative notes would cluster in phrases. These phrases would be strung together to create a lyrical line in which the bits of musical information are organized into coherent temporal units. P did not group her movements so that they came to either closure or impact; they seemed to go on and on. Similarly, a client's voice may lack phrasing or impact, and the therapeutic issues might be about lack of assertiveness or effectiveness in life. In a verbal session, attending not only to what and how things are

said but also reading between the lines of how these things are put together, yields important information about how the client organizes his or her world.

Interaction

When I saw P as my cat, I remembered that it took 6 years before my cat let me touch her. She taught me a great deal about patience. P and I met each other animal-self to animal-self, in a nonverbal language of trust-building. Thinking about our relationship in the imagery of animals dancing together rather than in the mechanistic imagery of "objects" and "relationships" reminded me of the activity in the *Little Prince* called "apprivoiser," or "to tame." In this story, the wild fox teaches the young prince how to approach and quiet him so that they are able to be present together. In my story with P, I had to sense how to approach her, maintain safety, and help her wild energy transform itself into peace.

In terms of movement and choreography, I used my energy to contain and transform a process. I began by sitting very still and concentrating on stabilizing and grounding myself in order to provide a feeling of holding at a safe distance. I was actually imaging support and containment to help bring image and movement together. As I sensed some openness in her, I came closer. By creating a boundary and pushing against it, I was communicating that I was present, but setting and clarifying limits. This allowed her to feel safe enough to express her energy; it went from "impress" to "express," and moved outward toward relationship with another person. As I held my push

steady, I could feel her energy implode inward, and I kept myself present as a steady force, inviting contact but not violating her trust or invading her. She used my holding to integrate and mobilize herself.

When she screamed, I sensed her new vulnerability. She seemed to be asking me to mother her, to hold and cradle her. Yet her twitching body asked for a firm grasp, a tough love that she could feel and trust. She was asking whether I could handle her, could hold all that turmoil. She let me hold her with my torso; our relationship went from peripheral (hands) to central (center of gravity, guts, emotions).

The healing happened because I deliberately used my energy as a "holding object" to help her silent regression take place. As a re-mother with whom she was experiencing trust, I held her child's fragmented self and let her project her turmoil onto me and then helped her reintegrate using my own self. Through my active setting of boundaries and use of presence, she was able to experience a moment of congruence between inner and outer self, and we were able to experience an integrated relationship together. Finally, compositionally, our session had the form of a good choreography—a clear beginning, middle, and end. Suzanne Langer (1953) claims that art creates patterns that organize emotional energy; our A-B-A form gave coherence and closure to P's unbearable chaos.

These elements of dance and choreography—use of presence, energy, body, space, and form—are present in any healing therapeutic encounter. A sensitive therapist would use his presence and timing to guide the flow of the session. It is important to say, however, that dancers begin with a natural sensitivity, but also

receive special training in how to see. Dancers are trained to kinaesthetically feel, see, and improvise with spatial relationships, weight shifts, repetition, and mirroring of movement themes, boundaries, and rhythm. Like visual artists, dancers are trained in an aesthetic mode of perception that has elements in common with other arts, but which also has its unique kinaesthetic dimension. This language, which articulates forms of process, can be helpful in describing the process of the therapeutic dance.

Patient and Psychotherapist: The Music

Alice Shields

As both psychotherapist and composer, I have felt myself drawn to viewing each role through eyes and ears sharpened by the other. I believe that a sensitive understanding of some of the elements of musical composition can be of use to verbal psychotherapists as they create a session together with the patient as both music and the therapy session are related in that both display the expression of meaning and affect through the frame of time and the modality of sound. In fact, as many therapists are aware, the nonverbal—in our case, sound—components of the therapy session can often give more information about the patient's experience than the verbal content alone.

The Dramatic Dialogues Inherent in Thought and Music

[Music] arises from and expresses the structure of thought itself, with its multiplicity of figures and viewpoints, and its lifelong conversations (Watkins, 1986).