

## CLIENT A

Greeting behavior	Comfortable-stylish mode of dress, Hair and nails carefully done, “Hi sweetie” in melodious voice tone, Big hug (poorly defined boundaries).
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“Good me”	Tries very hard to look perfect and to control negative feelings and bodily needs with splitting defense (dissociation) and bodily purges (confusion/displacement of feelings to fat and bowel).
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“Bad me”	Depressed, guilty, and enraged, great difficulty functioning outside of work, at times feels suicidal.
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“Not me” Flashbacks of sexual abuse by father, memories of physical and emotional abuse by mother which she is not sure are real or true.

Movement capacity	Seated and depressed or collapsed on the floor (bad me); she moves for brief periods when requested to move and supported in moving (good me); unable to move actively on her own (not me).
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*Moves out of her mother's house into an apartment of her own.*

Greeting behavior	Begins to look less carefully put together.
"Good me"	Begins to be able to tolerate some negative feeling, particularly toward mother, and to feel some right to exist separately from her. Purging rituals continue.
"Bad me"	Much more angry than depressed.
"Not me"	Flashbacks lessen and she begins to be aware of her own nastiness.
Movement capacity	More overall bodily activation and vitality, even pleasure in expressing both anger and relief (release) when we move together, culminating in her spontaneous angry dance (some integration between bad-me and good me).

*She becomes involved with an alcoholic man who resembles her father.*

Greeting behavior	Similar to before but she now begins to notice how I look and wonder how I feel.
"Good me" & "bad me"	Increasingly difficult to separate; all defenses still in place but she is beginning to wonder about what really did happen to her and what inside of her drives

the rituals. She experiences herself as existing and with some right to feel. She works hard on navigating interpersonal relationships and setting limits in the present; and she gets a cat.

"Not me"

Flashbacks are receding, and present experiences begin to bring back more memories of early parental abuse; tremendous shame in relation to alcoholic friend.

Movement capacity

"This is my body" theme, but intermittently because it really isn't yet, supported movement work (moving for and with) on setting limits and saying "no," facilitating fuller integration of good and bad me.

*She is able to accomplish disengaging herself from her alcoholic friend.*

Greeting behavior

Similar to last section.

"Good me"

"Bad me"

"Not me"

Increasingly difficult to separate these. Flashbacks have stopped except for the aura-like bodily sensation (signal) which introduces them. She can quickly identify both the external cue and the internal memory being linked. Now instead of being overwhelmed by the flashback, her sense of self not only remains organized but is defensively and adaptively activated.



*She believes that the sexual abuse really happened to her and she is able to use that awareness a) in present relationships to set clearer self-protective limits, and b) on her job where she can accept more easily her own limitations and her need for help with certain difficult patients she cares for.*

**Movement capacity** At the same time she is missing sessions again: car breakdowns and body “breakdowns” (multitudes of minor physical injuries and illnesses symptomatic of increased shame and stress). She is on the verge of reclaiming her body as her own. In sessions she is increasingly angry, able to move out, more independently and directly, her anger at family members. Out of session, she is getting involved in a new sexual relationship in which she is seductress.

### **8. A note on the management of flashbacks**

Flashbacks are the only means available to clients who have them of remembering-with-feeling past overwhelming attacks on the self. The traumatic experiences encoded neurologically in what becomes a flashback are too terrifying to remember consciously because they obliterate any coherent and sustainable sense of self and relationship world. At the time the trauma is experienced, the central nervous system of the traumatized person is so intensely activated that the experience is stored in exquisite sensory detail, vivid in its overwhelming terror and helplessness. In the case of A, as with many other victims of child abuse by family members, her flashbacks were also her way of holding on to or keeping close the excitement of the attack and the attachment to the loved/hated attacker. Flashbacks in themselves are



a repetition of the vulnerability, helplessness, betrayal, and sensory overstimulation in such an attack. Only a more self-aware, organized, remembering-with-feeling can deactivate and replace them.

It seems to me to be a great disservice to our clients for us (therapists) to become too interested in the contents of these flashbacks or to become tangled in their outrageous excitement. It is far more helpful, I think, for us to observe, listen, feel and remember them for our clients because they cannot yet, and to work with our clients on living-in-the-present where repetitions of early traumatic experiences are inevitably available. We also need to help them manage their responses to the flashbacks while they are occurring and afterward. Client A was very concerned about the reality of her flashbacks. "Did that really happen?" she would ask me, and I would respond that I didn't know but that we would keep working and eventually she would be able to decide for herself.

### **9. On the subject of vacations.**

A vacation is a complicated, time limited separation in the therapy relationship. When it is managed feelingfully, the therapy work is not interrupted nor is the relationship ruptured. Here is the trouble. No matter who initiates it, the vacation is experienced by the client as an abandonment by the therapist, with complex elements of both liberation and deprivation.

There is a particularly destructive attitude to be noted and addressed in relation to these (as any) separations: the "getting rid of" attitude. In our clients, this attitude takes the form of getting rid of a profound vulnerability, a shameful dependency, a humiliating inadequacy (or whatever "badness" the

therapy represents). In ourselves this attitude takes the form of getting rid of an irritating or depleting burden (or whatever tribulations the client represents). Both of these “getting rid of” attitudes need working room in the therapy sessions so that, untangled from them, vacations can become more of a time for needed rest, relaxation, and play in which the other (therapist or client) can be thought about and missed.

Now in order to miss someone (to feel connected when separated), you have to be able to imagine them in some way inside yourself, carry them with you in some way. Clients with a fairly cohesive and organized experience of self and other don’t need much help with this. Clients who are still building self-cohesion and organization, or who have a particular vulnerability to abandonment, do need significant help. I tell each of my clients as we approach vacations (or other temporary separations) that I will miss them and think about them. I have made careful note of when a client can say “I can hear you in my head saying \_\_\_\_\_,” or “I found myself \_\_\_\_\_ just as we do here,” and other statements which indicate that my client has let me in, has some stable internal representation of myself and our work together.

When my client has let me in and is not so vulnerable to abandonment that he or she has to leave me before I leave him or her, that client will carry me with him or her through the separation, as I will my client. Client R was such a client, as was Client B. Client A has had trouble carrying me with her from session to session. Early on I gave her a small object which she keeps at home and treasures; and whenever I go away I send her a postcard. Both of these have served as concrete, tangible, transitional objects, as bridges to help keep us connected. Client C, who was somewhat better organized than Client A,



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tried her best to go on vacation when I did so as not to be left, and could not let herself miss me, didn't even know what it felt like to miss someone.

When my clients go on vacation we talk about what they are taking with them, by which I mean all their sadness, envy, worry, anger, fear, etc. For example, on her last vacation Client A found herself very "down" now and then, and because we had been able to anticipate such feelings in advance, she was not so frightened or certain she was crazy. She could remember an "us" who had talked about this happening. When facing a vacation or time-limited separation, I talk with my clients about where we are in our work, and where we will pick it up again when next we meet. We set the day for our next meeting. When I am the one going away, I make sure that any of my clients who are really struggling or in crisis or anticipating a crisis have a phone number where they can reach me. I am very fortunate in my small private practice to have a group of clients who do not intrude unnecessarily and who do not experience my efforts at sustaining our connection over separations as intrusive or teasing.

My practice is small enough that I have not needed coverage by another therapist, or in cases where I might have I was not the only therapist working with my client. The availability of telephone contact with me has also been very helpful in allowing me to cover for myself if needed. I have never been called unnecessarily on vacation, or any other time, by any of the clients presented here.

