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The Disinhabited Body: A Somatic View of Personality Development and Psychotherapy

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THE DISINHABITED BODY:

A SOMATIC VIEW OF PERSONALITY DEVELOPMENT
AND PSYCHOTHERAPY



Mecca Antonia Burns, B.A.

An Abstract Presented to the Faculty of the Graduate
School of Lindenwood College in Partial
Fulfillment of the Requirements for
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ABSTRACT

The body's role in personality development and psychotherapy is investigated. The "mind/body split" which pervades our culture prevents us from fully experiencing bodily sensation.

This phenomenon is deeply rooted in the psychophysical dualism postulated by Descartes, and chapter one inquires into the reasons why his theories took hold so firmly. There is a prevailing tendency to treat mind and body as separate entities, and I examine the reasons for this. The emotions appear to be a link between body and mind, but this is specifically where resistance can enter in.

In chapter two, we look at the process in terms of one's personal history. Our culture has tried to govern child-rearing practices via rational thought processes, and the importance of touch and holding has been de-emphasized. The body plays a role in repressing painful experiences, and these memories may become enscribed in the musculature. Parents unconsciously communicate their own unresolved issues to their children through their movement patterns. There are physiological mechanisms at work here, which we will discuss. I also describe how the stages of object relations pertain.

Chapter three looks into some forms of body-oriented therapy which address emotional conflict. These approaches include dance-movement therapy, somatic-emotional processing, somatosynthesis, concretization in drama therapy, Mindell's dreambody work, and body-oriented dreamwork theatre. Currently there is a trend towards using the mind to help heal the body, (e.g., mental imagery with cancer patients.) Here the focus is on the reverse process: how working with the body can enhance and deepen the therapy process, and perhaps begin to integrate body and psyche.

The Disinhabited Body:

A Somatic View of Personality Development and Psychotherapy

Mecca Antonia Burns, B.A.

Charlottesville, Virginia

A Culminating Project Presented to the Faculty of the Graduate
School of Lindenwood College in Partial Fulfillment of the
Requirements for the Degree of
Master of Arts

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Exactly where you are at this very moment,
there is a house that bears your name.
You're its sole owner, but a very long time ago,
you lost the keys. So you stay outside;
you're familiar only with the facade.
That house, the hideaway of your most deeply
buried, repressed memories, is your body.

[Bertherat, 1989, p.ix]

Introduction

Last night, I was waiting for someone in an apartment with no mirrors. I began dancing to some music that was playing, and took as a partner a wispy shadow that the early evening sun threw against a wall. My shadow was defined enough to receive the subtleties of my movements, and transform them into something "other", not of myself. Still, after awhile I noticed that the shadow was not enough: I had to find a mirror. I needed to affirm my existence from the outside, to be reassured that the facade was still intact.

Reflecting on this now, a childhood experience comes to mind, and begins to make sense to me. While I was performing some action, an inner voice would be narrating the events in the third person, as if I were a character in a story. I see now that by taking on the perspective of a coolly detached observer, I could control the emotional impact of a situation. And to do this I had to distance myself from my body.

I have always been drawn to dance. Though I became convinced years ago that I have no "natural talent", the passion never waned. I always believed it was the ultimate means of uniting body, mind and soul. I felt I should dance more; dancers were "really in touch with their bodies". But why did I always feel like I was on the outside looking in?

There I am, in my dance class. High on the wall, the clock ticks away the minutes, the hours, the years. And there they are in the front row. The dancers. I can see their graceful backs, sometimes a profile, a lifted chin. Relentlessly they seek to train, discipline and perfect their bodies. Their eyes rarely waver from the mirror.

And there she is, the dance teacher, bathing us all in her reflected glory. I can glimpse her as if I'm peering through the woods at a sunlit vista. But only a few dim, wan remnants reach me in the back row.

Clearly, in this room no one's eyes are on me. Why do I feel like they are all watching me, judging me, crippling me with my own self-consciousness?

What took me years to realize was that I longed to be seen. Even when I danced alone, I placed most of my awareness outside of me in the room somewhere: a constant presence alternately adoring and condemning my movements.

Dancing in a group, I could move through a dizzying array of emotions: pride, hopefulness, envy, jealousy, joy, anger, loneliness, despair. Movement stirred up feelings that rarely surfaced elsewhere, but they had no place in a technique class.

All this emotion was projected outward; inside my body there was no sensation, as if I couldn't move and feel at the same time. And even in improvisational

movement I could protect myself from letting anything new happen inside, by sticking to my familiar movement patterns. While I consciously strived to alter them, apparently I was more invested in keeping them the same. Perhaps I sensed that if I moved spontaneously, a seldom used muscle might tug at a forbidden memory or long-buried feeling.

I never wanted to vacate my body; it just happened, out of my conscious awareness. For years I have been trying to move back in. This thesis is a tribute to that struggle, and the extent to which it is not mine alone.

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I. The Disinhabited Body

To feel at home in one's body. To know one's self from the inside out, and not require constant verification and legitimization from mirrors, human or otherwise. To gain the deepest pleasure, comfort and security from simple, physical activities, such as moving, touching, eating, sleeping; instead these experiences are often shot through with conflict.

Why do we lose the keys that would enable us to truly live in our bodies?

"When you've lost your body, you need an ism."
[Berman, 1989, p.343]

In a book called Coming to Our Senses: Body and Spirit in the Hidden History of the West, Morris Berman argues convincingly that all of modern culture—the "torch of civilization"—is an attempt to compensate for this disownership of our bodies. He refers to this as "the basic fault"—both in the sense of a mistake, and also as a crack or rupture that runs like an earthquake fault through our personal and collective histories, severing us from a primary sense of satisfaction [Berman, 1989.]

Many people move through their own lives, and through the lives of those around them, with never a thought that anything is missing. Others struggle each

day with a vague sense that something is not right. It is an inner void or emptiness; Berman uses the term "nemo" borrowed from a John Fowles novel called The Aristos[1964.]

Our culture provides us with a multiplicity of "nemo-stuffers" which include alcohol, anti-depressants, food, sports, religion, success, helping others, falling in love, and so on. But often these experiences only temporarily ease the longing.

