

for her feelings but as a creative form of self-expression. She needed to feel safe and good enough inside of herself that she could dance self-expressively (doing) as well as construct marvelously creative images (seeing, imagining) as in her poems. She was ready, now, to move on. She began to bring in poems, some she had written, some written by others. She read them aloud, beautifully and with feeling. We imagined how one or another of them could become a dance; how meaning, meter and sound, flow and mood could come together into visible image and form. She would try moving out an image she loved, then teach it to me so she could see how it looked. Then it would be my turn to do the same. We continued in this way, sharing and moving back and forth, noticing similarities and differences between us in our feeling responses and in the movement form each of us created to express our feelings.

Our last set of sessions crystallized and extended this work. Beth continued to bring in poems that she loved, also special objects, flowers, and pictures. More comfortable moving on her own, she could let herself move, with whatever object or image she chose, in more extended feeling phrases while I sat quietly near by, watching and receiving them. By the end of our work together (about two years), she was able to string together sequences of feeling phrases into short and very feelingful dances of her own.

[C]

An Exam
Who Longs to
but Wa
"Caught Dead"

Caren was referred to me by a dan
and was very drawn to modern dan
was a woman in her thirties, highl
felt suffocated by her inhibitions. S
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with shame and dread.

She began her work with me sittin
of an important relationship, then
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that if she left her "spot" she woul
would anchor her feet on the floo
she could, the focus of her movem
and head. Reaching out with her
away. Then, as her arms returned
a hug and rocked herself. The sa
communicated in this way of mov
two defensive systems working at
her against outside attack, her ro
own dangerous feelings. She spo
hating herself, ashamed for need

[C]

An Example of the Client

Who Longs to Dance from the Heart

but Would Never be

"Caught Dead" Sharing These Dances

Caren was referred to me by a dance/movement therapist. She loved to move and was very drawn to modern dance, attending many dance concerts. She was a woman in her thirties, highly trained and employed professionally, who felt suffocated by her inhibitions. She would tell me about dances she had seen which moved her deeply, able to augment her words with some gestural vocabulary, but the thought of being "seen" dancing with feeling filled her with shame and dread.

She began her work with me sitting and crying, distraught at the recent loss of an important relationship, then letting herself begin to move and finding herself stuck in one spot. She explained that this often happened to her, that if she left her "spot" she would become completely lost and terrified. She would anchor her feet on the floor, supporting her upper body as fully as she could, the focus of her movement coming in her arms, chest, shoulders and head. Reaching out with her arms and hands shifted quickly into pushing away. Then, as her arms returned toward her body, she gathered herself in a hug and rocked herself. The sadness, the hurt, the fear, and the loneliness communicated in this way of moving were powerful. It was almost as if she had two defensive systems working at the same time: her upper body defending her against outside attack, her rooted lower body defending her against her own dangerous feelings. She spoke of feeling broken, enraged, and needy, hating herself, ashamed for needing anything or anyone, despairing of ever

being able to be close with anyone again. She said of her spot, "Here I feel safe." That was where we began.

The first shift in her defensive system came as a result of my awareness of how tremendously vulnerable she felt and how potentially dangerous she perceived my presence to be. She couldn't say much about how important her spot was, but clearly it was very important. I encouraged her to explore her spot fully, first by staying in it and then by moving in and out of it. She was working with her spot, the reaching out and pushing away and gathering in theme in her upper body, the struggle to give herself more full support in her pelvis and legs. Suddenly she stopped and said "I feel terribly awkward." I responded gently, "You look awkward, but how else could you be when you are so scared?" Later in that session she shared with me what a relief it was that I (someone) could see and acknowledge what she felt without being judgmental or falsely reassuring.

After this session she was able to use more of the room, and she could give herself the space to work on a wider range of feelings: how cold, stingy, tight, driven, and punitive she felt in her bodily self, her fierce independence and competitiveness, her deep loneliness. She was at war with herself in a series of internal guerilla operations about every need she had. She longed for feelings of warmth, flow, nurturance, yielding in her body. When she could let herself move with feeling, when she could let herself feel, she could experience some warmth and vitality, her upper and lower body could begin to connect.

She was able to clarify now what her spot represented. It felt to her like a rock in a stormy sea of awful feelings. It was a place she could exist and be found,

the "waiting for mother" spot. dances emerged, dances about felt as if she lived with herself.

The second shift in her defensive vacation and about nine months room, sat down, and told me the how dance therapy really worked personally but had decided not was that she could certainly change. I would not and could not let her mean and nasty she was being and abandonment I felt were terrified she was of needing and she continued to work.

This interaction was crucial to work together went on. Caren firm and clear but not mean she was no longer alone with dances became more mean, awkward, or so split in her body and impulsive. For example, like smashing a chair over her head. She could pick up, swing, she let go enough to smash. The into her hand. Here was the

Here I feel

awareness of how

she perceived

her spot

her spot

She was working

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to connect.

like a rock

be found,

the "waiting for mother" spot of childhood. It was her spot, all hers. New dances emerged, dances about guilt, conflict, hatred, and despair in which she felt as if she lived with herself "like a shadow."

The second shift in her defenses came upon her return from a two-week vacation and about nine months into our work together. She entered the room, sat down, and told me that she felt much better, she didn't understand how dance therapy really worked or could help her, that she liked me personally but had decided not to continue working with me. My response was that she could certainly choose not to continue in the work but that I would not and could not let her leave like that. I pointed out to her how mean and nasty she was being to me and to herself, that the anger, rejection, and abandonment I felt were her way of helping me understand how terrified she was of needing and depending on me. She burst into tears and she continued to work.

This interaction was crucial to each of us in understanding the other as our work together went on. Caren felt much safer with me because my anger was firm and clear but not mean or destructive of her, and with herself because she was no longer alone with her capacity to be unfeeling and nasty. Her dances became more mean, angry, hateful. She no longer felt so ashamed and awkward, or so split in her body. Instead she felt guilty, alternately blocked and impulsive. For example, she experienced an impulse and an image: "I feel like smashing a chair over her head." As she moved she experienced conflict. She could pick up, swing, shake, push an imaginary chair, but she couldn't let go enough to smash. Then she felt guilty and frustrated and dug her nails into her hand. Here was the conflict between her need to express her rage

and her need to sustain her self-esteem that drove her frustration and guilt. "The chair is painful." The impulse was too hurtful, too dangerous, too "bad." The movement defense began to reveal itself as a protection for her hidden but rather grandiose sense of self.

At the same time that these angry, guilty, punitive dances appeared in our sessions, another set of dances emerged. In these she created a path around a large circle (her "spot" greatly magnified). As she walked, sometimes slowly and carefully, sometimes quickly with sudden retreats, she described a dark, heavy, empty, terrifying pit. She felt like a shadow, terrified of falling helplessly into the blackness.

Another split in her defensive system came about two months later. She came late to our session, screaming at herself inside about being like her mother who was always late. Her impulse was to lie down. She lay down on her back, utterly miserable. She described feeling a huge, empty, dark pit inside of her. I asked her if the pit inside of her wasn't very like the pit around which she had been wandering in recent sessions. I wondered with her how experiencing the pit inside her was connected to her mother, and also connected to how she was or wasn't like her mother. As she took her thoughts and feelings about her mother into movement, a differentiation (from mother) dance emerged, her first.