#### **10. On touching clients and the therapeutic use of touch**

I want to begin with the recollection of at least two clients I have worked with

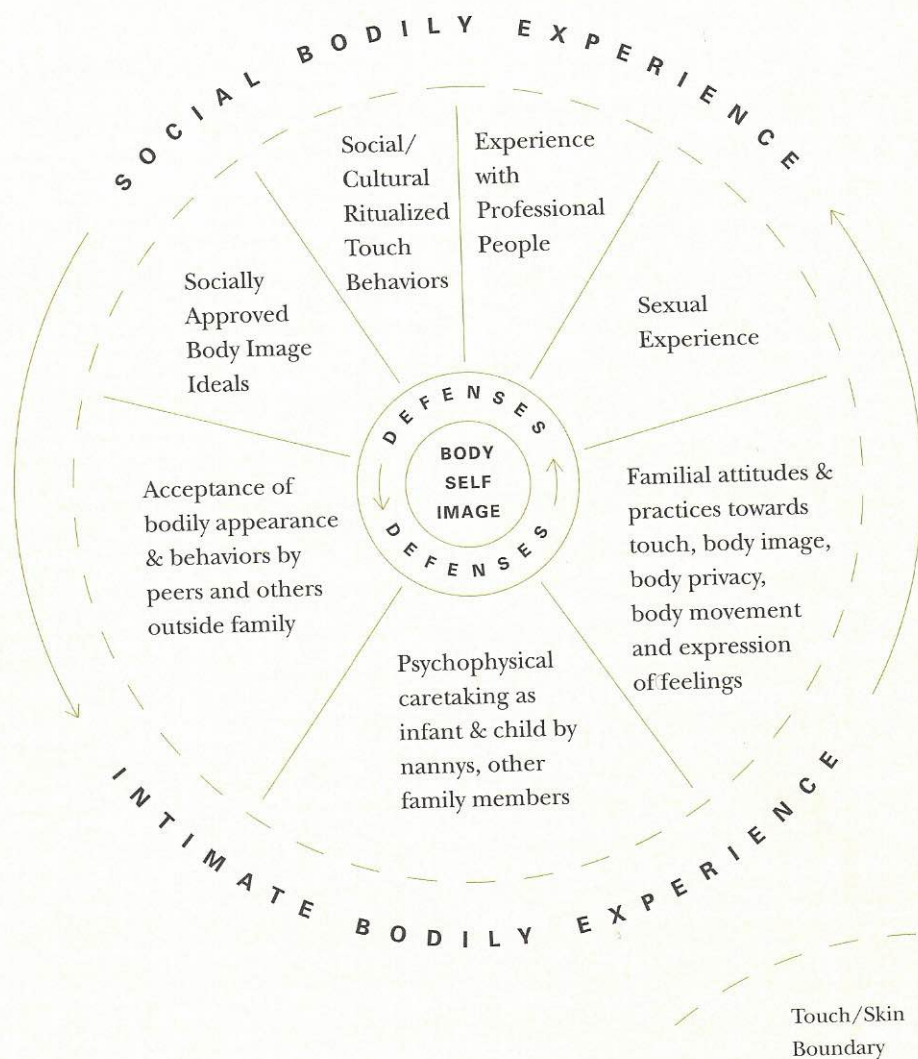


for whom a hug at the end of each session has meant everything. This is a hug from me they can count on receiving no matter what, a hug for which they don't have to beg or redeem themselves or earn in any way. It is a hug I have not spoiled either with my initial discomfort or my efforts to talk about it. It is a hug that was able to do its work, whatever that was, and to move along with us seamlessly through the treatment process. Now let me say that I do not always hug my clients. There have been some I do not hug at all and some whose hand I don't even shake, for whom eye contact is already close contact.

Touch is one of the cornerstones of our sensory system. It carries the whole history of our interactions with our known world of people, objects, and other living things. Touch is an essential and organizing constituent of the development and maintenance of our body image, as well as being essential to our neurological and psychological well being. Beginning early in our lives, vision, movement and touch are neurologically linked; and for the sighted, touch remains a vital form of night vision. Touch is an essential part of our feeling "in-touch"—with our selves and with others, of our capacity to orient ourselves to what is real. We use touch to express a wide range of needs and feelings, to support our verbal communications, and to get attention. Touch is subject to rules of conduct at all levels, from the most intimate and private, to the most formal and public.

I have made a diagram (see page 64) which includes many of the kinds of bodily experiences which effect our tolerance for or enjoyment of being touched. It is very important to consider them, to keep them in mind and open for discussion and movement work with our clients as touching becomes desirable or useful or unavoidable in the treatment process. It is always





[ figure 4 ]  
TOUCH AND THE BODY

important to ask the client's permission before touching him or her, but even with permission, many clients will confuse or distort the touch they receive along the fault lines of their own needs and fears. And then there are clients who do not wait for any discussion of touch before initiating touch. Ideally both client and therapist should feel safe if not wholly comfortable being touched before touch is initiated. Yet sometimes being touched or touching the other is so essential to the client's feeling accepted or even that he or she can exist there with you, that you as the other are not considered at all.

Fundamental to the experience of having and of being oneself is the experience of having and being in one's body. All but the most healthy of our clients have substantial difficulties with having and being in their bodies, with feeling the body sensations which are the foundation of living with one's feelings. The feeling life of the body is shut down in two general ways: (1) by a kind of paralyzed numbing of bodily sensations and actions, or (2) by a kind of agitated numbing of bodily sensations and actions. There are many varieties of blocking or numbing feelings within these two categories which are habitual and defend against feeling experience. Consider these examples:

1. *A client whose body is so intruded upon by others, being "done to," that it doesn't feel like "my body;"*
2. *A client whose body has been abandoned as too uncomfortable or dangerous to live in with feeling;*
3. *A client whose body in appearance, gestures, actions, has been made over to please others;*
4. *A client whose body feels cold and frozen, or hot and explosive;*
5. *A client whose body cannot stop moving, who cannot rest or begin to relax; and no doubt there are many more examples.*

It is important to observe how each of these clients experiences touching or being touched and to imagine kinesthetically what their experience might be like; and then to note how this experience shifts over the course of treatment. Often it is the client (like Client A) whose bodily experience is defensively numb who most desperately needs touch and initiates it, because he or she needs to feel "I exist" and "I am in touch with someone outside of myself (I am not alone)."

I have given myself some guidelines in the area of touching clients. The first is that I almost always let the client take the initiative, setting limits gently but firmly where necessary, noticing my own comfort or discomfort honestly and sparing the client where humanly possible any (further) rejection, humiliation, or embarrassment. The second is that when I initiate touching, I always ask permission and I always explain why, if not in advance, then certainly as I go along. The third is that when I use touch with my clients, it is for these purposes:

1. *to communicate a basic acceptance and presence which is before and beyond words;*
2. *to help clients begin to experience sensation in their bodies, begin to reclaim their bodies as their own, to rebuild connections between frozen or numb areas of the body;*
3. *to help clients learn to soothe themselves, regulate more successfully their responses to inner and outer stimuli (or absence thereof);*
4. *to get a client's attention in the present; and*
5. *to help a client reorient/reorganize his or her bodily experience into a coherent, realistic body image.*



To be quite honest, my experiences first with animals and small children and more recently raising my daughter have provided me a rich and sometimes painful education in observing who to touch, how and where and when and why; and in the multitudes of feelings that touch, movement and voice tones can convey—whole rich dances of relationship without words.

### **11. When the therapist moves and the client doesn't**

What I want to describe here are those infrequent times when the therapist is the mover and the client is the watcher. This may happen when the therapist wants to demonstrate a technical or relaxation exercise for the client, so that the client has a visual-kinesthetic experience to guide him or her in practicing the exercise. This also may happen when the client would be helped by a role model in his or her efforts to move out some part of a feeling narrative, a dream, wish, memory, or present life experience. These first two examples are didactic in nature, that is, they involve the therapist teaching movement skills to the client by demonstrating them as well as describing them verbally. They may occur in any of the later stages of the client-therapist relationship.

