

Depth Psychotherapy in Dance/Movement Therapy

Penny Lewis

Introduction: Depth Psychology and the Unconscious

Of the definition of depth psychology C. G. Jung (1948) wrote “ ‘Depth psychology’ is a term deriving from medical psychology, coined by Eugen Bleuler to denote that branch of psychological science which is concerned with the phenomenon of the unconscious,” (XVIII, par. 1142). Freud, Jung and Adler are considered the founding fathers of bringing this focus of the unconscious into a new field called psychoanalysis and later psychotherapy. Freud, in addressing the question of the dynamics of the unconscious, formulated the concept of libido and expanded his view to include a developmental perspective of psychosexual stages. These in turn were broadened through the work of ego psychologists such as Anna Freud, (1966) and Eric Erikson, (1963). Adler, too, attended to this phenomenon from a child development perspective within what we identify now to be a family system’s orientation.

Jung’s findings resulted in his view that the unconscious consisted of “two layers: a superficial layer, representing the personal unconscious, and a deeper layer representing the collective unconscious” (Jung, 1948, C. W. XVII, par. 1159). The personal unconscious, like Freud’s view, was comprised of repressed childhood trauma, split off parts of the personality and introjected significant objects in the individual’s early life. The collective unconscious is the domain of universal images, themes, sounds and gestures called archetypes. Jung, (1948) writes, “These

experiences usually concern individuals in the second half of life, when it not infrequently happens that didactic changes of outlook are thrust upon them by the unconscious" (C. W. XVIII, par. 1161). Jung goes on to say that "The relating influences of the collective unconscious can be seen at work in the psychic development of the individual, or the individuation process" (par. 1162).

Along with an appreciation of a developmental orientation came a value in the power of accessing the unconscious not only to unlock the mystery of the disease but also to aid in the transformation process with such techniques as the transference, free association and active imagination. This value of the unconscious and its symbolic world has continued to have a profound and integral influence in the understanding and healing process of dance therapy.

Introduction: Dance Therapy and the Power of Movement

But what of dance therapy? Through 30 years of involvement in this field, through 25 years of creating masters programs and teaching dance therapy to graduate students, through the many books, and chapters and articles I have published—what is it that has become pivotal to me in this work? What is its essence? What has made dance synonymous with healing since man and woman stood upright and became conscious of themselves? What is this inexplicable power movement has offered us humans?

It is certainly much simpler to sit in chairs with a client or a group and talk about individual pain and confusion. But many have found that although intellectual understanding is gained and feelings may have been expressed, there is often very little healing that occurs. The angst still remains deep inside, unchanged, untouched.

We are not just intellects or even feeling intellects, we are embodied creatures. Every cell of our bodies relates and connects to each other. We are also filled with *UR*—the life force that interconnects everything. Thus if we are to be healed, our whole being, along with our relationship to the Source, must be engaged in the process.

Dance has been a vehicle for this conjunction of mind, body and soul with the eternal throughout time. The amelioration of suffering, the facilitation of life stages through rites of passage and the numinous connection to the spiritual have all come about through dance.

The concept of the dance in the context of dance therapy is a wider one perhaps than its usual definition would reveal. It includes, of course, all forms of traditional and nontraditional performance art, ethnographic

ritual dance, folk and societal dance. But it also includes the dance of everyday gesture and the pas de deux of all relationships: the dyadic dances of couples, care givers and their children, family dances, organizational dances, and those of other groups. Placing various perceptual frames of reference upon these dances we can analyze them in unsituated elements, such as are found in the Laban system of effort shape. We can then organize and understand them according to various theories such as Freudian, ego psychology and object relations as found in the Kestenberg Movement Profile. We can also extrapolate dance into various psychotherapeutic techniques such as Whitehouses' improvisational authentic movement, Lewis' dyadic choreography of object relations or Chace's group rhythmic body action.

But in the end our question still has not been answered. What is the essence of the power of movement to heal? Writing or speaking about this power feels like an oxymoron. Having published more in the field of dance therapy than anyone else, I consider myself an authority on this conundrum. Since my first book was published in 1972, I have continued to realize the impossibility. In my last book *Creative Transformation, The Healing Power of the Arts* (1993) I employed one of my favorite quotes of Jung (1944) regarding the struggle to analytically pin down what it is we do. He writes:

For, in the last analysis, it is exceedingly doubtful whether human reason is a suitable instrument for this purpose. Not for nothing did alchemy style itself an "art," feeling—and rightly so—that it was concerned with creative processes that can be truly grasped only by experience, though intellect may give them a name. The alchemists themselves warned us: "Rumpite libros, ne corda vestera rumpantur" (Rend the books, lest your hearts be rent asunder), and this despite their insistence on study. Experience, not books, is what leads to understanding. (par. 564)

Thus it is only through the experience of the power of movement that we will come to truly know and understand. Dissecting it, no matter how articulate the research, cannot provide the reader or listener with the needed understanding. Knowing comes not from cognitive understanding, but kinesthetic wisdom—what Jung called the inner gnosis.