The "Nemological" Approach

Berman [1989] believes the nemo has its roots in our early life. He often asks his students to recall their first conscious memory, an exercise he also invites his reader to perform. He observes that while these memories vary widely in content, the form is constant: a new awareness of oneself as separate from something outside oneself. It is "the awareness that 'I' am 'here' and 'that' is 'there'" [Berman, 1989, p.25.] For example, as I bring my own first memory into focus, I picture a small child standing alone on an endless stretch of sidewalk between her parents' car and the nursery school door. For perhaps the first time in my short life I was perceiving myself from the outside, as "a separate identity; a Self in a world of Others" [Berman, 1989, p.28.] In this newly crystallized

awareness, I recognized myself as distinct from my environment. And in taking this necessary step towards maturity, I had to separate myself from my physical being.

Berman considers this emergence of ego-consciousness a kind of second birth, a mental awareness of the separate status which the body has long sensed (perhaps even before birth, when the first Other was encountered in the form of the placenta).

According to Berman, the "nemo" has a biological foundation. It is "laid down in the tissues of the body at a primary level, and as a result can never quite be eradicated" [p.24.] Yet he doesn't really expound upon the mechanism for this. He calls for "a thorough understanding of the infant origins of this phenomenon of the nemo and the way that the resulting dynamic unconsciously permeates our entire adult life" [p.23.] At one point he implicates the primary caregiver (e.g. mother) as being "frequently absent when we needed her, or intrusive when we needed to be left alone" [p.24.] But he fails to examine how this might be a manifestation of the caregiver's own "nemo". The remainder of the book focuses on the body's role in shaping the history of western culture.

Berman (and others) have amply demonstrated the phenomenological reality of this disconnectedness from our bodies. I am interested in addressing the following questions: Why and how does this phenomenon occur? How

does such a state of affairs serve the purposes of our culture? What happens during the first few years of life, especially in the relationship with the "primary caregiver", to facilitate this split between mind and body? And finally, what therapeutic approaches increase the body's innate ability to feel, contain and express emotion?

The Body-Mind Split

Several authors have pointed out the difficulty in conceiving of mind and body as a continuous entity, pointing out for example that we have no word for this. We speak of "my body" — it is an object, a possession, but not me. I am the person who is trying to govern and direct this body. New terms have been proposed, like "I-body" [Kepler, 1987], "body mind" [Dychtwald, 1978], "body-ego" [Freud, 1927], and "body-self" [Keleman, 1985.]

I don't believe that a new term will solve the problem, as long as we have the need to dichotomize. Philosophers have long been enamored with dualistic thinking, which serves as a useful method for organizing reality. Here are some relevant examples:

- * Spirit / Matter
- * Culture / Nature
- * Mind / Body
- * Male / Female
- * Sky / Earth
- * Conscious / Unconscious
- * Rationality / Emotion
- * Human / Animal
- * Church / State

Descartes and Mind-Body Dualism

The seventeenth-century French philosopher Rene Descartes, (sometimes considered the "father" of the body-mind split in our culture) sought to reconcile two forces: the burgeoning capacity of science to quantify and explain matter; and the power of the Catholic Church to punish those who did not adhere to religious doctrine. Upon completion of his first work in 1622, Descartes had the traumatic experience of learning that Galileo had been condemned by the Church and his book publicly burned. He hurriedly stopped the publication of his own book, and thenceforth was probably strongly influenced by the need to mediate between these two spheres of reality. The "Cartesian compromise" refers to Descartes' concept of psychophysical dualism, in which mind and matter are irrevocably separate and have no influence upon one another [Lavine, 1984.]

In Descartes' view, there is the mechanistic world governed by the laws of nature; animals for example are now considered to be part of this world, devoid of spirit. This world becomes the free domain of scientific inquiry. In fact, the seventeenth century saw the beginning of both animal vivisection and animal protection societies [Berman, 1989.]

The other realm is that of the mind and the spirit,

and this of course was under the jurisdiction of the church.

One can see how adopting a dualistic approach like this can usher in a departure from a more "primitive" worldview in which animals are endowed with a spiritual essence. An animistic view of nature could effectively preclude the possibility of exploiting her resources for human gain.

Descartes tried to prove that mind and body were fully discrete substances with no interaction. Despite the obvious flaws in his arguments, which were preyed upon by later thinkers, his idea of psychophysical dualism has reverberated mightily throughout our culture.

Why did Descartes' concepts have such an impact? How did they further the aims of western culture? During this time in history, the power of rational, conscious thought was gradually beginning to lift the human psyche out of the morass of fear and mysticism to which it had been enslaved for centuries. "The Enlightenment" is a fitting name for an era when the light of consciousness was shed upon much that was previously shrouded in darkness. Humans attained a heightened sense of mastery over the natural world, over the mysteries of their own bodies, and even possibly over their own unruly emotions and impulses. This is a necessary process in each individual human life, recapitulating the evolution of the human psyche.

In my opinion, there is a price for all this so-called "Enlightenment". The dark emotions, the secrets of nature, the realm of the non-rational— all of these have a life of their own that cannot be appropriated by human rational thought processes. We can succeed in deluding ourselves that we have triumphed over these forces only if we drive them underground, or render them unconscious. The Christian religion sought to triumph over evil by relegating Satan to a place called Hell located underneath us. And Christians have been taught to banish 'evil' thoughts, i.e. sexual or aggressive impulses, by willing them out of consciousness.

Because body is where these impulses are felt and acted upon, it is convenient to view mind and body as fully separate, and all it takes now is to set the mind up as the governing agency and the body as the wayward child that needs direction.

One problem with this set-up is the sacrifice of an enormous amount of wisdom that is available from listening to the body, to the unconscious, to nature, if we can face our fears and ignorance enough to learn the language.

Another problem is that the body generally has the last word. Obviously the mind has no capacity to put all of its ideas into action without a body to carry them out. And the body has plenty of ways to sabotage the mind's loftiest ideals, through sickness, accidents,

addictive tendencies, and other assorted tricks.

The body, correspondingly, must rely on the mind, which has the ability to decide and judge; to delay gratification. The body has needs, and the power to get needs met, but must be tempered with rational thought in order to act in the long-term best interests of the organism.