What interests me, particularly, however, is when this comes about spontaneously and from the deeper layers of the therapy work. I have a vivid memory of a client with whom I worked many years ago, a woman suffering from profound emotional malnourishment. She was slender, pale with anxiety and bodily tension, constricted in all dimensions of self-expression, and very frightened of closeness and intimacy. She presented herself as angry, depleted, disinclined to be accommodating or flexible. We worked together on softening, relaxing, opening, at first using the floor and a large ball for support, later in movement patterns—dances based on locomotion which

used the entire studio. Throughout our sessions we worked on connection, both within herself and between us. The particular session I am thinking of occurred toward the end of our work together. At this time we moved "nearby" each other, with fairly frequent "moving-with" links between us. She had chosen a gentle, sweet, but sad piece of music with a rocking rhythm. She was using the large ball and I was moving quietly nearby. I call this kind of moving "doodling" such as you would do with a pencil on a scrap of paper while you are attending to something/someone else.

Gradually, she rolled off of the ball and came to rest on the floor watching me. The music continued. She appeared to be remarkably relaxed and contented on the floor. I continued moving near her in a simple swaying and turning movement pattern in which I turned alternately toward and away from her (the image of a beacon on a light house). There was a rare and wonderful attunement between us, each of us in our own separate but fully-in-touch places, which stopping my movement would have spoiled. I felt as if I were moving a lullaby, rocking her. She felt (as she told me later) tremendously soothed without being intruded upon.

With clients such as this one, the early, sustained experience of failed maternal attunement or fit has been profound and enduring, leaving its mark on all subsequent relationships. The experience these clients have of relationship is of doing all of the work to achieve even a minimally acceptable fit, that is of trying to do and to be "just right" for the other. They then experience absolute desolation and rage at the frustration and inevitable failure of this effort. In this memorable session each of us softened our boundaries enough to become temporarily joined, becoming a being/doing/unity, in which who was the do-



er and who the be-er didn't matter so long as both doing and being happened in a way that was fully connected and attuned. We achieved together, in this session, an interval of nourishing fit in which she could finally soften, open, relax and rest rather than work (her perception was that I was the one working) and let herself be soothed by taking in my lullaby with her eyes and ears, a truly corrective and healing experience for her.

## **12. On the subject of managed care**

What I want to say about managed care is really about patient care. I want to stress how important it is to and for our clients that they experience being in control of their own treatment in every way possible. This is true about when they begin and when they end, how much they pay, how frequently they come, what issues they choose to explore, and the kinds of privacy they need. I know that in my small practice, every single one of my clients, male and female, has had a history of abandonment, neglect, intrusion, or abuse in which gross insensitivity to their needs and feelings throughout their growth and development has been a predominating and crippling experience. Managed care companies, as they presently exist, repeat this experience for clients by putting their own interests before the interests of their clients, by putting profit before good care. Good care is not something that is imposed arbitrarily, without consultation or collaboration with those to whom it is offered and who so desperately need it. There are limits to what can be provided by any of us, as individuals or organizations. Under conditions of good care, however, we face these limitations with our clients as they present themselves, realistically and compassionately, making every effort to consider and support our clients' feelings and needs, their investment in healing themselves.

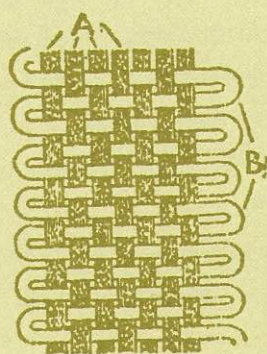


**Part 2:**      **About Being a Dance Movement Therapist  
and My Self in My Work**

In this second part of the Notebook I would like to talk about myself. I take myself as an example, a sample of one, working and struggling in the present, and trying to make sense out of a lifetime of working and struggling, to be available to myself and to others in a way that is healing and enhancing of life and creativity, respect and realness. I am grateful that you, my reader, are also an example, a sample of one, with a vision of your self in your life and a personal history that is a central part of that vision. I expect that you are interested in dance/movement therapy for one deeply personal reason or another. I can therefore hope that my decision to write and include the more personal material in this Notebook will make sense to you.

There are three sections in this Second Part. In the first section I look back over my life at the experiences which formed me and my decision to become a dance therapist. The second section is the best I can do to write about my experience of doing dance therapy, of being in session after session with my clients. I devote the final section to looking at the difficulty we face as dance/movement therapists in explaining what we do to the outside world and why what we do is so very valuable.





Weave  
A, Warp; B, Weft



It seems to me that our lives are like vast unfinished tapestries which we have woven out of the colored threads of thousands of memories and experiences. These we not only weave but reweave over and over, including newly accumulated experiences and memories, telling our story in complex interlocking layers of patterns. It is not always so easy to look back and ask one's self "How did I come to be here doing this now?" However, I can loosen some of the thicker threads in the tapestry that is my life so that I can see where they begin and what other threads they then join with, cross over or dive under as they go along. I can name them and I can tell a little about them.

The first thread I call "the hospital." It is a thick black and red thread. It makes a dark gash in the beginning of my tapestry which is otherwise full of gentle spring colors. I was hospitalized for about ten days at the age of four for abdominal surgery. I was separated from my mother and father who visited me every day. I was well cared for by very competent doctors and nurses who had little idea of what this kind of experience was like for a child. My experience was of being abandoned and tortured. I couldn't begin to explain how frightened I was and no one seemed to understand. My family, the doctors and nurses all took the same attitude which was that they were helping me get better and that they were sorry when they had to hurt me (with shots, stitches, and such), but that I should try my hardest to be a good girl. I tried to be good and they tried to be kind and it was awful. My mother tried to comfort me but always had to leave. (No provision was made at that time for a mother to stay in the hospital with her child.) As a result of this experience I barely functioned through elementary school and I was tormented with fantasies and nightmares. I carry with me even now (1) a dread of separations, (2) an



unspeakable sadness and fierce pride, both, at having had to manage and survive so much alone, (3) an absolute protectiveness about my body, (4) an impulse to try very hard to be good, especially when I am frightened or angry, and (5) a deep respect for my own murderous rage. I bring this experience and all these feelings into my dance therapy work. They serve as my map and compass for deep psychological processes.

The second thread I call “the earth” and it describes a part of my passionate relationship over my lifetime with the world of plants, rocks, sky, water, and animals. It is a rainbow of colors wrapped about a beautiful dark brown core. This world seemed safer and more reliably present and compassionate than the human world on which I was so utterly dependent. I spent hundreds of hours climbing fences, until I could climb over every one in my whole childhood neighborhood. This activity gave me valuable information about the size, shape, strength, and reach of all the different parts of my body, and skill at complex balances and coordinations, at reciprocally transforming visual planning and sequencing into motor planning and sequencing. I studied each garden into which I climbed, noticing how different plants and trees grew, the multitudes of colors, textures, and scents. When I was older I would hike, climbing high into the mountains, pressing myself against the huge granite slabs to feel their support, the edges of my body clean and clear against the rock. It was a blessing to grow up in a climate where I could be outside comfortably all year around. I learned that by using all of my senses I could feel connected to the world outside of my body. I watched animals of all kinds, large and small, and I imitated them, talked to/with them, played with them when possible. Although I had a large family who cared about me, I felt profoundly alone.