Dance Therapy and the Unconscious

With this disclaimer in tow, the infusion of the phenomenon of the unconscious into depth dance therapy will be explored in three overlapping foci:

- I. The use of the unconscious imaginal realm
- II. The use of the embodied unconscious to access, heal and individuate
- III. The use of a developmentally based bi-phasic focus on the personal unconscious and archetypal collective unconscious

1. The Unconscious Imaginal Realm

The imaginal realm is located in the non-analytic, creative right hemisphere of the brain. This realm of the unconscious is where all of our early history, our traumatic relationships, false mother addictions, and childhood survival patterns that distort the moment by recreating past dances lie in waiting. Here is also where we can access the split off parts of ourselves as yet unclaimed and approach the spiritual toward higher states of consciousness. Dreams convey information from the unconscious to our consciousness. We in the expressive arts therapies know that we can also access this realm through creative expression. And those in the embodied arts therapies of dance and drama know that, most importantly, *we* can transform as well in this imaginal realm . . . For we know, as did our ancient shaman counterparts, that it is only through experience within the unconscious symbolic imaginal realm that there is a possibility for healing and transformation (Lewis-Bernstein, 1982, 1985; Johnson, 1982; Lewis, 1989, 1993). This experience cannot be had by teaching, however. One cannot expect that a patient who has been unable to take a stand in his or her life could learn this through, for example, repeated movement exercises for grounded assertiveness. This naive reductionistic view supposes that one behavior pattern can be superimposed on or replaced by another. To understand the notion of transformation in psychotherapy, the elusive phenomena of transitional space (Winnicott, 1971) and liminality in ritual process of the shamanic tradition (Turner, 1969) need to be explored.

Winnicott's transitional space in analysis and the liminal phase in shamanic healing have a common experiential link. In both cases, the individual is experiencing the moment in an area that lies between reality and deep unconsciousness. It is akin to the world of imaginal play in childhood. As children, most individuals have engaged in fantasy and pretended to be any number of characters. During this time, they knew that they weren't really this character or that—not to know would mean they were paranoid or suffering from a dissociative reaction. But they nonetheless had a rich experience of being these characters in every inch of their bodies, so that their movements emerged naturally from this imaginal core. Needless to say, this playing has a profound effect in shaping individuals' adaptation to life.

When the therapist values this liminal unconscious transitional space within the imaginal realm, it facilitates the patients' doing so themselves within the many containers for this experience in dance/movement therapy. In this imaginal realm, clay shapes, drawings and sand play figures are embodied and their symbolic power infused by their creator. In this imaginal realm, the patient's body, like that of the shaman's, may feel as if it is being pulled apart, turned to mush, or archetypally filled with golden, penetrating rays (Lewis, 1986a, 1988a). In this realm the individual may allow a dream or an aspect of his or her psyche to fully manifest in his or her body, and, like an invoked spirit; an angry monster, divine guide, or a tender infant self may emerge.

Many of my deeply wounded patients have risked embodiment of their split off bad selves. I have witnessed animal-like abused child selves finally lay claim to previously defended bodies. Over a series of months, their bodies have begun to be humanized. From inaudible breath, supported gasping emerges, regurgitating sounds, then instinctual cries which transform into words of assertion and pain.

In this realm, attending to the somatic countertransference, it is possible, for example, to imaginally transform projected split off aspects of a person's psychology through remembering, and neutralize and detoxify transferred negative objects (Grotstein, 1981; Jung, 1977; Lewis, 1981, 1986b, 1986c, 1988a, 1988b, 1993a; Schwartz-Salant, 1983-1984; Stein, 1984). The therapist may receive the patient's negative judgmental or engulfing parent from the patient's somatic unconscious. And, like the shamans who receive the poisonous or negative "spirits" that sought to rid their patients of their sense of self, the therapist heals and transforms these feeling-charged images while still in the therapist's body vessel. With others, their infant self may be received for love and healthy gestation to be retransferred when the patient is ready to coparent.

In this realm, both patient and therapist can be time warped into the choreography of the mother-child experience. Groups can become beacons for the numinous, which draw upon universal themes and images, bringing them to life to transform wo/man again as they have for thousands of years in shamanic healing rituals (Lewis-Bernstein & Bernstein, 1973-1974).

An example of the embodied use of the unconscious imaginal realm can be seen in the second hour with a woman who complained of continuously finding herself in relationships that could not fully give her what she needed. In the commencement of the second session, as in the first, I began receiving a frightened, needy child self through the somatic countertransference. This somatic unconscious to unconscious transmission was distinct from her adult self which was recounting an event which occurred during the past week. My choices were to respond imaginally to the little one with the goal of establishing trust and safety and

continue also to listen and respond to the adult, or to bring this unconscious experience into her consciousness as well. I decided to do the latter because I felt she would be able to understand the idea of the child within.