How the Mind-Body Split Affects Psychotherapy

James Kepner, a body-oriented gestalt therapist, points out how dualistic thinking fosters a tendency to relegate psychological and physical problems to separate domains and work with them separately. The psychotherapist's domain is traditionally the mind—thoughts, memories, dreams, fantasies, etc.—which are expressed through language. (Many therapists acknowledge the significant role nonverbal communication plays in this process as well.) When physical symptoms intrude into the therapy session, the client may be referred to a medical doctor, and if there seems to be no organic basis for the problem, the client is said to "somaticize".

Practitioners of "body therapies" such as Alexander technique, Feldenkreis, Rolfing, Trager etc., are often highly trained in the workings of the body. It is noteworthy that their goals too are generally body-oriented: increasing energy level, reducing tension, and improving flexibility, to name a few.

Body therapists often observe that working with the body can cause repressed memories to surface, yet extremely few are trained to take advantage of this phenomenon and work further with the emotions. Even those that do seek out this training may find ways to perpetuate the split, for example, by doing the body work at a time distinctly separate from the verbal processing. This is exemplified by Darbonne [1976,p.611] who combines rolfing with gestalt therapy but notes "during any actual rolfing session I do not interrupt the rolfing in order to do psychotherapy".

A potential bridge between body and mind is through the emotions, which in my experience are dealt with superficially at best in many forms of body work. Emotions are thought of as the territory of those who work with the psyche. It is (wisely) considered unethical to delve into this territory without proper training—and psychotherapy training must be sought separately. Later in this paper I will be describing approaches to therapy that utilize the body to heal emotional illness. A primary example is dance/movement therapy, in which registered practitioners must have a thorough knowledge of all aspects of psychotherapy, in addition to understanding how the body works.

This spring I had the opportunity to attend a workshop by Clyde Ford on his practice of Somaticsynthesis. Ford was originally a chiropractor

but sought extensive psychotherapy training after witnessing the profound impact of physical touch upon the emotions. In a book called Where Healing Waters Meet: Touching Mind and Emotion through the Body [Ford,1990] he describes the case of Linda who came to him for relief of back pain. The initial examination was routine until he began to gently rotate her hip joints. At this point she screamed in agony of a shooting pain in her right leg, and then began to cry uncontrollably, reliving the memory of her father raping her at age eleven. Ford was astonished that the touch could trigger such an emotional outpouring, especially since Linda had dealt with her incest issues extensively in psychotherapy, but he just quietly held her hand to encourage her to feel. When she got up from the table, her pain had diminished considerably, which surprised Ford even more. He began to seek information on the effect of touch on the psyche, but was disappointed to find that most of the literature simply warned practitioners to avoid the use of touch altogether for fear of "contaminating" the therapy process.

My question is, why, in the face of the current emphasis on mind/body integration, is the split so difficult to eradicate? Even therapists who attest to the value of incorporating the body into the treatment, still encounter massive resistance both from their clients and within themselves.

Let me delineate three broad categories in "doing

body work". These consist of touch, movement, ~~and~~ body process. And I will give examples of how resistance can manifest itself in each of these areas.

Touch

In the psychoanalytic tradition, touching a patient has generally been considered very powerful, and very risky. The assumption has been that the risks outweigh any possible benefits. Gratification of patients' "infantile" wishes can interfere with the transference. Gratification of the therapists' wishes can annihilate the trust necessary for therapy to progress. Since (in my opinion) many analysts and psychiatrists prefer not to confront their own countertransference reactions, it is probably wise of them to avoid the use of touch.

But exactly what are the benefits that the risks purport to out-weigh? Maybe we are all missing out on something of value.

Movement

A client of mine described the excruciating self-consciousness that determined where she sat in the room because she would not walk in front of her individual therapist. Another will not take off her coat no matter how warm the office is; she feels frozen; can't breathe; can't look at her psychologist but has memorized every

detail of his shoes and his carpet.

I remember once when I myself was asked by a therapist to "stand up and say that again, louder!" suddenly I was rooted to my chair, my previous attitude of righteous indignation rapidly freezing into awkwardness. In my work as therapist I need to constantly assess how much of my clients' resistance is actually a reflection of my own. Movement evokes a lot of feeling.

Body Process

"How do you experience that emotion?" "Where in your body do you feel that?" asks the therapist, innocently enough. The client draws a blank. The deeper feelings lie buried beneath an overlay of vague confusion or mild annoyance at the question.

As an alternative, I often ask: "How do you know when you're angry?" or "How can you tell that you're feeling sad?" For some reason, the response to this is more readily given: "I feel a tightness across my chest." "My face gets hot." "A hollow feeling in my stomach." They understand the question; intuitively they know that emotions are experienced in the body.

Ironically, instead of accessing repressed affect, experiential approaches can have the opposite effect. With touch, movement and body awareness alike, there is frequently a tendency to "freeze up" or "numb out".

people feel self-conscious, embarrassed; they want to have the purpose of the exercise explained to them first. But why is it such a "big deal" to perform a simple physical action like standing up or walking across a room?

"If walls could hear..." In the house of your body, they can. The walls which have heard everything and never forgotten anything are your muscles.

—Bertherat, 1989, p. ix

I believe there is a very good reason for the resistance. I agree with Berman that unresolved emotions are indeed "laid down in the tissues" (later I will explore psychobiological bases for this theory.) And as I implied in the preface, I believe that when we move in a new way, or we are asked to experience our bodies from the inside, or we are touched in a particular manner, we tug at these emotionally-bruised tissues. And naturally we want to avoid this; it doesn't feel good. That's why we repressed those feelings and memories in the first place.

But within a trusting therapy relationship it may finally feel safe to face what was laid aside long ago. And when this happens, there is an experience of a joining together of insight and affect, a possible healing of the split between mind and body, that is the essence of effective psychotherapy.

II. Developmental Origins

My pain feels boundless, I will disappear in it, be washed away..
But my body has boundaries, substance, bone and flesh.
I feel the pain all through me..
I feel where my body begins and ends.
As long as I can feel the boundaries of my body, I know there
are limits to the pain, and I can endure it.

Thus far I have described how our culture fosters a tendency to disinhabit the body, and how the body/mind split originated and is perpetuated.

Now I want to look at the human developmental process: what causes us to sever ourselves from bodily experience; and how the mechanisms work that enable us to do so.

I will first examine how our culture approaches child-rearing, and how unconscious attitudes are embodied and subsequently passed on to the next generation. I will investigate possible psychobiological mechanisms for this process, and also how contemporary object relations theory can contribute to our understanding.