After this session she was able to begin to grieve, for herself as a child, for the wished-for-mother she never had, and to be curious about feelings of missing someone, to acknowledge her great "pot" (pit) of disappointments and losses. In movement she began to crawl, crouch, roll - the work of connecting lying

down, sitting and standing. She softened as she worked using her body more relaxed, more connected.

This last phase of our work together, grandiosity, the above-it-all aspect, she felt, how much she needed and how much help she needed both in (collaborations, consultations), her asking. She felt as if she were just in realities of not being able to fly (nothing and no one). Movement was learning to walk step by step: balance, connection and integration of body, frustration, anger, and helplessness.

All the movement defenses utilized a wall around the pit of darkness and shame which came from needing to present herself as fully in situation. As with so many people facing dependency needs which fear, shame, and guilt that contact with others. This client's greatest abandoned herself in that her need to please others had such hold she felt supported in opening to her

down, sitting and standing, the work of living with her pit. Her body began to soften as she worked using the floor. She appeared and felt more vulnerable, more relaxed, more connected through her body to her need for support.

This last phase of our work together involved directly taking on her defensive grandiosity, the above-it-all aspects of herself: how enraged and disappointed she felt, how much she needed and missed the people she cared about, how much help she needed both personally (therapy) and professionally (collaborations, consultations), help for which she had a very difficult time asking. She felt as if she were just learning to walk on the earth, facing the realities of not being able to fly (denial, perfectionistic expectations, needing nothing and no one). Movement work continued on all themes related to learning to walk step by step: balance, support, momentum, and self-control, connection and integration of body segments and body action segments, frustration, anger, and helplessness.

All the movement defenses utilized by this client were directed at building a wall around the pit of darkness without losing it, walling out the rage, hurt, and shame which came from needing others throughout her life and having to present herself as fully formed, powerful, and competent in any situation. As with so many people who have to be perfect, the real trouble is in facing dependency needs which require closeness with others, and the rage, fear, shame, and guilt that contaminate all relatedness - with one's self and with others. This client's greatest fear was of abandonment, yet she had already abandoned herself in that her impossible self-expectations and her need to please others had such hold of her. Her movement defenses softened as she felt supported in opening to her feelings enough to feel that she still existed.

They continued to soften and shift as she stayed more feelingly in touch with herself, becoming more aware of the experiences and feelings which caused her to turn on or away from herself. As she was able to differentiate more actively and fully from her parents and parent-like figures, she could begin to miss them instead of be like them. Then, as she became more defined in identity, more real in her feeling life, she could risk being less perfect on the outside. She was much more free to move as she felt and needed. She could let people know she was angry more gently and she could ask for help with various projects at work which had not been going so well.

[R] *An Example of the Client Who is Able
to Follow the Path of Exploring
Feelings Through Expressive Movement
and Wants Some Guidance*

Ron had been sexually abused as a child by a cousin and felt that he needed help in working through his feelings of rage, betrayal, and envy so that he could be more fully available in his present, committed relationship. After years of verbal therapy, all kinds of expressive arts workshops and self-awareness groups, there were still some parts of himself, some feelings, he couldn't quite grasp. We worked together for about a year and a half, one session a week.

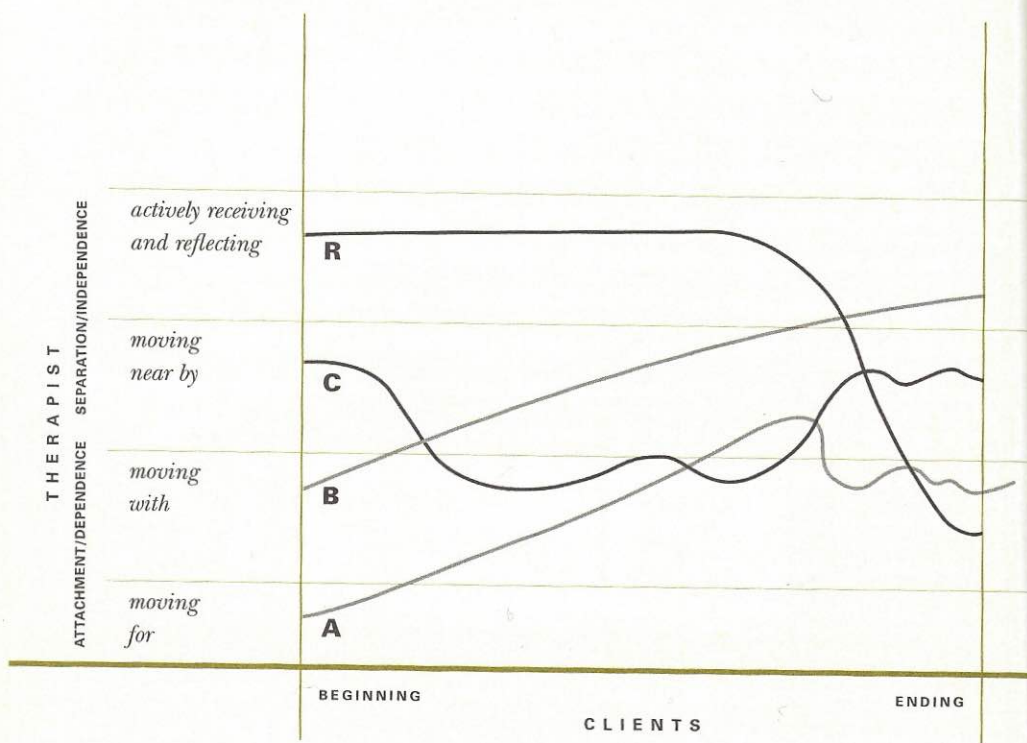
The first part of his movement work involved grieving for himself as a child and comforting himself. He moved spontaneously into his feelings of rage at the point where he felt safe enough with himself and with me. This part of the

work was anguishing for him and he felt
and helplessness. We observed
his pelvic inhibition which prevented
and impulses to abuse others and
to movement sequences which were
aware resolutions and expressed his
one of the sessions on rage he actually
talked about the importance of letting
one's self come from working with
self or anyone else, and that hurting
abusiveness rather than breaking through
some very primitive and grandiose
self-esteem.) As he began to acknowledge
with his abuser and his rage at his
his own safety, he began to feel more
get hold of some acting-out behavior
very excited and very guilty.

In the last stage of our work together
power, focus, clarity, and modulation
consolidation and integration. As he
freely, he found himself using his
improving his balance, the overall
feeling that he was all there and

work was anguishing for him as he faced up to his own provocativeness, guilt, and helplessness. We observed together two movement defenses that he used: his pelvic inhibition which protected him against his own active sexual feelings and impulses to abuse others; and abrupt, impulsive, flinging-like resolutions to movement sequences which protected him against more reflective, self-aware resolutions and expressed his self-dislike and desire for punishment. In one of the sessions on rage he actually bruised his hand in just this way. We talked about the importance of keeping one's self safe, that feelings of liking one's self come from working very hard to control one's impulses to hurt one's self or anyone else, and that hurtful excitements reinforced the cycles of abusiveness rather than breaking them. (Losing control of one's self may offer some very primitive and grandiose gratifications but is never good for one's self-esteem.) As he began to acknowledge and move out both his identification with his abuser and his rage at his abuser while developing clear limits around his own safety, he began to feel more whole and safe inside himself and to get hold of some acting-out behaviors in his daily life about which he felt both very excited and very guilty.