So I said to her, "You know even as your adult self is relating what went on this week, I also feel there is another part of you—very little—who seeks also to be known. As a matter of fact, I think it is this part of you that seeks healing. Your adult self is very bright and competent in the world, but this little one is scared."

With her acknowledgement I encourage her to embody her little one and allow her into the room. To help, I suggest her little one may sit and move differently than her adult self. I suggest also that the child might spatially wish to be in a different part of the room or place me somewhere else.

Embodying her child she moves onto the floor and huddles behind a sand box used for sand play. I meanwhile change my attitude and position and enter into the bi-personal imaginal realm of an adult engaging a frightened child. My voice becomes soft and nurturing, I move to an open position as if to receive and also still my body from any extraneous movements which might frighten a hypervigilant child.

Feeling her lack of skin/body and external boundaries, I ask if she would like a blanket. She nodded. Not wanting to invade her extended safe space I extended my arm to offer the blanket to her. She took and covered herself with the blanket closed her body and shrunk down below the sand box peeking out at me.

I ask, "What was your mother like?" She squeezes her nose and withdraws into the blanket. I respond, "Too much. Well then, I will try to say very little. I will not ask so many questions, and I will just be here."

Waiting a moment to see if what I said was true, she then began to quietly cry. We were re-choreographing a different mother/child relationship. We spent the rest of the hour talking occasionally about concrete things in the room. Fingering the sand she wanted to know where it came from and where did the other sand in the other sand boxes come from, etc.

Giving her some minutes at the end to re constitute I say, "The adult self will need to begin to come back as it is almost time for her to put her shoes on, but the two of you should stay close." I also added to the little one, "It is very important that you come here and let us know what you need and want."

Thus, the patient's body, the therapist's body as a container for what I have called the Somatic Countertransference, and the bipersonal field between the patient and therapist or therapist and group can provide vessels for the transformative experience of the unconscious imaginal realm.

II. The Embodied Unconscious

"The unconscious lies in the body." Jung proclaimed. Thus, the embodied process orientation of dance/movement therapy can allow each individual the vehicle to fully experience, claim, and transform. Through embodiment, prior trauma can be healed and as yet undeveloped parts of the self claimed and integrated. The following are examples of dance therapy techniques which employ the somatic unconscious:

Reclaiming preverbal memories which lie in the body and bodily sensations allow both the client and therapist to reconstruct early trauma. Winnicott has stated that many memories are "pre-verbal, non verbal and unverbalizable" (1971, p. 130). Since many memories of abuse occur prior to language, they are often held in unconscious somatic schemata that can only be recalled by kinesthetic and movement reconstruction. In addition, many individuals "leave their bodies" or dissociate during physical abuse. Thus the memories may not have cognitive schema. For example, many patients report feeling nauseous, suggesting early trauma in the symbiotic oral phase.

Rechoreography of object relations. Healthy infant and toddler care is conducted on a relational sensi-motor level. Mahler (1968); Kestenberg, (1965); Stern (1985); Winnicott (1971) et al discuss concepts such as attunement, rhythmic synchrony, holding and handling by the mother, which convey to the infant relatedness, appropriate boundaries and a sense of trust, safety, identity and other. All of these are crucial in the foundation for healthy functioning. They are learned on an enactive embodied level and cannot be conveyed by talking about them. Therefore, the developmentally contexted re-choreography of the mother/child embodied relationship by the patient and therapist is often a *sine qua non* of transformation.

Embodied dream, art and sand play work is a dance therapy technique based upon the premise that the purpose of dreams and other expressions are not only to inform, but also transform the dreamer/artist, (Lewis, 1993a, 1993b). For this reason, dream and art interpretation is found to curtail the full value of this unconscious expression. If a dream is interpreted, it serves to separate the dreamer from the dream. It has the same effect as interpreting a work of art would. In both cases the observer looks at and intellectually assesses the work rather than experiencing it.

The role of the therapist is to assist in the recreation of the art, dream or sand play world. On occasion I, too, enter into the dream to further reveal the meaning. The experience of being in the dream through active imagination can be expanded to include others in a group and can serve to continue to develop the story dance of the metaphoric themes or characters, (Lewis, 1989, 1992, 1993a&b).

In doing so, characters can transform for the purpose of integration or union. Themes and plots can unfold a map of a person's entire therapy process, and the archetypal can profoundly reconnect an individual to the many layers of Spiritual Consciousness.