The Importance of the Pre-verbal Phase

When I was still a child, I remember learning that ninety percent of the personality is set in the first year of life. While I have no idea how this fact was established, I remember the awe I felt back then. Try as I might, I couldn't remember a thing that happened to me as a baby, so how could it have affected me? (How indoctrinated we are in the supremacy of rational, conscious thought!) And I have often heard people say about babies, "they'll never remember it when they grow up, so what different does it make..."

Still, there is this theory that just when we are tiniest and most helpless is when we are most deeply impacted by outer events. For decades this idea has been trickling down from the writings of people like Sigmund Freud, Jean Piaget, Melanie Klein, all of whom focused on stages of development. In the twentieth century it is no longer viable to regard children as small, ill-behaved adults. Rather, they have cognitive processes and emotional tasks that are age-specific.

We all went through these developmental stages. It should be easy to understand —to remember— the perspective of a child. The reason it is difficult is precisely because in growing up we had to render unconscious a lot of material that we were not emotionally equipped to deal with yet on a conscious level.

It is also noteworthy that during this crucial first year of life we are basically non-verbal creatures. Of course language skills are already being acquired, and we know babies benefit greatly from being talked to. But the fact remains that infants cannot understand the words they are hearing, and respond instead to what is conveyed through facial expression, vocal tone, and, especially, in my opinion, the way they are touched and handled.

The "In-arms" Phase

The infancy period is referred to as the "in-arms phase" by Jean Liedloff [1975], who lived for two years with the Yequana Indians in the Venezuelan rainforest. From Liedloff's observation, the Yequanas do not suffer from the sense of alienation or meaninglessness that prevails in our culture. They appear to derive deep satisfaction from their existence. For example, they do not experience work as a burden. In fact they have no generic term in their language to distinguish work from other activities. They are less motivated by greed or a desire to get ahead, because they are content where they are. (As I write, I am aware how subversive this idea appears from within our twentieth-century, post-industrialist frame of reference.)

To account for this (to us) almost inconceivable

state of affairs, Liedloff points to the Yequana's childrearing practices. Babies are carried and held almost constantly, and included in the life of the culture, instead of being isolated in cribs, playpens and carriages. They are not given a lot of special attention, but they are almost always in close bodily contact with someone in their family. The continuum of life remains intact from conception through infancy, and it is founded on touch. There is no necessity to sever oneself from bodily experience [Liedloff, 1975.].

Despite our culture's love affair with technology, we are currently witnessing an increasingly "primitive" approach to raising children, now that it is broadly recognized that babies do in fact have emotional needs. Here are some examples of these changes:

- * It has been established by the mainstream medical community that breastfeeding is optimal for at least the first year of life, and even the formula companies acknowledge this in their advertisements.
- * Parents are told that bottle-fed infants should be held while feeding: "never prop the bottle".
- * Rarely do you read today that there is a danger of "spoiling" babies by picking them up too much.
- * Various kinds of slings, pouches and back carriers have become popular, because parents find babies are more content when held close and swaying with the parent's movement.
- * The family bed is still a controversial idea, but it is now increasingly accepted for babies and toddlers to climb into the parents' bed in the morning or when needing comfort and reassurance.
- * Experts advise that toddlers need to be allowed to explore their environment instead of being restricted to a playpen.
- * It is more accepted to bring the baby along, and nurse in public.
- * Parents are somewhat more reluctant to leave young babies behind when going away on trips. Previously this was a relatively unquestioned practice.

In raising my own babies, I noticed how the value of modern conveniences fell by the wayside as reality set in and many of these amenities were shown to have drawbacks. Sleepily pulling my child under the covers with me to nurse during the night, I would marvel (before falling back asleep) at all the parents who somehow find the energy to go down to the kitchen, warm up a bottle, and then stand by the child's crib jiggling it, or sit and rock the baby back to sleep. I was much too lazy to appreciate these advances!

The Sophistication of Primitives

In the seventeenth century Descartes proclaimed that only the power of rational thought could ordain what is best for society [Lavine, 1984.] In 1975 Jean Liedloff wrote, "It is not.. the province of the reasoning faculty to decide how a baby ought to be treated"[p.36.]

Ironically, it is scientific research that is now validating some of the childrearing practices that were used successfully by our ancestors for thousands of years when parents had only their instincts to guide them. The "experts" in a given culture may reason out what is best for babies, according to the current system of values. But a human infant's evolutionary history is endowed with a certain set of ancient expectations, to

which parental instincts can generally respond quite adequately [Liedloff, 1975.]. I have heard parents tell of being advised to let the baby "cry it out" instead of responding during the night-time. Theoretically, if you can get through the first night (during which you can expect several hours of crying), each succeeding night the infant will cry less and less. In practice this often fails because some parents, stoical and determined though they may start out, cannot compete with their infant when it comes to perserverance, and surrender to their instinct to give comfort.

"It is only the unripe fruit which presents a resistance to its separation from the tree"[Lowen,1958,p.186.]

Children do not need to be "taught" to be independent. A child has an innate desire for separation that will guide her, but only once she has fulfilled her need for attachment. Adults who do not trust the child to separate naturally may be projecting their own unmet dependency needs onto the child.

Body Memory

While learning to become more independent, and learning "self-soothing techniques", the child may also be learning to stifle her terror and longing deeper into her body. According to Alexander Lowen, the "child who cries to the point of exhaustion stops only because the

agony and pain become unbearable"[1958, p.183]. An adult in therapy may experience the suppressed crying as an unbearable tension in the belly. Usually we have no conscious memory of these scenes... but our bodies remember.

Some people retain vestiges of early memories, or access them during therapy. The earliest memory of one of Lowen's patients was a frightening image of his father's face over his crib, sternly admonishing him to stop crying for his mother.

Another patient had a recurrent fantasy which came at night when he put the lights out. He saw a single white dot in the center of a black field. This vision disturbed him very much and he tried to find its meaning. Then one night as he opened his eyes very wide, he "saw" that the white dot was a scream. Then he had a picture of himself, lying in a crib, alone and frightened in a dark room. He screamed. Then he felt himself "whiting out" as the white dot grew larger and filled out the field [1958,p.185]

The lack of a sense of time is not a problem for a fetus, nor for an infant in arms. He simply feels right. But when "put out of his continuum", there is nothing to use, to grow on, to fulfill his requirement for experience. And the lack of a sense of time means no ability to hope, to understand that "mother will be right back." What is all there is [Liedloff, 1975.]