In the last stage of our work together his moving developed a remarkable power, focus, clarity, and modulation, indicating a new level of inner consolidation and integration. As he became able to move his pelvis more freely, he found himself using his knees, shoulders, and spine in new ways, improving his balance, the overall flow and vitality of his movement, and his feeling that he was all there and not holding back.

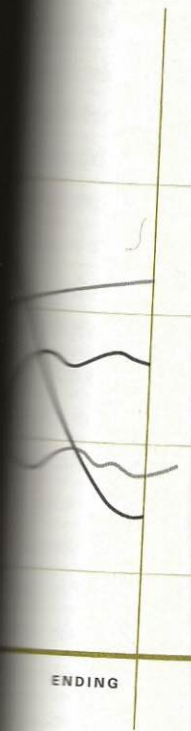


A: treatment continues

[figure 1]
THE THERAPIST-CLIENT RELATIONSHIP
IN MOVEMENT
OVER THE COURSE OF TREATMENT

The graph pictured here represents shifts in capacities for separation and kinds of movement interactions (A, B, C, and R). The four descriptions developed by Erna Furman (1994) of a mother's caretaking interactions as she develops. These stages or steps are: admiring. My stages are very similar to admiring and reflecting. I thought this description with clients in that it required in being with the client describes more accurately the interaction between us as the client becomes

THE THERAPIST-CLIENT RELATIONSHIP
IN MOVEMENT
OVER THE COURSE OF TREATMENT



treatment
continues

The graph pictured here represents a condensation of information around shifts in capacities for separation and individuation as observed in shifts in kinds of movement interactions between myself (therapist) and my clients (A,B,C, and R). The four descriptive stages are an adaptation of stages developed by Erna Furman (1992, pp.119-125) describing shifts in the mother's caretaking interactions with her toddler as the toddler grows and develops. These stages or steps are: doing for, doing with, and standing by and admiring. My stages are very similar, except that I have broken down standing by and admiring into two parts: (a) moving nearby and (b) actively receiving and reflecting. I thought this adaptation was helpful in describing my experience with clients in that (1) it clarifies the active kinesthetic empathy required in being with the client as well as moving with the client, and (2) it describes more accurately the important shifts in movement interactions between us as the client becomes more autonomous.

I am always moving with my clients, in many very small ways (reflecting gestures, breathing, speech rhythms) if not in big ways (using larger parts of my body or my whole body in responsive action). The question of when and how to move with a client is a function of:

- a. *when outside structure is helpful to the client because internal self-structures are rudimentary or experienced by the client to be inadequate;*
- b. *when not being seen or stared at is helpful to a client because of feelings of shame, fear, humiliation, or self-consciousness;*
- c. *when encouragement or support on a movement level is experienced by the client as helpful and also in response to the client's need for validation, acknowledgement, or approval; and*
- d. *when a real-other-person partner is helpful to the client, as in separations, terminations, reworking idealizations, or story telling in movement.*

As the client becomes more organized, full, real, defined and separate, and capable of self-care, so does the client's perception of the therapist. The four movement interaction stages on the graph reflect the increasing psychological and physical separation and individuation of the client. They indicate

- a. *the client's increasing capacity for emerging, for being seen separately (boundary formation) and*
- b. *the client's increasing capacity for internal awareness of and ability to work with and share feelings, memories, and thoughts (self content development).*



Before describing these factors, I will introduce the concept of overall visible movement dynamics. The concept of overall visible movement dynamics includes (1) space, which includes time with its different parts including of overall visible dynamics (2) speed, rhythm, and tempo; (3) and accents; (3) flow, on a continuous basis; and (4) focus (my addition), (attention factor).

The first stage, **MOVING FOR** only small movements. It may or consciously directed movements. In the very first session the therapist explores the range of the client's verbally containing and reflecting the movement until the client feels ready for movement. Non-verbally expressed by the therapist include body speech flow, breathing rhythm impulses, frequency and duration.

In the second phase, the therapist is responding to the client's needs and elaborating. The therapist

Before describing these four stages in some detail, let me clarify two concepts: the concept of overall visible movement shape and the concept of overall visible movement dynamics (from R. Laban, *The Mastery of Movement*). The concept of overall visible movement shape (the form of the feeling) involves (1) space, which includes directions, levels, extensions, path, and (2) body, with its different parts including left and right, upper and lower. The concept of overall visible dynamics (feeling contents) involves (1) time, which includes speed, rhythm, and tempo; (2) weight, which includes muscular energy, force, and accents; (3) flow, on a continuum from free to bound (motion factor), and (4) focus (my addition), on a continuum from internal to external (attention factor).

The first stage, **MOVING FOR**, has two phases. The first phase often involves only small movements. It may be relatively motionless, with very little planned or consciously directed movement, and it may last for months. From the very first session the therapist notices and receives kinesthetically the whole range of the client's verbally and non-verbally expressed feeling behaviors, containing and reflecting these back to the client verbally and non-verbally until the client feels ready for larger and more full and fully conscious movement. Non-verbally expressed feeling behaviors observed and received by the therapist include body attitude, postures, gestures, voice tones and speech flow, breathing rhythms, shifts in tension flow, fragmentary movement impulses, frequency and duration of eye contact.

In the second phase, the therapist initiates and leads actively, imitating and responding to the client's expressed feelings. The client follows, responding and elaborating. The therapist continues to work with the client's verbally and

non-verbally expressed feeling behaviors, and carefully helps the client become more aware of his or her embodied feelings. In particular, the therapist moves with the client in a way that balances the client's needs for self-expression and for safety. The client's need for safety takes priority over all other needs. The therapist uses movement imitation interactively with the client to help the client organize his or her visible self first (the body as expressive container of feelings) so that the client experiences an intact capacity for internal and external containment and self-control, so that doing it safely precedes feeling it fully. The therapist's imitation of the client is full in overall movement shape but only partial in overall movement dynamics so that the feelings do not get too big for the client to manage.

The second stage, **MOVING WITH**, involves more shared leading and reciprocal imitation between client and therapist, imitation which becomes full in both overall shape and dynamics as the client feels safer with his or her feelings. The client has some feel for how he or she needs to move but remains dependent on the therapist for guidance, support, and containment in moving. Client and therapist face their bodies forward with good eye contact as they work. The conclusion to this stage involves a transition to greater autonomy (less complete imitation) for both therapist and client as the client develops more initiative and inward-turned focus in moving out feelings. The therapist continues to support the client's feeling dynamics while beginning to diverge from the client in movement shape. Beginning with the conclusion of stage two, specific movement techniques can be usefully included in sessions with the purpose of helping the client restore body part connections and overall body integration, and to build the client's functional and expressive range of movement.

The third stage, **MOVING**, involves more active movement between client and therapist (shape and dynamics). In this stage, the client moves outward and inward form and support and guidance. Client turns away from each other but continues to shift so that it is occasionally (in passing) shared. The client's feeling increases gradually; and the therapist maintains dynamic in body attitude. The therapist moves to the feeling being expressed.