Authentic Movement is an embodied dance therapy technique that was first identified by dance therapist, Mary Whitehouse (1986). It is an experience of being moved not by conscious volition but by the realm of the imagination that emerges from the unconscious. Whitehouse wrote, "It is a moment when the ego gives up control, stops choosing, stops exerting demands, allowing the Self to take over moving the physical body as it will" (1986, p. 69). The Self is the Jungian archetype which moves an individual toward wholeness and their unique path in life. It, too, resides in the imaginal realm of the unconscious.

Authentic movement is employed with individuals and with groups. Some movers prefer silence, others prefer white noise such as ocean or wind recordings, while others prefer the many New Age tapes available. With those individuals who are unfamiliar with authentic movement, I will offer guided imagery to assist them into a deeper imaginal state.

Some individuals feel various sensations and are moved in response to them. Most, however, create imagistic environments and move within them. These can be recreations of the past that emerge from the unconscious realm, to be consciously known or reclaimed by the mover, or they may be new experiences that are unfolding for the individual to embody and integrate into their personality. Once individuals have recovered from any childhood trauma or addictions, their authentic movement will reflect more of the later individuation experiences. As Jung related, it has also been my experience that archetypal movement and themes frequently manifest at this time.

Theme-based improvisational movement is akin to authentic movement. The only difference is that a suggestion is made by the therapist, which is then taken by the patient into the imaginal realm. For example, I have frequently offered the suggestion to join aspects of the self that have remained polar opposites. When individuals live out of one side, they leave in shadow what they do not claim. Thus, a man may become despairing because he is not allowed to feel grief; whereas a woman may become resentful because she is not allowed to show anger and power. If an individual employs a metaphor in their description of their life or current events, this can become an improvisational stimulus. For example, patients may complete the sentence, "My life is like a _____." and then dance the metaphor, for all of the images and metaphors come from, and therefore share, the same language of the imaginal realm.

Theme-based improvisation can take on dramatic qualities when a suggestion is made for an individual to personify a part of their body that may have just gestured as a response to something. The individual may

also personify an aspect of themselves, such as an inner critical part. These improvisational soliloquies help draw the person into greater self-awareness.

Ritual dance taps into the archetypal universal pool of transformational movement. Typically carried out in communities in circle formation, this dance therapy technique can subtly but profoundly transform the participants.

Rituals can occur without groups as well. An example of an individual dance therapy session which employed ritual can be seen with one woman in her late forties. She had spent the first half of her work recovering from early childhood abuse. With each childhood memory, she imaginally rescued her child self from the event and confronted the abuser(s) (Lewis, 1993a). In the process she created a beautiful garden which housed all her "children." At the time of the session that will be described, she had gotten in the habit during the car ride over of asking her imaginal realm if there was any childhood self that wanted to come with her. It was at this point that her 12 year old self imaginally appeared to her asking to be welcomed into her consciousness.

She and I had previously discussed how her mother had felt shame and disdain for all aspects of feminine sexuality. She learned to put on weight to block herself from her feelings and to protect herself from all the powerful males around her. Menarche came and went in hidden shame. There was no pubertal rite of passage, no acknowledged ritual for her. But in this session her pubertal self, her adult self and I planned and performed a pubertal ritual. Drum music was played as we danced in pelvic initiated sexual rhythms identified by Kestenberg as genital rhythms (Lewis, 1977, in process, Lewis & Loman, 1991). As this woman and I danced, sensually provoked laughter spontaneously erupted. Pelvises were tilted forward in prideful presentation. Strong thighs were used to stomp powerfully in embodied assertiveness.

Subsequent to the session, this woman presented me with a painted mandala wall hanging. With a teutonic symbol as the skeletal structure she drew the body of a goddess who "protects and gives her power." She then began to take a stand where she worked and confronted the abusive manipulations of her boss. She also burst forth a myriad of creative ideas. I feel this was as a direct result of claiming her fertility.

An example of embodiment within a group context can be seen in one ongoing authentic movement group, in which one woman was in the throws of mid-life crisis. She had been seen by me in individual therapy for three years. In the initial year, couples therapy occurred four times. During that time it became clear that her husband was an active alcoholic and controlled her via money and his rages at her and their children. She did not work and her identity and sense of self was governed by her husband's projections of his own difficulties on to her.

The husband was referred by me but did not continue therapy; he chose his addictions over recovery. From that time, I worked toward supporting and empowering the wife to make the life decisions she needed in order to protect herself and her children from continued abuse.

The first stages of her mid-life crisis entailed beginning to recover from her own early abuse as a child. This resulted in a capacity to value herself and acknowledge her many gifts. She began and completed graduate school and professional training. Esteemed by her professors and her colleagues, she was quickly hired at her intern site. She was finally able to experience her true value and power.