The likelihood is increasing for the child's "set of inherent expectations" to be fulfilled. For example,

instead of whisking a neonate off to the nursery immediately after delivery, he is sometimes placed naked into mother's arms to experience the skin-to-skin contact that will be his soul's lifeblood. Thus the trauma of birth is lessened slightly and Liedloff's continuum is honored, for "every nerve ending under his newly exposed skin craves the expected embrace" [Liedloff, 1975, p.55].

A feeling of essential goodness, and of rightness in the world, grows within an environment of loving touch. A person's self-concept is a reflection of embodied parental attitudes. A deep reservoir is created from which the person as parent can later draw to bestow similar gifts on his or her own child.

Perhaps in several generations, if current "trends" continue, we will notice their impact. It would be nice to think that we can learn to value holding infants more. However, there is still the unconscious level to be reckoned with.

Unconscious Communication: the Unbroken Cycle

Even if one intellectually comprehends the tenets of object relations, and consciously chooses to fill the child's needs accordingly, where does one find the necessary emotional strength to nurture the child, if one has no reservoir available to draw on? At times I have been aware of resentment and envy towards my children because I am giving them what I wish I had

received. And I assume my mother experienced this as well. This is the manner in which each generation attempts to improve upon the preceding one. And I wonder if that resentment and envy is conveyed through the quality of my touch, sensitive as I believe young children are to this form of communication.

What I am now proposing is that perhaps it is not only the quantity, but also the specific quality of the parent's touch, that determines the child's degree of emotional security. And the quality of the parent's touch is governed largely by unconscious factors.

When we speak with words, we are at least partially conscious of what we are trying to convey. Certain gestures are signs with fairly consistent meanings as well, such as nodding, beckoning, and shrugging. But as we all know from pop psychology's fascination with 'body language', there is much we convey through our bodies that is beyond our conscious intent.

Thus the parent will inevitably express to the beloved infant all of the parent's own story, without uttering a single word, through the firmness or looseness with which the child is held, the subtle stiffening or flowing relaxation of the parent's contact, the patterns of breathing, and countless other ways. The child, eager for knowledge of how the world works, will drink in all of this information, and construct her self-image around it. She will take on

this information via the parent's unconscious movement qualities, and this is the form in which they will continue to be handed down from generation to generation.

For example, if the parent was heir to her own parents' unresolved sexual legacy, handling her own child may trigger a vague feeling of uneasiness. The child may sense the slight tension in the parent's muscles, and correspondingly tense her own musculature, perhaps to protect against the impact of the parent's tension, or maybe just in imitation of the parent. What she learns here is that tension and awkwardness is the norm. What she does not learn is to develop the ability to comfort herself through her own body. She may ultimately incorporate a sense that something is "wrong" with herself, since she is not being cradled in a manner that feels comforting and that builds a firm self-concept.

Research has established that even in rats, maternal behavior is affected by the experience the mothers had as infants. In 1963 Denenberg and Whimbley compared rats that had been petted and gentled as infants with those that had minimal contact with humans. When these rats grew up and had pups, the gentled group's pups thrived better and proved significantly calmer than those whose mothers had not received this touching (Montagu, 1971, p. 25.)

According to Alexander Lowen the parent-child relationship may become sexually charged on an

unconscious level, when the parent inadvertently seeks to meet his or her own sexual needs via contact with the child. The child may become sexually excited but lacks the physiological maturity to fully discharge this excitation, which then produces discomfort, guilt and anxiety. Consequently the child's only choice is to cut off body feelings, and abandon the body [Lowen,1967.]

If all this is happening on an unconscious level, how can one possibly expect to change it? And isn't it enough to avoid inflicting damage on the child through obvious physical or sexual abuse, and not fret about the subtler nuances of body language?

I believe similar dynamics operate in both situations. In more blatant abuse, perpetrators may consciously wish to change the behavior, but can't seem to control it. (And often the behavior patterns that are being perpetuated are socially sanctioned and help maintain certain power structures.)

Sometimes perpetrators find the courage to face the abuse they themselves were subjected to as children, and experience the depths of the unacceptable feelings evoked by it. Until this happens, the feelings (which can include hatred, love, terror, sexual arousal, disgust, unbearable loss and sadness) will force their way towards expression in any way possible.

And "identification with the aggressor" unfortunately seems to be a preferred mode of

expression. This term refers to a defense mechanism that serves to bind intensely ambivalent emotions [Siegel, 1984.] In this instance, you incorporate certain tendencies of the abuser, which are manifested towards those weaker and less powerful than you. Thus the anxiety-producing negative feelings towards the abusive parent are sheltered from consciousness, and the next generation bears the brunt.

"you kill the part that hurts so you can survive"
—patient quote

Dissociating oneself from physical sensations is fundamental to the repression of affect, in my view. Kepler [1987] describes the somatic nature of disownership of the Self. A child responds to any kind of hurt by shrinking away from the contact surface of skin and muscles. By the time this child has grown into an adult in search of intimacy, the body surface has become deadened. Then it is difficult to make contact with another person, because the Self is pulled so deeply into the body core. Sometimes only the turbulence of an abusive relationship can break through the numbness to evoke some feeling. An abusive relationship also validates the ingrained tendency to protect the Self against pain and hurt by disowning the body.

Penny Lewis, a psychodynamically-oriented dance and drama therapist, expresses it thus: "When the environment has been severely disruptive, the body

itself is experienced as an enemy because it houses a predominance of negative introjects and an overabundance of unneutralized aggression" [1984, p.36] [emphasis added.]

Another psychodynamically-oriented dance therapist named Diane Fletcher [1979] describes how, from infancy onward, we learn to alter our bodies to cope with unpleasant sensations. This idea is firmly grounded in Freud's pleasure/pain principle [Freud, 1940.] What concerns us specifically here is how the "body ego" develops the ability to manipulate sensory-motor experience as a defense mechanism. Fletcher gives some general examples, such as people who keep busy to avoid the death-like immobilization of stillness, or conversely, those who rigidly tense and distort their bodies to dissociate from feelings of rage or fear. Again, the person is not aware of how body sensation is being modified, so effective is the defense, and so ancient in the person's life.