The fourth stage, **ACTIVE**, involves more passively responsive movement. The client takes on separation and independence. The client is fully capable of self-movement. The therapist moves in support of the client's feeling and the therapist is receptive and experiencing.

The initial two stages describe the process of getting to know one another and how they can work together and the interactions in which the client becomes autonomous, feeling safer and more possessed, while remaining

The third stage, **MOVING NEARBY**, describes movement interactions between client and therapist that are more independent in all dimensions (shape and dynamics). In this stage, the client is now capable of giving outward and inward form to feelings but depends on the therapist for dynamic support and guidance. Client and therapist begin to look away and turn away from each other for brief periods as they are moving, and imitation continues to shift so that it involves dynamics, predominantly, and only occasionally (in passing) shape. Time spent moving separately but still "with" increases gradually; and the therapist now begins to move less, outwardly, while maintaining dynamic support in small, part-body movements and in body attitude. The therapist may also include small movement responses to the feeling being expressed by the client.

The fourth stage, **ACTIVELY RECEIVING AND REFLECTING**, involves a more passively responsive movement role for the therapist as the client takes on separation and individuation work even more actively and fully. The client is fully capable of self support, self definition, and feeling modulation. The therapist moves in small ways (seated or standing) reflective of both the client's feeling and the therapist's response, and offers the client a fully receptive and experiencing other person with whom to interact.

The initial two stages describe interactions in which client and therapist are getting to know one another, getting attached, getting a feel for how they can work together and the troubles ahead. The final two stages describe interactions in which the client is becoming more separate and more autonomous, feeling safer inside and more able to manage feelings, more self-possessed, while remaining attached. Under the pressure of new or frightening

feelings which emerge as therapy progresses, the client and therapist may return for a time to the earlier and more immediately supportive interactions described in the initial two stages. Let me briefly review my dance/movement therapy work with Clients A, B, C, and R with respect to these stages.

[A]

*An Example of the Client
Who is Afraid to (Can't) Move*

It took Amy almost two years to begin to initiate some moving of her own. During the long "moving for" stage we built a foundation together in which she could lean and I would support. Because she often complied with however I asked her to move, I had to listen very carefully for her and to her, then transpose her feelings into expressive movement phrases and sequences of phrases which I could give back to her to use with me. This provided Amy with three very important positive experiences in movement, the experiences of existence, pleasure, and safety. Gradually, she added her own images, impulses and ideas to our moving. Only once has she come to a session so upset that she moved on her own (her angry dance). Since then she has stayed moving with me or near me. And there are periods where we talk and don't move at all. What inhibits her progress toward more independent and feelingful moving are the feelings and memories of her abuse and neglect as a child, which remain predominantly unconscious except during flashbacks, and her fear of what she will feel and do as these become conscious. The focus of our work together so far has been more on the present than on the past, on helping her become a stronger, more capable and feelingful adult, so that she can look at and feel her devastating early experience without losing herself. Becoming more separate from me, more able to experience her own existence

as a real person, is gradually coming
and with me to take on the work
to consciousness; and that is the
together.

[B]

*An Example of the Client
Who Loves to Move
for
Safety of Existence*

Beth had been through many years
with me, and unlike Amy, she was
brought with her a whole range of
predominantly to feel in control
feeling strong, healthy, and safe
stage which allowed her full control
She was able to move more and
to feel her way through a different
abusers, clarifying what she had
was able to reach her goal of moving
feelings in relation to things and
was a deeply integrative person

[C]

*Who
"Caught"*

Our sessions fluctuated between
throughout much of our work
around closeness and distance

as a real person, is gradually enabling Amy to feel secure enough inside herself and with me to take on the work of bringing these early feelings and memories to consciousness; and that is the project we are beginning now in our work together.

[B]

An Example of the Client

Who Loves to Dance but Takes Shelter

from Feelings in the

Safety of Externally Imposed Dance Forms

Beth had been through many years of verbal therapy before coming to work with me, and unlike Amy, she was well aware of her traumatic early history. She brought with her a whole range of movement skills which she used predominantly to feel in control of herself and for the pleasure of looking and feeling strong, healthy, and safe (powerful). We began at the "moving with" stage which allowed her full control as we began building our relationship. She was able to move more and more on her own with feeling as she was able to feel her way through a differentiation between herself and her childhood abusers, clarifying what she had seen and what she had done. That she was able to reach her goal of making spontaneous dances about some of her feelings in relation to things and people she loved in the world around her was a deeply integrative personal accomplishment for her.

[C]

An Example of the Client

Who Longs to Dance from the Heart

but Would Never be

"Caught Dead" Sharing These Dances

Our sessions fluctuated between "moving with" and "moving nearby" throughout much of our work together as Caren struggled with her conflicts around closeness and distance in our relationship. She was terrified of

depending on anyone, of being abandoned, yet inside herself she was haunted, even at times possessed, by those in her life she had come to depend on. In the last six months of her therapy work with me, she was more able to work independently. This came as a result of (1) being more able to let herself feel and stay with feelings, (2) substantial movement work on the floor and basic body connections (a less grandiose and more real self-support), and (3) acknowledging some of her own store of personal nastiness and profound disappointments. The end of our work together was sad for both of us. She left therapy for professional reasons, feeling very abandoned but committed to continuing therapy where she relocated.

*An Example of the Client Who is Able
to Follow the Path of Exploring
Feelings Through Expressive Movement
and Wants Some Guidance*

[R]

Ron came to work with me after many years of verbal therapy and many expressive therapy experiences. He was very able to work on his own, almost too good at it. His solution to feeling deeply insecure inside himself was to work at proving to me and to himself that he was extremely competent and independent. I moved with him very little until the final two months of our work when he felt he had shared enough of himself and his feelings and felt secure enough in and with himself to actively wonder who was in the room with him. Our moving together became a beautiful and very meaningful way of acknowledging each other as we ended our work together. He was able fully to address his primary issues around attachment and relatedness.

In the course of my work with t years, I have struggled and con puzzles, complete bewilder some practical working strateg would like to share. Please keep as they have emerged in indivi issues emerge in all dance ther dance therapy work or dance t in-patient or partial-hospital se responsible for assisting the cl feelings available for work eme gently enough that the client l feeling material to work with c or her ordinary daily living, an the next session.

1. On pushing clients to move

Very few clients come to the f be concerned about them if t we will work together: what t start, clarification of goals an questions the client has abou sessions, etc., in short, establi together. Then, if it seems ap the last ten minutes moving t up to moving and being toge inevitably there (or should b

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 e final two months of our
 lf and his feelings and felt
 der who was in the room
 al and very meaningful way
 rk together. He was able fully
 nd relatedness.

In the course of my work with these four clients and many others over the years, I have struggled and continue to struggle with multitudes of questions, puzzlements, complete bewilderments; and I have acquired some hunches, some practical working strategies, and some ideas which, in this section, I would like to share. Please keep in mind that I will be discussing these issues as they have emerged in individual work in a private practice setting. These issues emerge in all dance therapy work, but take different forms in group dance therapy work or dance therapy work with special populations, or in in-patient or partial-hospital settings. In private practice, the therapist is wholly responsible for assisting the client in pacing him or her self so that the feelings available for work emerge slowly enough, small enough in size, and gently enough that the client leaves the session having got hold of some feeling material to work with over the week but will be able to function in his or her ordinary daily living, and will be able to contain the feelings until the next session.