It was at this point in her process that this example of her authentic movement work is drawn. She had participated in this group for about a year and a half. The group began, as always, with everyone checking in. This allows me to have a sense of what individuals are bringing with them into the work. Where appropriate, suggestions are made to focus on a particular dream image, childhood experience or the next step in their personal journey. At this time, the patient in question related that her husband had again raged at her and the children. She was feeling very disempowered and victimized.

The authentic movement component of the session began with the lights dimmed. This patient curled up in a fetal position in the middle of one of the double rooms. From the other double room another male group member could be heard. She began employing a group authentic movement technique which had been clearly contracted for by all the members. This technique allowed for each member to imagine the other members to be any figure in their imaginal realm (Lewis, 1993a). Thus it is understood among them that one member can, for example, represent someone's father while to another he could represent a wise spiritual being.

In this group, this woman began to imagine the man's vocal expressions as both those of her husband and of a childhood abuser. She began to rock and to moan. The moan developed into her saying, "Why did you leave me? I'm so alone. Why does everyone leave?"

It is at this point that I began to focus on this woman. Most dance therapists who provide authentic movement for their clients remain in the role of witness. This means that the therapist sits some distance away from the mover and acts as a protecting, reality maintaining observer. These therapists do not interact with the mover in any way. Mary Whitehouse (1986) encouraged the observer/therapist to utilize his/her intuition and cautioned against logical, rational thinking. She also felt that in the early stages of a person's beginning to do authentic movement, it is best to observe rather than participate, (p. 79.) I follow Whitehouse's view as well. Thus, rather than analytically observing movement qualities, I, like the patient, shift into the imaginal

realm from which all intuition comes. When a patient is learning the technique, as well as when they begin their authentic movement experience each time, I will sit imagining clearing the therapy space, creating imaginal protective boundaries around the space, and asking for spiritual guidance. I then empty my mind and wait to receive from the patient's unconscious imaginal realm (Lewis, 1993a). If from the unconscious to unconscious connection with the patient an intuition to participate with the mover is received, it is not questioned. After working over a quarter of a century with this technique, I have learned to trust what is received.

To return to my patient: I began to imagine this woman being held by loving spiritual energy that could support her and give her the experience that she is not alone. Receiving an intuition to participate with her, I crouched in a fetal position in empathetic reflection next to her. Feeling physical and emotional support next to her, she began to rock and finally to sob. In a childlike voice she said, "They're bad." I responded, "Big and bad." "They're big and bad," she chimed louder. Then both of us moved our hips side to side in rhythmic synchrony to a chant, "Big and Bad." This movement chant began to transform organically from referring to others as "big and bad" to referring to us as "big and bad." Our movement became stronger, more assertive and powerful. Then the patient added, "Big bad thighs . . . Mega Thighs." I added "Thunder Thighs." Now it was clear the patient had moved from feeling powerless to powerful. The rhythmic side to side movement had change from the horizontal to the vertical plane. The tonal quality of the voices deepened and took on a witchlike growl. She finally yelled, "I'm getting out of here," referring to her former victimized position.

Both she and myself danced to the corner of the room where another woman was engaged in authentic movement. Without conversing these two women and I then began to spontaneously move in synchrony together. All knelt down and made gathering motions on the floor with our arms as if we were scooping up something. Then, cupping our hands, we brought the imagined substance up through our torsos and then out the top of our heads. The movement sequence finished with our arms reaching upward and outward with our heads tilted toward the sky. This is an archetypal movement. This ritual movement has been carried out in many cultures in different eras (Lewis, 1989, 1993a). We began chanting words each time we brought our hands back to our torso and moved them upwards. Some of these words were: "woman . . . tree . . . power . . . wellspring . . . wisdom . . . infusion."

Thus, the use of embodied active imagination approaches can facilitate individuals healing of trauma and the individuation process of death and rebirth toward empowerment, wholeness, wisdom and spiritual consciousness.

III. The Personal Unconscious and the Archetypal Unconscious in Dance Therapy

In the sixties and seventies I began my psychotherapy training with Freudian psychoanalysts and ego psychologists. My first mentor, Dr. Judith Kestenberg, a child psychoanalyst, taught me how to integrate these two theories with object relations theory and self psychology. In the eighties, I began training in Jungian analysis at the CG Jung Institute of New York. In the nineties, I became more fully immersed in the theories of trauma, addiction and recovery. Along with the men's and women's psychology movements during the seventies and eighties, I also researched the dance therapy theories extant. These were presented in volumes one (1986a) and two (1988a) of my *Theoretical Approaches in Dance-Movement Therapy*. Thus, my depth dance psychotherapy theoretical orientation can be viewed as an integration of all the above theories.

The therapy work is seen in two distinct although occasionally overlapping phases, which were delineated in Jung's view of working with the personal unconscious, followed by the archetypal collective unconscious. The first phase entails healing from childhood and other previous trauma, along with the transformation of any addiction(s) and dysfunctional patterns. The second phase addresses the individuation process, which facilitates the integrating of as yet undeveloped aspects of the psyche, and an individual's unique unfolding of their personal journey, which culminates in greater Spiritual Consciousness.