Here is the way Kepler [1987] describes the process: your body naturally responds to a threatening situation in certain ways, like holding your breath, tensing your shoulders, etc. But if the danger is chronic, that is you are in an environment that feels like a constant threat to your well-being, these flexible, momentary adaptations can become hardened into the body's structure.

Before I go into more depth on psychotherapy practices that engage the body, I would like to provide some relevant background material from two very different disciplines.

First I will discuss research from the field of brain biochemistry. Perhaps this will help the reader imagine what kind of psychobiological mechanisms might facilitate both the "encoding" of emotional experience in the body, and the possibility of "cracking" this code during body-oriented psychotherapy.

Then I will look to the field of object relations, (a psychoanalytical approach to the way infants develop relationships.) This will elucidate the developmental context within which the disownership of the body occurs.

Physiological Mechanisms

A certain amount of childhood repression may be necessary and normal. To reach adulthood, a child must concentrate on cognitive and social development, while simultaneously undergoing the tremendous stress of rapid physical growth and maturation. It is convenient — crucial in fact — to lay aside some of the more troublesome emotions until one has the maturity to tolerate and understand them. It can be poignant to watch a child struggling to master difficult feelings. Even if the child feels safe disclosing these feelings,

the developmental process seems to demand that she deny them.

In cases where the child is shamed or abused however, the degree of repression can become extreme. An incest survivor comes to realize that the only way she kept her spirit intact and inviolable was to abandon her body, much as one would be forced to flee a house that is imperiled by fire or flood. And once the house is vacated, one must wait until the time is right to retrieve what was left behind.

Therese de Bertherat [1989] states that "in the house of your body...the walls that have heard everything and never forgotten anything are your muscles". Alexander Lowen [1975] speaks of "body memory", while Wilhelm Reich [1949] theorized about "muscular armoring". And Morris Berman [1989] tells us the nemo is "laid down in the tissues of the body".

Are these merely fanciful metaphors, or is there some factual evidence for the concepts on a biological level?

Clyde Ford has numerous examples of clients whose repressed memories were rekindled when a certain area of the body was palpated, as in the previously mentioned case of Linda. In my professional experience I have encountered several women whose memories of sexual abuse were derepressed only through body work with a trusted practitioner. Perhaps less dramatic but equally

important are the cases where memories are cognitively intact but all affect has been repressed, and working somatically serves to heal this split.

There is a new field called "psychoneuroimmunology" which deals with the relationship between the psyche, the nervous system and the immune system. Cancer and AIDS researchers have made some amazing discoveries about the interplay between these three systems. Presently these studies focus mainly on the mind's ability to help heal the body, for example the use of visualization to increase the immune system's effectiveness in combatting medical illness.

I believe there are also implications for the reverse process, namely the body's ability to help heal the mind; an example of this would be working directly with the body to relieve symptoms of anxiety or depression.

Mainstream interventions on a body level can include medications, nutrition, exercise and massage. These are all extremely valuable. For the purposes of this paper, I am referring to approaches that interpret the body's messages (tension, pain, lethargy, etc.) symbolically in order to render them meaningful. Theoretically these latter interventions can bring forth change that is more than temporary.

Candace Pert, former chief of brain biochemistry at

the National Institute of Mental Health, was a major contributor to the discovery of opiate receptors and the brain's own opiates— the endorphins and enkephalines. She is one mainstream researcher who has dared to bridge the gap between "mind" and "brain". Through her work she has become convinced that "the emotions are not just in the brain. They're in the body" [Pert,1986,p.1]

The immune system is concerned with distinguishing within the body what is "self" from what is "other". If it failed to carry out this function, the body would begin attacking itself. Until recently this system was thought to operate independently from the brain, since immune responses could be created "in a dish". Then in the mid-70's a serendipitous finding proved that rats could be classically conditioned to suppress their immune response upon tasting a solution that had previously made them sick [Cowley, 1988, p.90.] This indicated there was indeed interaction between the central nervous system and the immune system.

Studies with human subjects also showed that the immune system could be conditioned by the mind. In one study subjects were able to increase the level of white blood cells through imagery. In another study, with depressed patients, the white blood cell count was found to fluctuate according to the profundity of the depression. (Ford, pp.10-11).

Research has highlighted the integrative function of the hypothalamus, a pea-sized gland in the brain that

is considered central to the limbic system. [Rossi, p.101]. This gland exerts direct control over the endocrine system and the autonomic nervous system, and has recently been shown to influence the somatomotor system as well [Davis, Klar & Cooke, 1991, p.116]. In other words, the hypothalamus coordinates involuntary cardiac and smooth muscle contraction (digestion, breathing, heart rate) with hormone release and also with behavioral response.

Previously it was supposed that these functions of the hypothalamus were entirely separate and only arbitrarily grouped together in the same area of the brain. Now we know this is not by chance but by design.

Neuropeptides are the "messenger molecules" that integrate the nervous system and the immune system with emotional states. Originally discovered in the limbic system, they are now known to be distributed through other regions of the body itself, such as the lining of the esophagus and intestines, which according to Pert "may explain why some people talk about 'gut feelings'" [Pert, 1986, p.2.] Neuropeptides in the brainstem may account for the psychological effects of breathing practices. Ford observes that touch-sensitive areas of the body seem to be profusely endowed with neuropeptide receptor cells [Ford, 1991.] Perhaps this explains why a certain type of touch or movement can evoke powerful emotions, or even unlock stored memories.

so it appears that there are cells in the body itself that are capable of manifesting consciousness. While the brain influences the immune response via hormones and nerve signals, the organs of the immune system appear to communicate back to the brain via chemicals that are identical to the brain's own neurotransmitters [Gelman & Hager, 1988.]

Although findings like this should destroy any remnants of Descartes' psychophysical dualism theory, old habits die hard. In a psychiatric text to which I referred above [Davis, Klar & Coyle, 1990], the authors attempt to integrate controversial and contradictory theories of behavior. The result is a book with chapters on brain biochemistry that name all the known neuropeptides yet make no inferences about behavior, next to chapters on psychoanalytic theory which don't touch psychobiology.

While much knowledge has been obtained, it would appear to run along two irrevocably separate tracks, providing further testimony to the obstinacy of the body/mind split in our culture.