The third thread I call "horses." It is a slender, strong thread of metallic silver and gold entwined with an array of blacks, browns, reds and grays. Horses were my bridge both to dancing and to real human relationships. Horses are big and warm, alive and highly mobile, and they understand about flight. They presented me with new challenges. I had to learn how to move safely and responsibly with another moving being who carried me. Actually, riding involved not just one horse, but many horses over the years, with differing gaits, energy levels and temperaments. Each one required from me the flexibility to achieve a good fit—comfortable, safe, and pleasant for me and comprehensible, do-able, and pleasant for the horse. Horses have distinct personalities and I became very interested in getting to know them: how to soothe those who became distressed; how to anticipate those things which would bother or frighten them; how they liked to be fed, touched, brushed, rubbed; how they liked to move, what they could do and learn to do. Horses have given me years of wonderful lessons in non-verbal communication and in companionship. Because I rode with and learned from other people, many of my first experiences of being good at something and my first friendships involved horses. I was drawn particularly to horses that were beautiful, quick, and spirited (passionate), not just because they were thrilling to ride but because by joining in moving with them, by achieving a successful fit, I became connected to that part of myself they represented—strong, passionate, responsive, sexual, beautiful in being so fully present and alive. What a gift they have given me.

Beginning with a new patient is not so different from beginning with a new horse. I have to ask myself some identical questions. How does this person move now and how does he or she need or want to move? What natural and

real limitations exist? What experiences and perceptions impair this person's freedom to move without fear? How can I use my voice and my body to help this person begin to trust me, begin to move with me?

Horses (and all other animals) are excellent examples of integrated moving in which moving-thinking-feeling is a seamless whole. I could experience that integrated moving in my body through horses, particularly riding bareback, long before I could find it on my own. By the time I went to college I was ready to find it on my own. I began to dance in a completely new way—for myself. I had studied dance before, ballet as a child, then later ballroom dancing, folk and square dancing; but then I was dancing to show off or to have fun, to fit in. Now I had a whole new purpose.

The fourth thread I call "music." Music is permeating, like breath, like atmosphere. This thread is made of all colors shaded through moods, like weather systems. It undulates through this tapestry like water running, sometimes gently, sometimes with turbulence, ripples, waves. My father loved music as he loved the mountain streams. I studied the piano and classical music for many years, seriously in high school and college. I loved the balance of rhythm, flow, and structure, the depth of feeling that could be expressed within that form. I began to be able to put myself into the music I played, and to listen to myself. Music also connected me wordlessly with my father, who was often passive and remote. We played piano duets together with great pleasure. Music initially drew me to dance. I wanted to move more of myself than my fingers, arms and torso. I wanted to sing, not just with my voice but with my whole body. I wanted to be my horse, to carry myself fully and expressively into the world.



The fifth thread I call simply “mother.” This thread is blue-green, yellow, and orange with streaks of orchid pink. It bundles up into little knobs of red, red-orange and dark blue, small fireworks all over the first half of the tapestry. Then all the thread turns dark, first in a deep black band across the whole center of the tapestry, then as a subtle silver flecked grey-blue shadow underwoven through all the rest of it. My mother died of cancer after a long struggle when I was twenty. The year was 1963.

My mother was a woman of great intelligence, integrity, passion and idealism. She loved people and she loved ideas, particularly in the areas of political theory, ethics, and religion. She devoted tremendous amounts of her time and energy to political action in the city and the state in which we lived. She had a mischievous and enchanting sense of humour and a violent temper. As a child I was never sure whether she was saving my life or trying to kill me in her efforts to help me with my troubles. Her standards were so high concerning behavior, academic performance, and appearance, that she was almost unpleasable. I experienced myself as unattractive, always at fault, never good enough. She was also great fun to be with doing anything at all. Her curiosity was boundless and nothing was sacred (untouchable or unthinkable). She taught me how to play as well as how to think and how to work hard; and she taught me (if I could do it) never to get angry, if getting angry meant (as seemed inevitable) losing my temper and lashing out physically as she did. She was fascinated by what made people “tick.” I was fascinated with what made her “tick.” The extreme contrasts in my mother's behavior and personality were puzzling and terrifying, difficult for all of us to live with (myself, my father, and my two younger sisters), and troubling to her. Then she became ill and those years were just awful. I cannot write openly about them even now.

Somehow we survived her passing.

I came upon psychology from my mother's world, from the study of philosophy, history, political theory, and religion. And I came upon it with my mother's prejudice: if people cannot manage their emotions it is because they cannot think clearly and honestly and cannot discipline (will) themselves to correct behavior and emotion. To put it simply, if you needed emotional help you were stupid, weak or both. She, who could really have used some good emotional help, would have none of it. I concurred.

I had never heard of dance therapy when I graduated from college. What I knew at the time was that I wanted to work with children. I decided to become a history teacher, and went on to graduate school, obtaining a secondary education credential in social studies. It turned out that I hated teaching. It required acting like an authority or that you know what you were doing, which I wasn't and didn't; and it required disciplining and setting limits which I simply couldn't do at that time. So I turned to special education, taking coursework in that area. That shift, to children with special needs, was a fortunate and intuitively astute shift for me. I volunteered to work for the summer as an aide in a day school for schizophrenic children. I recognized these children, deeply. The following year I volunteered to assist my child psychology professor in his research project with autistic children. When he learned of my skills in dance and music he encouraged me to try them with these children who barely spoke; and when I did they responded. I knew immediately that this was what I wanted to spend my life doing.

They are the last thread, these children who were so frightened, troubled, and



strange, and to whom I was so profoundly drawn. They have been the light throughout my journey—to my profession as a dance therapist and to myself as a person. This thread is all shades of gold and it fans out through the tapestry from the black band like rays of sunshine, bringing light and sparkle to the shadow colors of the loss of my mother, and later, the other losses in my life.

So these are the threads—the hospital, the earth, horses, music, my mother, the children—which, all woven together, provided me with such a rich, deep, and strong foundation for developing my dance therapy work. Now I needed a teacher, a real place and real people in the world outside of myself, where I could pursue this work to which I was already so totally committed.

It was a dancer friend of mine who listened to me describing my work with autistic children and said to me “you’re doing dance therapy.” I was thrilled that someone recognized what I was doing and could name it. My friend, who was from New York City, could even give me the name of a teacher: Blanche Evan. I promised myself that I would find a way to work with her when I could. Several years later (1973), I was able to train with her, joining a small group of devoted students.

It is not easy to write about my work with Blanche Evan. I think that is because at that time, almost twenty years ago, my training was so deeply important to me, so consuming of my time, focus and energy. Yet now, because it has been a major part of the foundation of my dance therapy work for such a long time, it is, like any solid foundation, entrenched underground, with two entire decades of work built upon it. I cannot see the work clearly now inside myself, but always, I know it is there in my body.

The Blanche Evan method is a method for training people to dance from inside themselves, about their feelings, ideas, experiences, wishes, and dreams. The method involves a comprehensive "functional technique" which she designed to provide her students with a full range of expressive body movement, and an extensive system of personal movement explorations, dance improvisations, and dance studies. The method is based on her extraordinary understanding of (1) how habitual body attitudes and actions are shaped consciously and unconsciously by our past experiences and feelings, (2) how extremes of muscular tension (too much or too little) restrict and impair our emotional awareness and our capacities to express feelings or change our behavior, and (3) how human effort (will), the capacity to try over and over again, is essential in achieving full self-expression and self-determination in dance and daily living.

What I remember vividly in working with her is the feeling of being given the physical and emotional space to do work that was all my own, that the work for me was to learn about how I lived in my body (its structure and function) and about my expressive capabilities and limitations, and then to create myself in dances that gradually gave me the courage to be more fully alive and real with myself and with others. That work was the same for me in individual sessions with her and in the group training sessions. My work with Blanche gave me a fullness of self-contained and integrated feeling-being-moving previously unknown to me. It also gave me some valuable tools for helping others ("normal neurotics") along a similar path.