The Personal Unconscious: Healing Previous Trauma

In the first phase, individual's enter therapy because their lives are not working for them. For example, they cannot sustain relationships and/or jobs, or they have begun to move from denial into accountability regarding their addictions, or they are beginning to have flashbacks of abuse, or all the implicit promises of their childhood survival patterns such as, "if I am a perfect giver, then I will get what I need," are not panning out.

Over the past 10 years the concept of trauma and child abuse has expanded from physical beatings and sexual perpetrations to include all forms of emotional, verbal, and spiritual assaults. Symptoms of these forms of abuse have been hidden in our culture for some time. For example, Western society has considered it appropriate for white males to feel better-than, invulnerable, perfectionistic, angry, anti-dependent and hierarchically competitive (Mellody, 1989, p. 27); while women were to

feel less-than, have no boundaries, be codependent care givers and carry the more vulnerable feelings of hurt, fear and sadness for the male.

Addictions go hand-in-hand with improper parenting. Like the definition of child abuse, the concept of addictions has expanded as well. The list enlarges from alcohol and substance abuse to include eating disorders such as bulimia, anorexia and obesity, smoking, gambling, retail shopping, sex, love, money, power, work, etc. These dysfunctional patterns are learned from families or peer cultures or represent personal intrapsychic adaptations whose motivation is based on childhood survival. These patterns continue into adulthood and outlive their appropriateness. Individuals experience present reality as if it was a carbon copy of their past. They act and react in significant relationships based upon their abusive relationships with their primary care givers, and they respond in social and work settings as if it were their family or prior peer culture.

Because they may have had non-nurturing and devaluing parents, they were unable to experience a realistic sense of self. This lack of self-esteem results in a person feeling empty, less than or reactively better than others. These abusive primary care givers are then internalized and become inner critics and shamers, abandoning or traumatizing the inner self (sometimes referred to as the inner child). Occasionally the abusive parent wants to live off the child's greatness and so never relativizes their natural grandiosity. When internalized, this inner object never allows the ego-self to live a regular, normal life. Their capacity to work is atrophied, because they are somehow supposed to reach the pinnacle of greatness without ever having to devote any time or attention to it.

If separation and independence is traumatized through personal space violation, as with physical abuse or denial of privacy, individuals will have inadequate boundaries. For example, they may have no boundaries and be perpetual victims to others' perpetrations. They may have wall-like boundaries and isolate themselves; or have faulty boundaries in certain areas and continue to receive the type of abuse they incurred in childhood.

If too much separation is given through abandonment or over stressed as with males in our culture, they may become "needless and wantless" and employ addictions as false mothers, to avoid the reality of having needs. If individuals are encouraged to remain dependent, as many women are or those whose parents cannot separate, they may become overly dependent or codependent resulting in their not being able to meet their own needs.

If the home environment is unstable, children will not have the needed consistent, emotionally present parenting. This results in immature, emotionally labile adults. If children become parentified or spousified

within the nuclear family, they will tend to continue to be overcontrolling and hyper-responsible as adults.

The healing of child abuse requires the individual to return imaginatively to each abuse setting and occasion; take the inner child to a safe place; and as an adult, confront the perpetrator(s). When addictions are used as false mothers in attempts to fill the void of the absence of self and object, they, too, need to be confronted as the abusers they really are. Once the inner child is freed from the abuse, re or coparenting can occur in the choreography of object relations (Lewis-Bernstein, 1983, Lewis, 1986, 1987, 1990a, 1993a). With a healed, loved inner child and a supportive, positive internalized parent who ensures and encourages healthy boundaries and expression of needs and wants, the individual is freed to respond appropriately in the moment and continue to unfold in their life.

The example of an authentic sound, movement and drama group will be offered as it allows for a variety of individuals' recovery process. For the purpose of discussion, three members' processes will be explored.

Mary

Mary, a woman in her fifties, has been a member of this group for three years. In the past she had begun to be able to "have her own voice," as she phrases it, and to begin to allow very early body felt experiences to enter into her authentic sound-movement experience. In the past her voice, tone, and movement employed only low intensity in tension flow (Lewis, 1994). Now in authentic sound and movement, she was beginning to employ high intensity which, with matching sounds on my part, began to progress into vehemence. She then added words to her movement, and speaking to her imagined family yells, "Shut up, I don't want to hear it anymore!" It was after this phase in her work that she began to have body-felt memories. Lying on the floor, she began to feel strapped in. She reported later that she found it difficult to breathe and move. Over several authentic movement groups she found the sensation reappearing until the image came into full figure. She had been harnessed in her crib as an infant. It was at this point in her work that I began to participate more directly in her process. Her mother had wanted to keep her down. In processing, she began to talk about how her mother never allowed her to do what she wanted, and that she was never allowed to stand up to her and disagree. The ability to assume verticality and to claim the motoric drive discharge of anal sadistic expression, along with the ego adaption of strength, became crucial (Lewis, 1994). One movement group, she again found herself harnessed in the horizontal. She began to crawl on the floor. She cried, "I can't feel my legs! They're