1. On pushing clients to move deliberately or expressively

Very few clients come to the first session ready to begin moving (and I would be concerned about them if they did). In the first session we talk about how we will work together: what troubles the client, where he or she would like to start, clarification of goals and expectations for both client and therapist, questions the client has about me or my training, fee for and scheduling of sessions, etc., in short, establishing a practical foundation for our work together. Then, if it seems appropriate and the client can manage it, we spend the last ten minutes moving together or near each other in a mutual warming up to moving and being together, to ease the anxiety barrier which is inevitably there (or should be) for both client and therapist about beginning

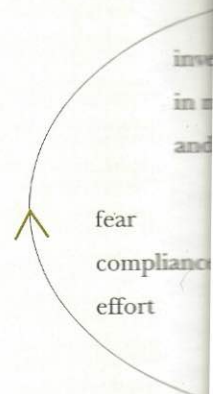
to move in front of one's self and of another person who is not well known or trusted.

What I want to discuss here are the difficult clients who are afraid of moving for whatever the reasons (and there are many excellent reasons), clients who need significant support, guidance, patience in undertaking active expressive movement work, clients who often make us as therapists feel defeated or undermined in our ability to be dance/movement therapists and to provide real dance therapy.

Client A is a good example of this dilemma. When I encouraged Amy to move (with me) she was resistant but compliant. She moved with me in order to please me and to experience herself as a "good" client. It was a place to begin, a place from which to work, and we did, but very slowly. However, it took many sessions of moving a little together and talking, being together, before she could begin to invest any feeling at all in her moving. I imagine that as she could begin to invest in our work together and to count on a kind of presence from me that she needed and could not provide for herself inside herself, she could also begin to invest feeling in her moving.

As I watched her struggle and mine with getting her moving, I recalled the many other struggles I had experienced—with groups and individuals. And when I look at all these examples, I begin to see a pattern, and the pattern probably moves itself in cycles. It is a cycle Amy and I have had to go through over and over again. It looks sort of like this (see figure 2).

FREEDOM TO MOVE

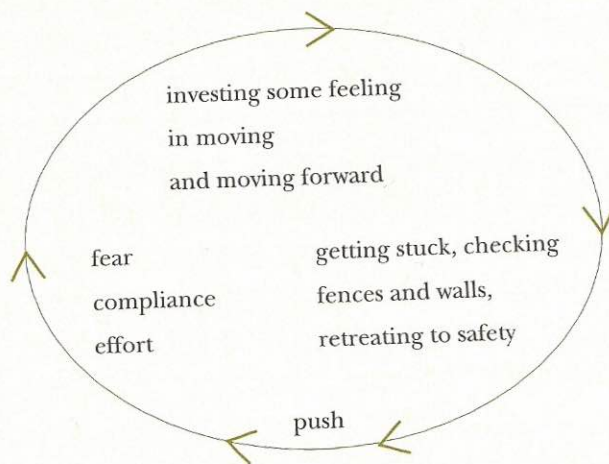


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FREEDOM TO MOVE



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To be able to work in movement on the “fences and walls” requires some experience with expressive movement. Often substantial verbal work is needed first, a kind of tentative cognitive mapping of the unseen territory behind the fence. And sometimes movement work of a preparatory kind, movement that reinforces self-containment and self-esteem, is a help. Most important of all is that the therapist is trusted to remain present throughout the process (through each cycle) in that contained but feelingful, available, real way that makes for a solid and secure ground for the work to be done.

Pushing a client to move too soon—that is, before he or she has a chance to feel safe enough both inside and with the therapist to begin to invest in his or her own moving—is a good way to lose a client. I have had two fairly recent experiences of this where in each case the client left after two sessions saying she felt ridiculous. In a group each one might have felt more comfortable because blending in with other group members would have helped each of these clients not feel (a) so vulnerable and (b) so alone. However, with just the two of us it was too uncomfortable. There were other difficult issues involved in these cases also, but I don't want to overlook the predicament I placed them in by responding to the pressure they exerted on me to “prove” that dance therapy could help them by asking them to move. In both cases too much feeling came up too fast. Neither client was doing anything ridiculous. It was the feeling, not the movement, that was the trouble.

That gets me to the subject of balance and being. Shifts in movement content, and shifts in verbal content, are initiated by the same shifts in feeling states. There is a critical balance between moving and talking and feeling. Pushing is always awkward, even the most gentle push. I am tempted to push either to

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2. On eating disorders

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start or to restore the flow of the movement work, as illustrated above. I will exert my force to move the work along. But whose work is it? How much better it would be if I could wonder with my client about what is in the way of his or her moving and that we together could work to find his or her own push to move. It has been so important to Amy that I always explained to her why moving was important and what we were working on in moving. This is a kind of therapeutic presence or being that takes as little as possible away from the client's selfhood and imposes as little as possible on the client's selfhood; but this kind of therapeutic presence is not neutral. It is feelingful, very firm around issues of safety and abusive behavior or meanness, and very clear about the realities of being human, about our helplessness, vulnerability, imperfection, and the whole range of human needs and yearnings.

The therapist is modeling with and for the client the possibility of a new kind of living internally with one's self, a different and hopefully more forgiving way of looking at and being with one's self, which, after sufficient experiencing, noticing, imitating, and revising, enables the client to continue the work under his or her own available, firm, feelingful, real inner presence.

2. On eating disorders

Many of the clients who have come to work with me over the years have struggled with disordered eating, although they have not come to dance/movement therapy primarily for that trouble. Clients A, B, and C all struggled with their eating. Client B at the time of our work together was eating very well, with normal weight and sensible exercise, having to be vigilant only when she became emotionally distressed. Client C would go home from work each night and fill her empty feeling with food (sticky sweets). Her

weight was within the normal range and like B she exercised sensibly, but she felt out of control of her eating when she was alone at night. Client A has had a long history of poor eating, substantial shift in body weight (20-30lbs), and sporadic but frenetic exercising. Of these three clients, she is the one I have had to watch most carefully and she has been able to keep herself well out of any medical danger zone.

So this discussion of eating disorders is of the ordinary, run-of-the mill misuses of food, the uses of food for emotional regulation rather than nutrition which are not life threatening. These eating disorders are problematic in that they leave the client feeling either out of control or slightly crazy or both. Client C. brought her disgust with her out-of-control eating directly into one of our early sessions. She connected this distressed eating with her loneliness and later with the empty pit inside her and with her fear of abandonment. The feeling of food moving down her throat and into her stomach helped her feel her body core, feel that she still existed. Its stickiness was like glue holding her together. The feeling of fullness in her stomach filled up some of the emptiness she felt. Food also was very connected to her mother and to home. Her out-of-control eating pattern began to improve as the empty pit inside her turned out to be full of feelings which she didn't like acknowledging or experiencing, and as she began the long process of not abandoning herself. It is with Client A, who has the most well-defined eating disorder, that I have had to ask myself the question of what, if anything, I should do about it. Amy has been most frustrated by her flashbacks, and by how depressed, angry, helpless—even suicidal—she has sometimes felt. Her eating and purging behaviors have not been a priority for her, although she feels some shame about them. In fact it wasn't until she moved into her own apartment and away

from her abusive mother than behaviors in passing onto other her eating habits, reasonable feelings (the typical "if I were both her body and her feeling the abuse and holds onto the been useful and interesting to control of her life, begin to in and find a strong voice for her behaviors are decreasing.