The Blanche Evan method did not focus on interpersonal dynamics. Dance therapy workshops with other teachers gave me some rudiments of group dynamics and group work, and an introduction to Chace technique. I pursued and completed a masters degree in child development (in the Educational Psychology Department at New York University) which provided me with important information and wide horizons for reading in both developmental psychology and interpersonal dynamics. However, it was my years of work at the Sheppard and Enoch Pratt Hospital that really gave me the solid foundation in interpersonal dynamics that I felt I needed to work effectively as a dance therapist with more severely disturbed clients.

HOW I FEEL AS I WORK WITH CLIENTS  
IN DANCE / MOVEMENT THERAPY

*Example:* I am thrilled to have a new client, referred by a nurse-nutritionist who knows a little about me and my work. The client, a tall, pleasant and cooperative woman in her thirties, comes to my studio. I greet her and we settle down on the rug at one side of the studio. She is clear about why she is coming to work with me. She describes herself as having very little feeling sensation in her pelvic area. She has a history of sexual abuse and has worked in verbal therapy for several years. She has many difficult and frightening feelings and memories which she has begun to experience and express, but there is so much more knotted up inside her. This is an appropriate referral to a dance/movement therapist and the client is motivated.

In these beginning sessions we are both anxious, afraid for our safety, insecure about our acceptability, angry at feeling so awkward. We are also hopeful. I have my fantasy about her, about how she will need to move, the stories and feelings that will emerge in her dances. My client has her fantasies about how she needs to move, dances she longs to be able to do (grief and anger). We talk about how anxious we feel, how hard beginning always is, how hard it is to move. We talk a little about what needs to happen before she can begin to dance her dances. We need to build a relationship floor between us, like the floor we are sitting on, sufficiently solid, safe, and broad that each of us can begin to relax, rest, open, feel and trust. This is a relationship floor that we build together through reciprocal verbal and non-verbal interactions, searching for some understanding and some agreement that makes working together possible. Until we get the hang of how to build this floor we cannot work together with any comfort or effectiveness, because neither of us will feel safe being more real in ourselves and with our feelings. If we fail at this building process, my new client will give up, on herself and on me. This



process begins with our first conversation on the phone and it is established by the third or fourth session. It is just too hard to sustain intense levels of anxiety and frustration after that. For whatever reason—I'm the wrong person, we don't agree how to begin, the client isn't really ready, etc.—we cannot work together.

As I write about how I feel in these first sessions as well as throughout the dance therapy treatment process, I am writing about my particular version of the kinds of feelings that anyone might have about beginning and sustaining a new relationship with someone (friend, boss, supervisor, lover, teacher, etc.) What is unique about the field of psychotherapy in general and about dance/movement therapy in particular is how each of us develops our own awareness of these feelings and then how effectively we use our awareness of these feelings in our therapy work. I have tried to describe the anxiety I feel in the first sessions with a new client and how I use my awareness of that anxiety with my client. There is also a deeper level of anxiety, closer to a terror, about the unknown facing both of us in the work we undertake together. There is all my skill and experience to give me confidence. Then there is the very particular way my new client has come to live with herself in her body, the pieces of her life story she has put together. Many pieces are missing and much of the feeling. This is unknown territory, except in a general, hypothetical kind of way. Beyond the building of the relationship floor, a creativity and a perseverance are required of both of us in our working together through this unknown territory, which are truly daunting. This is true both in the early stages of the dance therapy work, when so much is still unknown, and also at other, later times when conflict and fear tangle up the work.

In order to write about what it is like for me to work with clients in dance/movement therapy, I will have to let myself be vulnerable to you, the reader. I will have to trust you to be compassionate, to have in yourself some understanding and experience of my feelings. I will have to trust that if you don't, I am secure enough in myself that your rejection, disinterest, mockery (my fantasies), which will hurt my feelings, can't seriously injure me. What frightens me most with each new client is the fear that I won't be able to "connect" with him/her in the "right" way; and that if I can't connect in the right way I will be abandoned. By "connect" I mean to join together in the world of feelings. By "right" I mean to join together in such a way—neither too close nor too distant, too actively interested nor too calmly passive, too authoritarian nor too friendly, etc.—that the client can safely express and I can safely receive feelings. By abandonment I mean a deliberate and often permanent rupture by the client in the connection we are building between us in which I have no say, no second chance. This is different from those times when a client and I can't find a way to begin to connect. Then I don't feel abandoned but rather saddened and resigned. We can't work together. No rupture is necessary. We say goodbye.

I bring this fear of abandonment to each new relationship, and out of that fear and in spite of my better judgment, I cannot help working too hard both to please my client and to protect myself. Once the relationship is more secure (sufficient floor, connection, investment), my fear abates. I have been abandoned a few times by clients. Three come to mind in recent years. One client left in a rage in retaliation for having been abandoned by her previous therapist. One client left by simply never coming back or returning my phone calls. Once client left by falling apart, calling and telling me she couldn't



handle the work. In each case I felt blamed, helpless, and angry, a terrible and terribly familiar feeling. I think of my mother's violent rages in which I was the target but my crime small in comparison to the size and force of her feeling. Only as a grown woman can I see how little her rages really had to do with my behavior. So it is with these clients who have abandoned me. And yet I take their anger and disappointment, implicit in their need to rupture our connection, into myself and turn it against myself, feeling again as if I have done something terribly wrong. Then I have abandoned myself.

I am also a sponge for my client's unexpressed feelings, feelings such as rage, terror, dread, desperation, loneliness, which my client may not even be aware of feeling (projective identification). I absorb these feelings effortlessly, nonverbally, and sometimes unknowingly in the process of opening myself to meeting with my new client, of getting a feel for who he or she is and what he or she needs. I absorb these feelings first as a bodily agitation which I notice after the session. I can't relax. I pace. I worry about my new client for hours, sometimes even days. I am obsessively preoccupied with this or that the client or I said or didn't say or should have said, did or didn't do or should have done, etc. Once I get clearer about to whom the feelings belong, which are mine and which are residing temporarily with mine but come from him or her, then my body calms and releases its tension and agitation. It is interesting how, for example, a client's projected fear sidles up inside me against my own fear, or how a client's loneliness leans against my own, so very like but not identical, not mine. In this way I can feel for and with him or her (compassion, empathy) without becoming the client. (It is of great help to me when my psychiatrist husband looks at me and says "Ah, projective identification. Who got to you this time?")

Then there are the feelings my new client does know about and can feel and share with me. These I also take in, more clearly labeled as the client's, and I respond as feelingfully as I can. This is a tremendously difficult job, this job of helping the client contain and regulate expressed and unexpressed feelings. By containing and regulating a feeling I mean to limit the size and intensity of that feeling without depriving it of vitality or visibility or voice or movement, so that the feeling can become tamed, can be lived with and experienced safely. This is a little like building a holding pen for a wild horse so that you can safely care for it, tame it. This containing or holding space, a potential being/playing/dancing space is first an internalized shared feeling space and then later an interpersonal work space for exploring, tracking, and clarifying feelings, integrating them into the self (see diagram p. 90 and the wonderful work of D. W. Winnicott).

I have used the image of a lock and key (Naess, 1982) to describe my initially connecting with a client because it portrays accurately my experience of the reciprocity of fit, the process of shaping myself to fit my client so that my client can begin to define him or her self in relation to that fit. This lock and key are alive and change in the way they fit as the therapy work goes along. And it is important that the fit is a good but not perfect fit, which is to say there are self-defining edges, frictions, disappointments, and frustrations. Once that initial fit is established with its built in capacity both to safely contain and to change relative to the intensity and flow of the client's feelings, the client and I are locked on, joined up, fundamentally linked, attached. We have created the basic vocabulary of our particular to-be-reciprocally-created verbal/nonverbal language. We have a floor.