numb." She dragged herself, like a paraplegic, to the Futon sofa and began to struggle in vain to stand. I moved over to her to be a good mother advocate. Encouraging her, in the imaginal realm I said, "We must take your mother's harness off you, so you will be free. Your child self can't do it; she is too small, but the adult in you can do it. Can you take the harness off the little one? I will help, too, if you like." With that, she and I imaginally tugged and ripped this shackle off her torso and hurled it away. I began quietly saying, "No more." She then joined the chant, enlarging the range into high intensity. She then pulled herself up vehemently and stood in the vertical, breathing fully for the first time.

John

John, in his thirties, had joined the group during this time. After a few sessions, he began to talk about how he had difficulty sustaining relationships with women and, not so surprisingly, how controlling and invasive his mother was. I would always respond with expressions of disgust toward his mother and support for his right to have his own life.

It was about the time that Mary was re-experiencing her toddler self in a harness that John, in an authentic movement process, experienced himself to be in his boyhood room. He began rolling from side to side. I was aware that he was getting close to Mary, who I knew was in a very vulnerable position. Mary was vocally weepy. John heard her and transferred his mother onto her. "Get out of my room!" he yelled vehemently. Mary was in no position to respond, as she herself was re-experiencing her own abuse. I quickly came over and placed my body in between him and Mary. Hoping to capture the transference I respond, "What do you mean. Your room is my room." "Get out!" he yells. In as witchy a voice as I could conjure up, I retort, "I need to live off you. I'm empty inside. I want your life force." With that, he turns and begins employing strength and directness shoving me out of his space. Sliding along the floor I beg in a diminishing voice, "Don't send me away. I need you. I'll find a way to manipulate myself back into your life." With a final shove he yells. "Never!"

Week after week, he moved and sounded in a choking, regurgitating manner. This sound movement process employed the tension flow rhythms in service to separation and elimination: oral sadistic spitting, and anal sadistic deep intense defecatory movement sounds (Lewis, 1994). In processing, he would report that his mother was like so much phlegm in his chest, keeping him from feeling "inspired." In one group, after engaging in this release, he began to sing/chant in a different way.

Prior to this, his voice had originated from his throat. Now it sounded like it came from his chest and diaphragm, and had a flowing wave-like rhythmic quality. He had a powerful baritone voice with rich resonance.

Susan

Susan was another woman in this group. In her late twenties, she had been a member for a number of years. During that time she had worked diligently in authentic sound and movement to free herself from her childhood history with an engulfing mother and a molesting father. Frequently she found herself becoming various animals from which she would begin to claim instinctual elements. The spirited nature of a bird and the sleek powerful quality of a panther were explored by her. In one group she returned to her "fetal self." During processing time, she described feeling like she was "just skin over bone." She had placed herself close to where I was seated and piled pillows up around her. "I was trying to get out of my mother's womb. She was empty and wanting to keep me in." During this time she was engaging in an inner genital sadistic or birthing rhythm (Lewis, 1994). Her intensity was so powerful that I could easily experience it without actually visually attending. I began to image myself as a midwife. During processing, Susan reported that she had the distinct feeling that I was trying to soothe her mother so that she would let Susan go.

After Susan had birthed herself, she began to rock in an oral rhythm just as an infant might. At this time I mirrored her rock vocally with a lullaby. She then began to slither around the floor, (she reported feeling snakelike) and gradually began to employ more ego adapted movements. She stated later she had evolved into what felt to be a witch. Upon further processing, it became clear that this witch represented the split-off powerful part of herself which was never allowed to develop in her parent's home.

The Archetypal Collective Unconscious: Individuation

The second phase of the work addresses the process of claiming more of who one is, whether it be a shadow aspect or a contrasexual animus or anima to employ Jung's terminology. Once this integration occurs, an individual's life direction becomes more clear to them. Eventually, the individual comes to enlarge their awareness to grasp an ever expanding relationship to community, humanity, the planet, and the many levels of spiritual connection.

Jung, (1955) found that this journey often began during midlife and entails an assault on much of what came before. He writes,

The Self in its efforts at self-realization reaches out beyond the ego personality on all sides; because of its all-encompassing nature it is brighter and darker than the ego, and accordingly confronts it with problems which it would like to avoid. Either one's moral courage fails, or one's insight, or both, until in the end fate decides.