I think that behavioral approach end of the severity spectrum a to clients with severe or life-th has to be taken to protect the is resistant. At the other end good psychophysical health. T and emotional resources to n retraining and to use it witho autonomy. Clients who fall in respond to a behavioral appr bodily (self-care) matters, an of the clients' earlier depend the clients' efforts toward self who chooses to use a behavior also be careful that addressin experienced by the client as

from her abusive mother that she could begin to mention some of these behaviors in passing onto other issues. Gradually we have talked some about her eating habits, reasonable exercise, her confusion between fat and feelings (the typical "if I were thin I'd be happy"), how punitively she cares for both her body and her feelings, and how through these behaviors she repeats the abuse and holds onto the abusers she both loves and hates. It has been useful and interesting to notice that as Amy has been able to take more control of her life, begin to integrate her rage into her emotional system, and find a strong voice for her present needs and feelings, the self abusive behaviors are decreasing.

I think that behavioral approaches to eating disorders are helpful at either end of the severity spectrum and that they may be the only way to relate to clients with severe or life-threatening eating disorders. In these cases action has to be taken to protect the health or life of the client even if the client is resistant. At the other end of the severity spectrum are clients with relatively good psychophysical health. These clients have a sufficient sense of self and emotional resources to request practical help with nutrition and habit retraining and to use it without undue shame, humiliation, or compromised autonomy. Clients who fall in between these two ends of the spectrum may respond to a behavioral approach by feeling very intruded upon in intimate bodily (self-care) matters, an intrusion which repeats the intrusive nature of the clients' earlier dependent relationships, and once again compromises the clients' efforts toward self-regulation and separateness. The therapist who chooses to use a behavioral intervention with one of these clients must also be careful that addressing specific eating behaviors/habits is not experienced by the client as an abandonment, a retreat by the therapist from

ongoing, important emotional work and a reversion to supporting an earlier defense where feelings are confused with fat and regulated by food intake.

In summary, I am looking at eating disorders as disorders of self-sustenance. Food is being used for a variety of self-sustaining functions: for self-stimulation, both existential and erotic; for self-regulation and soothing of both overall mood and specific feelings; as attachment maintenance, particularly to early primary caretakers; and for alchemical transformations in which feelings (internal and unmanageable upwellings) become flesh (external and manageable fluctuations in fat) which responds very directly to diet and exercise.

3. On the issues of medication and diagnoses

Of the four clients described here, only two of them took medication: Client A during the early part of our work and up until her psychiatrist left; and Client C at the end of our work. Client A was supposed to be taking an antidepressant on a daily basis and anti-anxiety medication when she needed it. In fact, she had her own ideas about how to take—or not take—both medicines, and it was never clear how much they helped her. Part of my encouraging her to find another psychiatrist was my concern that she would continue to benefit from some kind of medication, but she has done very well without any. She is beginning to feel good about herself in her life. Her depression and anxieties are transient and she is often able to connect them with experiences and feelings in such a way that she makes sense to me and to herself.

Client C needed the help of medication as she concluded our work together and she became terrified of how alone she was and how abandoned she

felt. I gave her the name of the therapist with whom she could go to get medication. He put her in touch with her in getting moved and sent her to the therapist with whom she could go.

Other clients in my private practice have been on stabilizing medication for periods of time. In instance it is so important for them to feel or she feels able to manage it and to look with the client at it as is often the case, the therapist and the client get to the point of being able to discuss the discussion of pushing clients to take medication or she can accept the help of a psychiatrist, going to see him, for as long as he or she needs it.

The issue of diagnosis is an important one. As described earlier, Clients A and B were referred by colleagues. Client C was referred by a borderline (borderline person) we all love to work with: what

There is a strong current of clients who actually make it work. While that has not spared

felt. I gave her the name of the psychiatrist I work with when any of my clients need medication. He put her on an anti-depressant which was a help to her in getting moved and settled in a new city where she was able to locate a therapist with whom she could continue working.

Other clients in my private practice over the years have been on mood-stabilizing medication for periods of time with significant benefit. In every instance it is so important for the therapist to work with the client on what he or she feels able to manage in the way of emotional pain, panic, or depression, and to look with the client at where medication could really be a help. Then, as is often the case, the therapist and the client work together helping the client get to the point of being able to accept taking the medication. As in the discussion of pushing clients to move, it is the client who must get to where he or she can accept the help of medication, follow through on contacting the psychiatrist, going to see him, getting and taking the medication as prescribed for as long as he or she needs it.

The issue of diagnosis is an important one to mention here. Of the four clients described earlier, Clients A and B had been diagnosed by their referring psychiatrists as suffering from dissociative disorders. Clients C and R were referred by colleagues. Client C functioned very much like a high functioning borderline (borderline personality disorder). Client R was the kind of client we all love to work with: what used to be called the "normal neurotic."

There is a strong current of both professional and self-selection among those clients who actually make it into my studio and continue to work with me. While that has not spared me some very difficult and troubling referrals,

generally those clients who come to me have been (1) appropriate referrals by colleagues who know me or my work, and/or (2) interested themselves in using expressive movement as part of their treatment process. It is also a great help to me to have worked for many years in dance therapy at a long-term in-patient psychiatric hospital so that I have some experience with and some feel for clients representing a wide range of diagnoses. For example, some years ago a client came to me for dance therapy, presenting with more than the typical anxiety and ambivalence. After a couple of sessions it seemed to me that she was on the verge of a psychotic depression and would need significantly more help than I alone could provide if she were willing to face her trouble. We talked over the next few sessions about the possibility of medication and verbal therapy as well as her dance therapy work. Shortly after these discussions she withdrew from therapy altogether in fierce denial of needing any help at all.

With any potential client, our initial session (at the least) is a talking session in which we try to get clear together (1) what the trouble is that brings him or her to dance therapy, and (2) how the work we do together might or might not be able to help with this trouble. Only if the client and I are both clear about feeling ready and able to do this kind of work do we schedule the next sessions.

4. On using sound in dance/movement therapy: music, instruments, voice and body

The value of sound lies in its ability to organize and support expressive movement and feeling whether its source is from inside the client's body as in yelling, hissing, stamping, or from the outside as from drums or music. If it is

not being used for this purpose, my clients to bring in music to move and feel. Client Coe brought in tapes he had made (He loved music and great music). I will put on a piece of music for her angry dance (drumming to the rhythm and flow of it) an external environment with the client or I will pick up a drum, rhythm or feeling, or to strike are always the same, particularly able to hear one's self, to help support the expression of one's to one's own feelings, imagination self and in relation to the other

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not being used for this purpose, it does not belong in the session. I encourage my clients to bring in music which is meaningful to them, which helps them move and feel. Client C occasionally brought in songs; and Client R regularly brought in tapes he had made of all kinds of contemporary and ethnic music (He loved music and greatly furthered my musical education.) Occasionally I will put on a piece of music with my client's agreement, as I did with Client for her angry dance (drum music). Often however, clients move in response to the rhythm and flow of internal feelings, images, body cues, and impulses in an external environment which is receptive, still, and quiet. Sometimes a client or I will pick up a drum or a rattle with which to externalize an internal rhythm or feeling, or to strike up a rhythm/feeling dialogue. The goals are always the same, particularly for the client but also for the therapist: to be able to hear one's self, to help organize one's body, to help structure and support the expression of one's feelings so that one can listen and respond—to one's own feelings, images, sensations, and impulses—in and for one's self and in relation to the other person present.