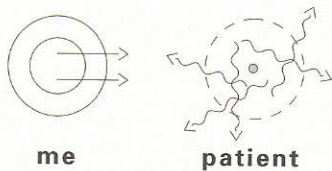
I find this initial work challenging in its demand upon me not just to withstand (contain and regulate) but to use effectively the feelings each new client creates in me. I cannot do this work just cognitively or just behaviorally, although it is very important to think clearly and to understand how both context and consequence pressure my behavior and my client's to maintain itself or to change. The feeling has to come first. I have to be able to feel the pressure my new client puts on me to be exactly what he or she imagines he or she needs. Then I have to be able to think and to make decisions about how and where I can mold under that pressure and where I cannot, either because of my own limitations or because doing so would not help the client become more fully him or her self. Out of this process of establishing and re-establishing good enough fit over the months of working together come all the major treatment issues. I feel a tremendous sense of relief when we establish the first fit (the floor, as I call it) because it becomes the basis for the whole process of making room to be and feel more and more fully that we undertake together (multitudes of reciprocal shifts and adjustments sustaining our fit or attachment). It means that, through twists, turns, delays, and storms our work together will hold.

As the dance/movement therapy work proceeds, I notice that I can feel inside myself each shift towards greater integration and self-possession in my client. I notice that I feel pleased with—even proud of—my client and more relaxed, that I am not working so hard. This is because my client is moving along in doing some of the job of containing and regulating feelings for which in the beginning he or she depended on me. While my feeling experience of my client doesn't give me the detailed information about these shifts that words and dances provide, it does alert me to these essential (even if small) shifts in

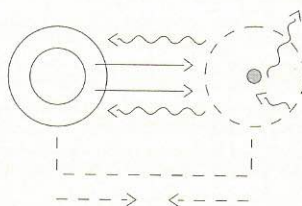


*moving  
for*

*moving  
for and with*



1  
beginning



2  
floor begins to form



body boundary  
& core sense of self



impaired body  
boundary & informed  
core sense of self



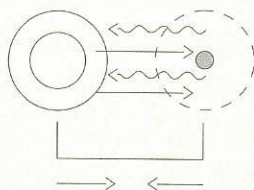
untamed feelings



tamed feelings

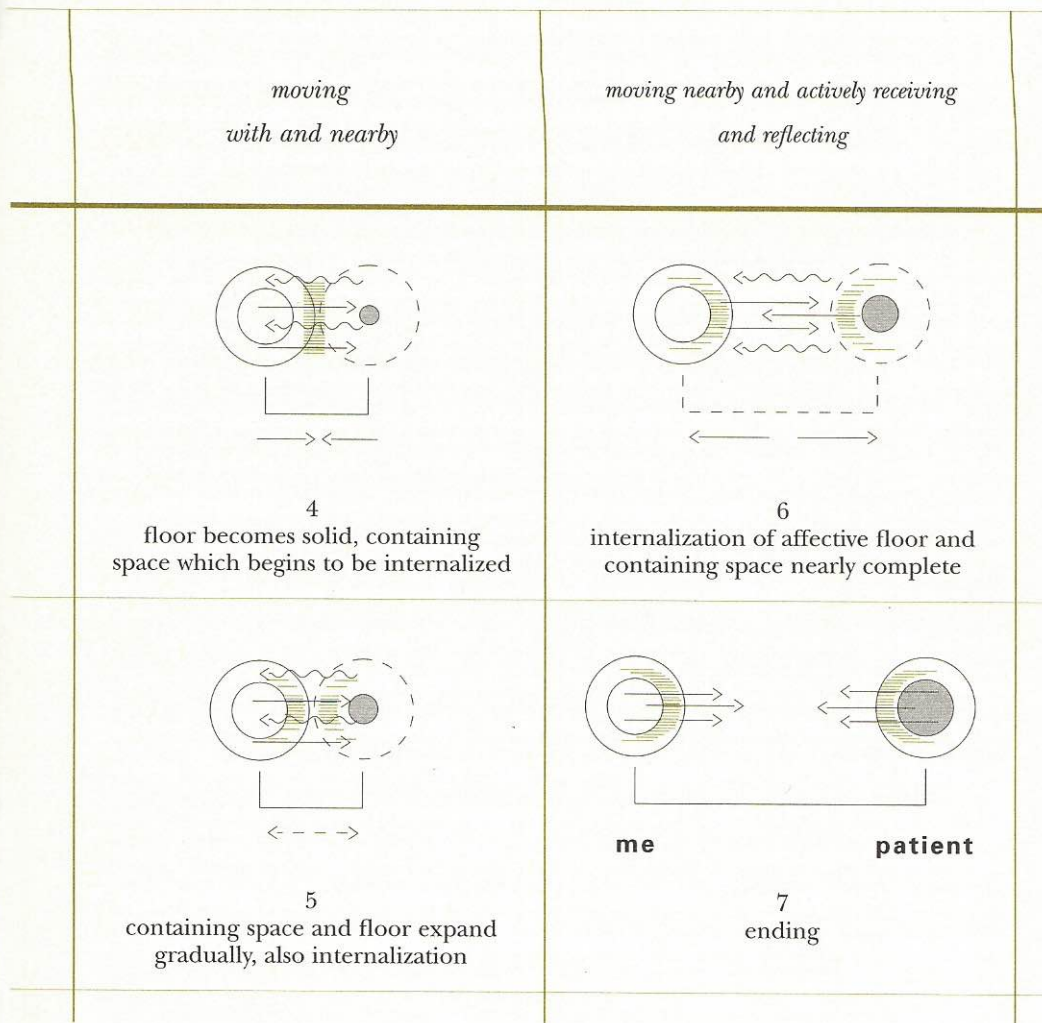


gradually internalized  
containing space



3  
floor becomes more solid  
and stable





[ figure 5 ]

THE DEVELOPMENT OF THE INTERPERSONAL-AFFECTIVE FLOOR  
AS A SUPPORTIVE, CONTAINING, SELF FORMING SPACE

affect mastery my client has experienced. And my worries about this client shift in response to his or her growing self responsibility (ability to care for and respond to him or her self). And so it goes, with my job gradually shifting from inner psychic repair person to overall observer and historian, gatherer of loose ends, and admirer.

Eventually the time comes when my client and I will stop working together. For me, as for my client, this is a loss and a sadness. If essential therapy work is unfinished and we have to stop because of outside circumstances, ending is also frightening. Most of the time, when the work has gone relatively well, we also experience the ending of our work together as a pleasure and a gift. I feel profoundly grateful that my client has allowed me to be close, trusted me, let me be useful and made good use of me in rebuilding or repairing his or her inner self. My client is grateful in a similar, reciprocal way, and deservedly proud. Inner work is never finished, but my client now has sufficient skill and experience in working with his or her feelings, and a sufficiently strong and positive sense of self, so that he or she can go on with the difficult work of living and loving without our weekly sessions. Sometimes we taper off slowly and stay in touch over years. Sometimes we prepare to stop in a more organized and focused way, reviewing the course of our work together with respect to the past and the future. We express our lingering wishes, feelings of loss and gratitude and disappointment. We finally say goodbye. We let go. I watch my client turn to go this last time. I watch the door close. I silence my "just one more" feeling—one more word, glance, hand shake or hug, good wish. Tears come. I wait a little, and then I too go out as I always do, and close the door. I go home, deeply glad of my little family and my life there.





WHY IT IS SO DIFFICULT TO TALK  
WITH OTHERS ABOUT DANCE/MOVEMENT THERAPY.