Object Relations and the Body

Psychoanalysis is sometimes seen as antithetical to a body-oriented approach. Yet the field of object relations, which grew out of Freudian theory, can help us to understand how the body affects and is affected by

the developmental process.

In order to investigate the mechanisms by which the body helps render material unconscious, I will outline the phases of development according to contemporary object relations theory, and I will emphasize the body's role.

"Object" translates as "mother" or whoever is taking on the mothering role. Although I will frequently use the word "mother", I am aware that the primary object could also be the father, an adoptive parent or a nanny.

In Freud's view, the primary focus of the developing child is on gaining control over libidinal impulses. To object relationists, the child's major thrust is interpersonal: to construct a relationship. To me it amounts to the same thing. There is an all-consuming struggle to mediate between oneness with the mothering figure and the relentless drive towards independence. The mothering person becomes the object of all of the child's erotic and aggressive impulses, and this fundamental relationship can provide a form in which the child can reconcile these drives...and the body is where the whole struggle is enacted.

The literature on object relations does not comprise light reading material, nor is it easy to summarize. This is partly because various theorists conceptualize the developmental stages differently. In

the following paragraphs I will be drawing largely on Margaret Mahler's ideas, [1975] as she has been very influential in dance therapy and other relevant literature.

Developmental stages

The first month or two after birth is considered an autistic phase, in which the infant lacks any awareness of a mother outside of himself. Like a bird not yet hatched from an egg, the newborn has still not emerged into the realm of relatedness. Although he is no longer enclosed in the womb, the infant's nervous system provides a barrier which protects him from an intolerable degree of stimulation.

The infant's immaturity makes it impossible to organize the sensory experiences that he would be bombarded with were it not for this stimulus barrier. The motoric system is even less developed, but an infant does have the ability to discharge some tension through the well-known twitches, startle reflexes, "discharge smiles" and other apparently meaningless movements that parents observe.

The symbiotic phase spans the next four months, during which time the infant gradually begins to associate a particular person with sensations of warmth and fullness, and general tension reduction. During this time, the stimulus barrier has diminished, and he is learning to organize sensory experience. As his senses

begin irresistably to let in the world, he becomes even more dependent on his mother to regulate the degree of stimulation received. Empathy is required on the mother's part, facilitated by the bond which hopefully was achieved during the first few weeks when the infant was less vulnerable to stimuli. At around three months parents often notice an increase in "fussiness", and this age is infamous for the onset of colic, further testimony to the infant's diminishing capacity to filter out disturbances.

But the quintessential meaning of this stage lies in the formation of an attachment which will deeply influence all future relationships. During this time the infant dwells, in Mahler's words, "within the orbit of the omnipotent symbiotic dual unity" (1975, p.46). According to theory, the infant imagines herself to be one with her mother, and when the mother is experienced as gratifying and all-providing, she shares in her mother's bounteous grandeur. When frustrated by the mother's human failings, however, the child lacks the ego strength to accept these flaws as part of her idealized mother image. Instead she imagines she has two mothers— a good one and a bad one. As she grows, she will come to realize that her mother can be both good and bad, and she will still be safe. And as she becomes more separate, she will be able to tolerate the 'bad' aspects of herself as well, without having to split them

off into unconsciousness. (This assumes that the frustrations she experiences are within her tolerance range, which may vary according to individual sensitivity.)

In terms of body image, there is a gradual shift during the symbiotic phase from a focus on "belly" sensations to a heightened awareness of the body periphery, i.e. the skin—the boundary that separates self from Other. Thus the child's sense of self derives first from feelings of fullness or emptiness in the belly, and later from a developing awareness of the boundaries that differentiate his own body-self from his environment. Here it is apparent how both feeding an infant according to his own body's schedule, and holding him sufficiently to nurture the tactile and kinesthetic abilities, are ways to help nurture the body-self.

At five or six months the baby graduates into the separation-individuation process. This phase lasts until age three and consists of four subphases: differentiation, practicing, rapprochement, and object constancy.

The differentiation subphase opens up the world that lies beyond the reach of the baby's mouth and fingers. As distal sensory systems begin to mature, the child can use her eyes and ears to further her ability to differentiate where she starts and her mother leaves off. She can now recognize her mother's face from a distance, and this reveals simultaneously her own

growing discriminative powers, and also the continuing attachment to her mother.

Being looked at with admiration and appreciation charges up a baby's body. The sheer delight of it will cause him to wriggle and squirm, kick his feet, slide on his belly and gurgle. **Admiring looks put eggs on the baby's body.** They also stir up delicious rhythms inside the baby. These looks give him confidence in his body-self and courage to creep across thresholds. (emphasis added) [Kaplan, 1978, p. 129]

The practicing subphase encompasses the period when the baby is beginning to crawl and walk. Here separation takes on a spatial reality, as the child is able to literalize the process by choosing to move away from her mother. Intoxicated as she is by her newfound locomotor skills, this stage has been referred to as "the love affair with the world". No longer a lap baby, the child incessantly expands her domain, thrilled with her omnipotence. At times she seems almost oblivious of the mother's presence. The mother may feel unneeded by a child who seems so confident, and may even withdraw emotionally herself. But the child's seeming independence is deceptive, and must soon waver in the interests of normal development. When she finally remembers how dependent she is on her mother's admiring glances and reassuring presence, she has to come to terms with rapprochement.

Deprived of the beacon of a mother's presence, a child has no

place to return to, no way to imagine how far or where to creep or walk. There is no exhilaration or joy in moving the body. Instead the child falls and bumps into objects in a desperate attempt to locate the edges of his body and the boundaries of his world. [Kaplan, 1978, p.124]

At around the middle of the second year, the child's growing cognitive abilities reveal to her the inevitable consequences of her magnificent autonomy. In the rapprochement crisis, it seems to gradually dawn on her that she attained all this independence only at the expense of her previous blissful oneness, and there is no going back. During the ensuing year the child will wrestle more fiercely than ever before with the conflict between the relentless craving for separateness and the nostalgic lure of the symbiosis. Parents sometimes call this the "terrible twos". It can be agonizing to watch a child struggle with these forces, (especially if the parent's own unresolved struggle is still alive in her unconscious). One mother expressed it thus: "If I try to help him put his shoe on he angrily grabs it from me. Then when he can't do it 'all by himself' he cries so pitifully... I feel like I can never get it right, and like I'm not a good mother". Perhaps the mother's own individuation process is being reworked here, as she struggles between closeness with her son and maintaining her own sense of self.