Pitches, melodies, volumes, and textures of the human voice reveal multitude of feelings along with the verbal content in our ordinary conversations with ourselves and others (ordinary operative interactions). Human sounds without words, whether involuntarily self-expressive (moaning, sighing, hissing, growling, etc.), planned or spontaneous, are marvelous feeling channels. These are invariably accompanied by rhythmic bodily gestures or shifts which support the sound and feeling and are often the gates to deep personal expressive movement work.

I once had a client who came to work with me stating that she needed to yell. She was worried about other people—outside in the corridor and in other offices—hearing her. While there was some small reality to her worry, I wondered with her who she was trying to reach, whose ears were so closed that even yelling might not reach that person. Now I was not looking forward to all this yelling and stamping (I had already heard a little which was more than enough), and as I explained to her, I would hear her at least as well if not better if she whispered. I felt for her as she struggled with the emotional deafness of her parents, but the real issue now was her emotional deafness to herself. While yelling expressed her rage and frustration, it was not a help to her in doing the real work she needed to do, which was to begin to listen to those parts of herself she had silenced with her deafening refusal to hear them.

Stamping and banging, slamming and hitting or punching with the appropriate props for safety can be of some use in the initial stages of exploring feelings of rage, anger, frustration, disappointment, etc. These actions are a way of acknowledging a feeling, as in "I feel like hitting so I must be feeling angry." They can provide a beneficial release of muscular tension/repressed feeling in the context of an ongoing therapeutic relationship which can contain the shame, guilt, fear, sadness, and helplessness which then often follow. When done with an attitude of playful self affirmation, these actions can be both tremendously empowering and tremendously humbling, highlighting both our capabilities and limitations in the arena of strong, forceful whole body actions.

There are several areas of difficulty with these kinds of forceful aggressive actions. Temper tantrums and losses in self-control are devastating to the

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client's positive sense of self as well as being unsafe, physically and emotionally. The impulse to hurt—one's self or another—if not properly contained inside and outside of therapy, jeopardizes the integrity and safety of both the client and the treatment relationship. The feelings around hurting are complex and cannot be worked with safely in movement until the "checking and balancing" of other present and conflicting feelings comes along with them. Clients like Client A, who are terrified to move, have already jailed themselves as murderers. Their unconscious levels of self-knowing and protecting require respect.

Client R actually hurt his hand pounding on the floor during an intensely feelingful movement improvisation. While he had not consciously meant to do this, he got "carried away" by his feelings. He was unable to stay inside of himself, observing his actions so that he could protect himself. As he worked on becoming the "boss" of his feelings, he was able to express them fully and safely. As he moved with feeling, he was able to weave together (a) his grief for himself as a child, (b) his rage at his abuser, (c) his guilt at his own participation in cycles of abuse, (d) his disappointment in himself and others for not protecting him, and (e) his need for both punishment and forgiveness. Gradually, he became more completely present both inside himself and with others.

Client C could not symbolically move out her image of picking up a chair and hitting her boss. In spite of her rage, she felt too guilty and too attacked. She felt the hurt would be as great to herself as to him, transduced through the object (chair), and she was right. Without some coherent sense of self, one cannot experience a separate "other," even an "other thing," so that using

a thing (prop) to express anger is not yet about self and anger. (As Client C said, "the chair hurts.") If the client can make positive use of the prop or the image, it is as a harmless vehicle for the experience of his or her rage and aggression as "not so big" as had been imagined, feared, or wished for. This leads me to talk some about stages in self-rebuilding.

5. On the process of building a self

It seems to me that the process of self-building or self-repair involves building or restoring a fundamental balance and connectedness between what I think of as the two essential functions of the self: the containing function of the self and the expressive function of the self. And that as dance/movement therapists we assist this process of repair by working with both the external or observable self and with the internal or experiencing self with a particular and skilled focus on expressive body movement. The external-observable self has both expressive and containing functions as does the internal-experiencing self. The process of self building is not just a creative process, but an interactively creative process in which lost, split-off or disowned parts of the self are reclaimed, re-embodied with feeling.

Example I: Getting hold of a split off part of the self in the form of a sadistic impulse. Client R is working with the image of a huge trunk. In his movement improvisation he is crouched on the floor, moving his arms methodically, searching for the latches, straining his whole body to lift the lid, then pausing, then again straining. Slowly he begins lifting, carefully balancing his body against the imagined weight of the trunk lid. Then, abruptly, he lunges forward, flinging the lid wide, a stunned, gleeful look on his face.

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Example II: Working with flow, with more relaxed, sustained and fluid shifts in muscular tension, to achieve deeper levels of feeling in movement. Client B is providing a fine display of strong, direct, rhythmic aerobic dancing, and we are laughing (because I cannot possibly keep up with her). Then she asks me to lead her in a different way of moving, and we work with slower, more indirect, gliding movements which gradually release into gentle swings, then into rocking, then into stillness. Client B is hugging herself, her head bowed. "I feel safe here," she says, so softly and with infinite sadness, "I feel safe here."

Example III: Exploring self-abandonment. As Client C begins to move (pulling toward herself, then pushing away) she imagines someone or something standing near her (neither too close nor too far), supportive, caring, who is "always with me, wherever I go, so that I am not alone or scared." She experiences herself as shrunken, dark, brittle, cold, and frightened. As she moves in this somewhat darkened room, she begins to notice her shadow and to move with it. "That is how I live with my self, like a shadow."

Example IV: Separating feelings from bodily processes. On this day Client A noticed for herself that after letting herself feel and talk and cry fully about how upset she was, she could then connect various events and her reactions to them (over the previous week) in a way that really made sense to her, including all the time she spent sitting on the toilet (suppositories and enemas). We talked (again) about naming and taming feelings (in this case anger and hurt) instead of trying to flush them down the toilet. She said "I do that, don't I? I treat my feelings like shit."