[ *To Explain What We Do* ]

Here are some examples of casual conversation between a dance/movement therapist and a listener, almost anyone of any status, level of education, or occupation, of which I (and so many other dance therapists) have had hundreds. In response to the listener's question "And what do you do?," I explain that I am a dance/movement therapist, that I work with people who have trouble identifying and expressing their feelings, and that I help them use dance and expressive movement as a tool for self exploration, self-expression, and healing.

*Listener 1:* "Oh, that's wonderful. What kind of dance do you teach them?"

*Listener 2:* "I could never do that, I would be too embarrassed."

*Listener 3:* "Don't you have a problem with people getting a little too loose and out of control?"

*Listener 4:* "I can relate to that" followed by a story about how running or working out or aerobic dance or gardening have helped with depression, stress, or anger.

Too often, a listener has either very limited experience or very great fear of just what I am trying to explain. Certainly, it is very difficult to convey, verbally, the essential dimensions and experiences of such fundamentally non-verbal body work. So one of the troubles in explaining what dance/movement therapists do is the difficulty of finding words for non-verbal experience. The other difficulty has to do with the range and kinds of experiences a listener brings to the task of listening. The first listener relates dance/movement

therapy to his or her experiences of dance classes and dancing lessons, something clearly purposeful, structured, and safe, even enjoyable if not exhilarating. The second listener grasps immediately the embarrassment and vulnerability involved in being seen displaying emotions. The third listener conveys his or her belief (fear or wish) that open visible expression of feeling through dance leads to impulsive, out-of-control behavior. The fourth listener is very interested in narrowing dance/movement therapy down to common exercise routines or activities whose purpose is at least as often to control or extinguish feelings as to modulate or clarify them.

That every listener should try to assimilate this new idea about dance as a form of therapy to all their previous ideas about dance, exercise, bodies, self-expression, and psychotherapy makes eminently good sense. We all work that way (Piaget), that is, we all weave new information into our existing mental schemas (organized, experiential, data-banks in memory). So that my first task in explaining what I do is to help my listeners find what is familiar, to build links to what they already know. My next task is to help my listeners expand or stretch their existing schemas to accommodate and integrate the new information. This is more difficult because it involves my listeners in making room inside themselves for what is unfamiliar and unknown, and therefore frightening.

What exactly is so frightening? Looking over all I have written so far, I think that there are four kinds of anticipated experiences which frighten listeners. I would like to discuss each of them as fully as I can. The first is the experience of being shamed, humiliated, or embarrassed being seen moving one's body expressively. The second is the experience of losing control of one's self, of





being seduced by forbidden impulses. The third is the experience of resurgent memories from early childhood and from our connection with all mammalian life, memories of intense attachments, dependency needs, vulnerability and helplessness, of being very small and limited. The fourth is the experience of loss or diffusion of identity, such as the loss of masculinity or femininity, loss of independence or autonomy, loss or diffusion of body boundary.

**1. The experience of being shamed, humiliated or embarrassed being seen moving one's body expressively.**

What is so difficult (initially) about self-expressive dance/movement is that it is so close, so intimate and so specific to each of us. In art therapy the expressive images are out there on the paper or in the clay. Whatever the medium, it is outside of or at a distance from our embodied selves. In word therapies, words, abstractions of experience, come from inside of us and out of our mouths, but they are projected out there and separate from us. Psychodrama, which uses words, props, and movement is closer to us in that it involves active and expressive body movement, but it is more safely linked to specific and role played experience, acting and mime. Dance/movement therapy, while eclectic in borrowing techniques from other expressive therapies, is alone in being not "out there" but "in here," so close to us that it is us. There is nowhere to hide. We imagine that we are being seen directly and without protection in our psychophysiological nakedness. For many people, the anticipation of this kind of vulnerability is truly terrifying. In urbanized societies and settings, where most people work not with their bodies but with their minds and hands, this is a particular problem. Not that the back breaking labor required of many in preindustrial societies and settings left much if any room for feeling or knowing one's self.



If we have some past experience with active or expressive body movement this being seen in and as our bodies is not so terrifying, because we have some seeing and knowing of ourselves in movement, some clearer body boundaries to protect us. Most of what is so terrifying in our fantasies of being so directly seen is the character of the person we imagine to be watching. Most of us focus on the outside watchers (the other people watching us), fearful of their actual or imagined criticism and disapproval. This fear brings up a lifetime of experiences in which we have been shamed, ridiculed, intruded upon, or rejected based on some form of bodily lack or imperfection in appearance, coordination or skill. What is just as hard for us, I think, is what we see in ourselves as we begin to move expressively, ways in which we may be surprised and disillusioned as we discover who we are, how we feel, what we really can and cannot be and do because of our psychological and physiological limitations. As we learn about ourselves in movement it is easier to be watched by external others. We have a clearer picture of what we see and what we think they see, so that we have some way to protect and affirm ourselves. We have a refuge, a boundary. Then it is less complicated to manage attacks, real or imagined, from the outside, because now (hopefully) they are just outside of us and no longer such a problem inside us as well.

## **2. The experience of losing control of one's self**

Our fundamental experience of living, breathing, moving, thinking, and feeling is that we control our behavior by shaping and directing our voluntary muscles in increasingly complex coordinations, in order to achieve our goals with the greatest degree of skill and satisfaction possible. From inside ourselves we are built to pursue our interests, pleasures, and needs; to avoid pain, disapproval, and displeasure; and to protect our attachments. From outside



ourselves we are encouraged or discouraged in any of these particular pursuits by our experiences with the people, animals, plants and other objects we encounter in our world. From birth each of us is in internal dialogue with ourselves through our muscles around self expression and inhibition in relation to our actions and their anticipated and experienced consequences. For all of us, this dialogue involves learning to accept delays in and choices among gratifications, relinquishing wished-for illusions and replacing them with liveable, human realities. In order to accomplish these developmental tasks, we have been taught, at home and at school, to think before we speak and to feel before we move, to wait our turn. In this way we are taught to plan and shape our expression of what we think and feel so that our behavior conforms with community and family expectations and norms. While this training may help us develop personal privacy, self-protection, and a rich inner life of thoughts, feelings, and fantasies, there are also very often unfortunate psychophysical consequences. Any system of teaching that focuses too strongly on conformity, not just in relation to behavior but also in relation to feeling and thinking, can be used to suffocate our inner life so that we have little sense of what we feel, little idea about what we think. Equally, any system of teaching which focuses on proper appearances while neglecting, ignoring, negating, or devaluing our thinking and feeling, leaves us split apart. Many of us have lived for so long with ourselves crippled or split in our connections between internal feeling, thinking and external self expression, that we really believe that if the connection were restored we would no longer be able or want to control multitudes of hidden, unacceptable thoughts, feelings, and actions. The ensuing bedlam is far too frightening to imagine or risk. Stop! Hold still! So instead we stick to conventionally acceptable modes of moving and expressing ourselves.

### **3. The experience of resurgent memories from early childhood and from our connection with all mammalian life**

As we begin to let ourselves explore moving in ways that are more personal and self-expressive, more spontaneous, more free of social constraint, we almost inevitably begin to feel a little like kids. We are poised on the edge of an old and familiar domain, the domain of sensory-motor experiencing which was our dominant mode of exploring and understanding the world around us during our infancy and early childhood, and which remains with us, underlying all our more verbal and abstract modes of experiencing and understanding which we develop as we grow up. When we return to this earlier mode of experiencing and understanding, our responses are often some combination of delight, apprehension, and awkwardness. A dimension of play, sensory vitality, and creativity opens to us which is both deeply appealing and deeply intimidating. We begin to remember what it was like to feel little, vulnerable, and helpless, profoundly attached to and dependent upon our primary caretakers. Here are our roots, the roots of both our troubles and our gifts, the roots of who we are now. The feelings of pain, sadness, and rage which accompany the re-experiencing of these early memories are unavoidable. None of us grows up without many experiences of loss, misunderstanding, and hurt. Equally, we do not grow up without some positive experiences of nurturance and care, investment and love. Expressive movement evokes memories and feeling states which return us to ourselves but in the process these movement experiences can also destabilize our present adult adaptations in living, loving and working. We need to proceed with due respect for both past and present.