The ego never lacks moral and rational counterarguments which one cannot and should not set aside so long as it is possible to hold on to them. For you only feel yourself on the right road when the conflicts of duty seem to have resolved themselves, and you have become the victim of a decision made over your head in defiance of the heart. From this we can see the numinous power of the Self, which can hardly be experienced in any other way. For this reason *The experience of the Self is always a defeat for the ego*. (1955–1956, par. 778)

The Self that Jung spoke of is best described by a patient's definition of God as "The Creator of my becoming." This "defeat of the ego" often results in a disintegration of life as it was known, followed by a descent into a hellish darkness—like an arctic winter, in which much of who one is is let go off. It is an experience which is often precipitated by a crisis, e.g. an affair being discovered, a loss of a job or relationship, or a physical injury. The resolution of this cycle comes like the spring—the individual experiences a rebirth of a new more authentic expanded self.

A clinical example of this process of individuation toward spiritual consciousness can be seen with one man. He was the oldest child of an alcoholic, physically abusive father and a narcissistic mother who adulterified him at six years of age when his parents were divorced. He remained shut down and dutiful throughout his childhood, graduate school and marriage. A therapy contract based upon recovery work was set.

After doing recovery work with me, he returned two years later and reported that he had not been depressed or cynical since our work, but something had happened. Since our work he had begun to sing in a group. He had in the past been aware of lump in his clavicular area, but since the singing it had become more defined. Recently he had had it removed, and it had proven to be malignant. As a result he was scheduled for chemotherapy. He knew that chemo not only kills any possible cancer cells, but just about everything else draining one's life force, as an experience of death would. He felt he wanted to know his path in life more clearly.

In one hour, he reports a dream: "I am in a medieval inner courtyard—like a circular paddock. A stag, [seen in history as a symbol of the shaman and of Christ], goes through a big dark wooden door. I feel I'm supposed to follow, but I don't want to. Then I'm aware there is a huge male figure dressed in white robes. He is laughing." I embody the white figure who is clearly a trickster psychopomp. I tell him he must go through the door. If he doesn't all his suffering from the chemo will have no meaning.

He returns a month later racked with pain and nausea from the chemo. He reports seeing two hawks facing in opposite directions on the same branch in the front of my office. I suggest he connect with the hawks in an improvisational movement process. During this time I see wavy lines leaving his body. He later reports that the hawks helped him leave his body. "Now I know I have a body; I am not a body." "Yes", I respond, "it is easier for people to be willing to have out of body experiences if they are in physical pain."

Three weeks later he returns with the following dream. He is in monk's habit leading a group in the wilderness. He comes upon a rock impasse. Before him appeared five angels. Each sent him their names: Love, Compassion, Truth, Understanding, and Humility. He extends his hands and radiant beams of light emanate. He then tells me he is not religious and feels unworthy. I instruct him to ask the angels. He stretches out his arms and then begins to laugh. "They say that is beside the point," he reports. I then instruct him to reenact his dream. During this dream embodied improvisation he begins to cry. "This may sound corny, he reports later, "but to touch people . . . we're all suffering . . . to touch with kindness . . ."

After a hiatus in which he was recovering from the chemo, he returns. I suggest he imagine and reconnect with the animals that had appeared to him. Moving about the room he reports "The hawk is circling above and the stag is entering a forest." "Follow him," I respond. He comes to a circular clearing with a 20 ft. stone circle with a fire in the middle. He sees many faces in the fire. "Step into the fire" I say. He steps in and reports, "I'm looking out. Everything is dark. I sense there is something beyond, something green, but I'm afraid of the dark."

In the next session, I return him to his incomplete movement improvisational journey. He steps in the flame and reports a dark hole in the middle. Reminding him to let go of his fear, he is able to descend down. The hole gets smaller and he crawls until he reports seeing large teeth in front of him that keep him from proceeding. He says finally, "You know this is funny but if I were a snake I could slither right through." "Be a snake," I respond. He proceeds and learns he can shape shift.

In his last session he reports that the president of the company wants to place him in a managerial position, one in which he would be speaking nationally. But he tells me he is afraid of what he would say. "They might ask questions that I don't know the answers to." I respond, "Ask the angels." The angels say, "it's not what you say. It's your being, your compassion and your love which is the message." He then says to me, "All my life I've always judged myself as being a 'jack of all trades, master of none'. I've never reached the pinnacle of accomplishment in any field. Now I realize this is not the direction at all. It is not what you do; it is who you are." "Yes", I respond, "Manifesting the soul within is truly the most important accomplishment."

Conclusion

The depth psychology concept of the unconscious is an integral phenomenon in depth dance therapy. Although the transformative power of dance therapy can only be truly understood through the experience of it, this paper attempted to demonstrate that entering into the unconscious imaginal realm through embodiment allows for healing from childhood trauma and addictions and the unfolding of the individuation process toward Spiritual Consciousness.

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