I have tried to draw a picture of the self-building process using the image of the double helix. The client and the therapist are each represented by a double helix. One strand of each helix represents the expressive function of the self, and the other represents the containing function of the self. Each strand must be strong and flexible. The strands must be reciprocally balanced, and there must be many connections between them. If one strand differs in strength and or flexibility from its pair in the helix, one of the self functions will be compromised in relation to the other; and if the connections between the pair of strands creating the helix are few or too densely tangled or weak, the overall capacity for self awareness and integration will be compromised. In my picture one double helix is called the "self helix" and represents the person who is building or rebuilding a self. The "other helix" represents the self of the primary caretaker or therapist who is facilitating the process of self-building. The picture is developmental, beginning with the doing/moving for stage and proceeding through the stages of self-building (separation-individuation). Throughout the self-building process, the therapist and client work actively and interactively to rebuild or restore the balance between the expressive and containing functions of the self, and to weave or repair the rich set of connections between them. (See figure 3)

The "differentiation space" which gradually emerges and becomes larger as self and other are perceived and experienced as becoming more bounded and contentful (more separated and individual) is that space in which the play, exploring, and creativity (creating and recreating "who I am," "who you are," "how the world was then and is now") so essential to self building, can happen. Both the client and the therapist have a deep investment in sustaining this space they have created together, maintaining its integrity, compassion, and

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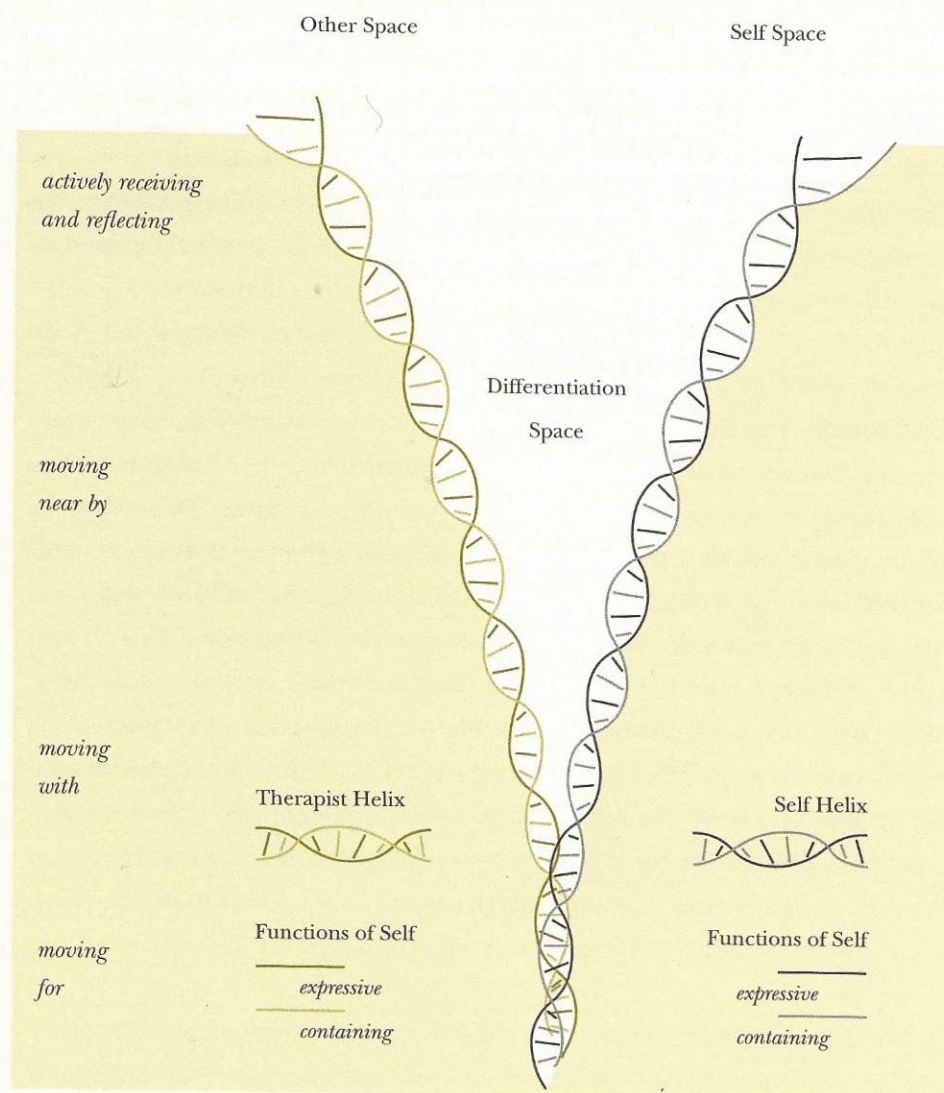
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[figure 3]
 THE PROCESS OF SELF (RE-) BUILDING

safety so that the openness, the vulnerability, the at times total terror and weirdness of self building is not needlessly intruded upon or constrained.

6. On the import-export business as fundamental to self building

One of my earliest private clients, after many sessions, sat down in front of me, having done a very angry dance, and told me that she felt like picking me up and throwing me out the window. I was speechless. I recall that I tried, unconvincingly, to tell her that I was glad she could tell me how she felt. Then I heard myself tell her about something I didn't know I knew about. I said to her "You don't really have to do that. Whatever power or intelligence or femininity you envy in me is really a part of yourself you've vested in me for safekeeping. You may have it back whenever you would like it." We were both tremendously surprised by this little piece of good sense out of nowhere, and we both accepted it (it got both of us off the hook for one, and provided themes for many wonderful dances in future sessions); but also, I think it was somehow right and such a help to us both. It helped me start to look at the whole process, often unconscious, whereby we give to or store parts of ourselves in other people for safekeeping as well as to get rid of them. In equal measure we also borrow, try on, imitate, and then integrate or repudiate aspects of our experiences of other peoples' selves. In this essential process each of us tries to shape ourselves, create ourselves as we wish to be, as someone we could like, respect, admire, or envy.

Bad or uncomfortable feelings tend to be the ones repudiated or exported. Both Client A and Client C perceived others as insensitive, mean, cruel, stingy or abandoning, without recognizing their own substantial skills and abilities in these areas. The process of self rebuilding for each of them was moved

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chless. I recall that I tried,
e could tell me how she felt. Then
didn't know I knew about. I said to
ver power or intelligence or
yourself you've vested in me for
r you would like it." We were both
f good sense out of nowhere, and
hook for one, and provided
e sessions); but also, I think it was
It helped me start to look at the
we give to or store parts of
s well as to get rid of them. In equal
d then integrate or repudiate
s' selves. In this essential process
ourselves as we wish to be, as
envy.

he ones repudiated or exported.
rs as insensitive, mean, cruel, stingy
own substantial skills and abilities in
for each of them was moved

significantly forward when each could acknowledge her own capacities
for insensitivity, meanness, abandonment, and recognize the frequency with
which she was insensitive, mean or abandoning not just to others but
to herself. Client A was no more interested in listening to body cues and
sensations or feelings than was her mother, and she treated herself just
as intrusively and punitively. Client C was involved in internal family warfare,
holding onto her family of origin with every breath and every move while
trying to build a life of her own.

I don't usually begin this level of dynamic work with my clients until we have
gotten to know each other fairly well and have mapped out some of the
areas where we are predictable and trustworthy. Sometimes I have no choice,
and when that happens the client and I don't continue working together
because there is not enough positive working relationship to hold us. As we
get involved in this level of work I tell my clients: (a) It is important to accept
being human because that is what you are, and that means accepting and
considering every conceivable thought and feeling. (b) Becoming a whole
person means integrating (weaving in) not getting rid of thoughts and feelings
that are part of one's self as a human being. (c) We need our rage, anger,
meanness to survive, to define ourselves. We also need our sadness. We need
to experience all of our feelings in ways that don't overwhelm us, where we
can listen, contain, and respond.

This leads me to say something about the critical place of grieving in the self-
building process. If we can't grieve the losses of important people in our lives
we tend to become like them and not just in ways we like or have consciously
chosen. When a client can recognize and experience the immensity of anger,