Sadly for us, our whole mammalian connection has been disparaged. To be told that we are behaving like an animal is to be accused of being primitive, cruel, greedy, or disgusting. In fact, we are not only very like our mammalian ancestors, we are ourselves animals. Our large and complex brains allow us a range and complexity of choices which our mammalian cousins, whose brains are smaller, must make more simply. In our needs for attachments, nurturance, and protection, and for the kinds of social organization and hierarchy which support and are supported by them, we are fundamentally mammalian throughout our lives. Equally, our capacities for play, altruism, humour, sharing and grieving rely heavily on our mammalian origins. To put it most simply, it is in our virtues as well as our vices that we are animals. In that we have so often lost our capacity to live fully and expressively in the present, we envy the animals, human and others, that we observe, imagine, read about, or with whom we live who are fully present in every aspect of their living and dying. If we can let ourselves move expressively with images of animals in our mind, they return to us a remarkable simplicity, power, directness of expression, and a very present aliveness in moving and experiencing. They help us recognize and re-connect with disowned parts of ourselves and with unused internal capacities, greatly enriching the ways in which we live with ourselves and with others. What we struggle to master in ourselves, our capacities for excesses in any direction, and our capacities particularly for destructiveness, violence, cruelty and greed, are mastered far more effectively by facing them honestly and openly in ourselves, than by pretending they are not part of us and who we are.

#### **4. The experience of loss of self or diffusion of identity.**

As we begin to move and to dance, particularly in very personal and self-expressive ways, we begin to become very aware of our bodies, the size, shape, flexibility and strength of our bodies and body parts, our overall balance and stamina. We begin to explore the expressive qualities of our moving, to wonder how they feel and fit us, if they are familiar or alien to our sense of ourselves. We begin to explore our sense of personal space and body boundary, neither of which may be very well defined. Our sense of self (identity), of personal space, of boundary are shaped and reshaped as we grow and develop by our experiences of ourselves in interactions with the outside world. Added to our private and internal experiences of who we are (interests, motivations, likes, dislikes, etc.) are the many social and gender roles we are expected to master and incorporate into our identities. Our sense of personal space is influenced by outside social and familial rules concerning appropriate private and public behaviors, as well as very personal internal experience with intrusion, threat, or abandonment by others. Our sense of body boundary or edge is outlined by the many ways we press against and move through the outside world, experiencing all its textures, sounds, temperatures, shapes against and around us. Equally our body boundary is in-lined (defined from inside) by muscles, bones, and breath, which stretch or tighten and release, press, push, or yield, clarifying and consolidating the shape, cohesiveness, and connectedness of each body part. Boundary formation and identity formation are inseparable. They require, for each of us, the presence of someone from whom we can really separate and differentiate in body and identity.





Most of us are full of cracks and holes in the security of both our boundaries and our identities, and when we begin to move we may become more aware of these areas of vulnerability and we feel unsafe. There may be ways we simply cannot move because of how they feel (uncomfortable or dangerous); and sometimes there are very powerful feelings which can take us by surprise and which threaten to shatter our body boundaries. People sometimes say "I feel like I'm about to explode." Sometimes moving is a big help with such a feeling and sometimes it is not, and usually we can sense which it is.

The memories that inevitably accompany personal dances bring with them their own very powerful states of feeling and being, depending on where in our life they come from. When we re-experience these feeling-being states, we feel disoriented with respect to our present selves and identities. What I am trying to describe are changes in the way our brains are organized as we grow and develop, changes that are reflected in our increasing capacity to symbolize, abstract, add perspective and depth, changes which allow us to organize and reorganize our experiences in new ways. Each new level of organization has its accompanying feeling-being state which is our particular way of experiencing our boundaries and identity, of organizing and experiencing who we are in the world around us. Our present encounters with earlier levels of organization, earlier selves, often feel like a loss, defeat, or dissolution of our present self, and a regression. Nevertheless, it is critical that we find ways to make room for all of our earlier selves as we grow and develop throughout our lives. Our aging and dying require of us further reorganizations of our boundaries and identities. It is a great help to each of us, in living out our lives fully, to have been able to build identities and boundaries which are clear without being rigid, permeable without being too

porous, so that, cell-like, our essential and central identities are contained and protected, and our boundaries allow some openness and exchange, so that we have the space and flexibility to be fully ourselves over a lifetime.

While respecting our listeners' fears, it is of vital importance both to the society in which we live and to our survival as a profession that we keep talking and working, and that we help our listeners begin to move expressively in whatever settings we are enabled to work and in whatever ways they can.



When dance/movement therapy is so hard to explain, first because it is so difficult to find words for non-verbal experience, and second because it is so difficult for many of our listeners to take in, then why is it so important that we keep on trying?

It is important that we keep on trying because for some of us dance/movement therapy has been the only path out of the dark, isolated, tangled inner wilderness created by trauma, illness, or despair. This has been true for people at all stages of life and in all settings.

It is important that we keep on trying because for many of us dance/movement therapy is an essential part of our path toward a gratifying, integrated, and productive way of living.

It is important that we keep on trying because we live in a society which values and rewards efficiency, compartmentalization, and self-interest rather than compassion, integration, and community. We talk about pervasive stress and burnout, about the erosion of manners and morals without grasping that they are the inevitable result of living under an intense and seductive pressure to fracture ourselves so that our feelings and needs, and those of others, do not mess up our capacities for effective and efficient decision making and action. In talking about dance therapy and in doing it (as therapists or as clients) we take a firm stand in support of a more humane way of living and being in which the acceptance of attachments and dependency (interdependency) needs is fundamental and the cornerstone of our psychophysical integration, of our capacities for real pleasure (as opposed to quick feel-goods) and real kindness (as opposed to being nice).

It is important that we keep on trying because each one of us is so small and because the only hope we have of experiencing and using the power we have is to be in full and open connection with all of our internal resources, all of the different parts of ourselves. Each of us faces profound challenges in the course of living our lives. We must first learn how to be in a variety of relationships and how to work successfully. Out of this learning we must choose a mate, friends, and a particular kind of work which interests us and in which we can invest ourselves safely, productively, and with pleasure. If we choose to have children we must help them grow up to become people they like and respect and we do too. We must be able to grieve all the skills and abilities we lack, the losses of people and creatures we love. The wider human world needs all the help we can give it, as does our planet with its life-giving natural resources and abundance of life.

We must prepare through our own living for our own dying and death. If we choose a fractured and compartmentalized way of living, impoverished in our attachments and our feelings, disconnected from both ourselves and others, we are lost; our decisions and actions make no sense and are bound to fail us; we become capable of evil without an awareness of how that could happen to us. Everything that we treasure in our living, our very survival, is endangered. Or we can choose a different way of living, a way of living that is more whole, embodied, integrated in thinking, feeling, and action. We can choose a way of living that is richer in attachments, and richer in personal and interpersonal creativity. We can choose a way of living in which we are more fully and deeply connected to ourselves and to others, and therefore more fully capable of the compassion, generosity, humor, and hard work which give our lives real meaning. With help, we can choose.





**DANCE THERAPY NOTEBOOK**

— *Joan L. Naess Lewin*