Libidinal object constancy is the final substage,

the crowning resolution of the separation-individuation process. Cognitive and emotional forces now coalesce to endow the child with the capacity to internalize an image of the mothering figure that will provide encouragement and reassurance throughout life.

Molding and Stiffening — Finding Edges

During the symbiotic phase a baby expresses her sense of oneness with the parenting figure through her body. Molding is the essential body posture of early infancy. The infant's body widens and softens until the fit with the mother's body contours is so perfect that the infant has no experience of where she begins and mother ends. The blending of their body-selves is complete and all boundaries seem to dissolve.

In this merged state, the infant is very sensitive to the mother's mood changes; she imagines the rhythms of mother's tension and relaxation cycles to be coming from within her own small body. Her awareness is centered in her gut, not her periphery. She, her mother and all the world are wrapped up together in the sensations of fullness, emptiness, warmth or discomfort in her belly.

But in order for the baby to become acquainted with the outer part of her body-self—the "rind" as Freud referred to it (as opposed to the "core")—a complimentary body impulse must ensue.

When unpleasant body sensations are felt, the baby instinctively attempts to propel himself away from them. Whether the sensations are external (bright light, loud noises) or internal (hunger, gastric discomfort) they are initially experienced in the gut, since that is the center of awareness.

Any disturbance seems to emanate from this mixture of belly sensations in which "world, mommy and me" all somehow become one. Stiffening is the term for the infant's automatic movement away from these disturbing sensations.

When a baby begins to spend more time in the quiet alert state, taking in the sights and sounds of the environment, this is by definition accompanied by a slight stiffening of the entire body. Imagine a child perched on a lap, straining eagerly towards the world, away from the parent who is bracing her. Even while she cannot crawl or walk away from her mother at this stage, the separation process is already being choreographed in her body.

Simply being handled — cuddled, stroked, petted, bathed, dried, dressed — also helps the baby begin to experience herself as having "edges". Sensation in her skin starts to come to life. Through awakening sensation in her outer surfaces she begins to define the boundaries between herself and her environment.

Stiffening is the somatic basis for the entire

separation process. It is still evident in adults as well. For example, when people rush to consummate their feelings prematurely through genital sex, I wonder if it is partly to avoid the infantile feelings stirred up by touching and holding. In coitus the stiffening of penis and clitoris help establish a sense of separateness between two people who might otherwise fear falling back into the primordial abyss of symbiosis. Perhaps in adult lovemaking, stiffening helps make molding permissible.

It is utterly necessary to form boundaries in order to grow into a whole person. And the process inevitably entails a sacrifice of the illusion of perfect oneness. Issues of oneness and separateness will be re-negotiated in relationships throughout life.

III. Coming Home to the Body

I now wish to elaborate on some specific approaches that seek to increase emotional health via the body. I will begin with Stanley Keleman's Somatic-Emotional Processing, as it relates to above-mentioned issues of boundaries. I will also discuss Somatosynthesis (Ford), Dance-Movement Therapy, Dreambody work (Mindell), and some body-oriented dreamwork techniques. I chose to focus on approaches in which I have trained personally (with the exception of Mindell's work.) Moreover these theoreticians share a belief in the body's ability to generate meaningful symbols of its inner life.

Keleman and the Layering of the Body-Self

Stanley Keleman [1987] conceptualizes the body (and especially the brain) as having three layers. The early development of human beings and most other organisms involves the specialization of cells dividing to form these three layers. Even fruits consist of a core or kernel, a husk or rind, and a fleshy middle layer. In the animal kingdom this is exemplified by embryonic cell division into endoderm, mesoderm and ectoderm.

The outer layer consists of the skin and nerves, and the cerebral cortex, and derives from the ectoderm. The function of this layer is communication

and interaction with the environment; this is the "social self". The middle layer, the "volitional self" provides support and locomotion and is comprised of the muscles, bones, and blood vessels, and the mid-brain. The innermost layer, the "instinctual self", is derived from the endoderm. This layer serves the life-sustaining functions of respiration, digestion and heart rate and pertains to the hindbrain (medulla, pons and cerebellum.) This concept of layering, especially the inner and outer layers, is important in a discussion of body boundaries.

Keleman refers to the "overbound" structure when an individual has rigidified his or her boundaries to the point where there is very little feeling, and very little receptivity to environmental influences. This person is over-defended, perhaps even aggressive. By contrast an "underbound" structure suggests a state of collapse, where boundaries are amorphous, allowing little protection against external forces. Here, feelings may be experienced as overwhelming and difficult to contain. This "underbound" individual tends to play the victim role, while his "overbound" counterpart takes on the role of the blamer.

In a class based on Keleman's work we watched a film of protoplasm streaming under a microscope. Since there is no external membrane the protoplasm has only its inner pulsatory rhythms to give it form and

cohesiveness. When injected with caffeine, the protoplasm rigidifies and all movement ceases. When injected with alcohol, the rhythmic structure turns to chaos and the protoplasm seems to dissolve. In either case, death occurs. Thus, even this most fundamental life form is utterly dependent upon the crucial balance between rigidity and collapse.

Keleman work systematically explores the gradations between these two extremes. Because the in-between zones are highly fraught with emotion, most people tend to avoid them. By automatically flipping from one extreme to the other, one can bypass the problematic areas. But this means sacrificing all that can be learned from this "somatic-emotional processing".

An internal experience of the pulsatory, polyrhythmic movement all through the body gives rise to a feeling of satisfaction. Perhaps this motility is the elusive oneness with the body of which Morris Berman deplores the loss. But our society distrusts this pulsatory feeling, and mitigates against the "subversive" animal excitement which accompanies it.

As an alternative to the psychoanalytic division of the psyche into ego, id, and superego, Keleman speaks in terms of personal, pre-personal and post-personal. Prepersonal is the realm that is governed by the instinctual forces—the inner layer. The postpersonal relates to all of our external influences and "shoulds". The personal level is where we bring the

outer and inner forces into balance.

Working with the Breath

The two extremes often coexist within the same person, in whom there is an unconscious tendency to use a rigid defense system to protect against being flooded with overwhelming emotion.

I have worked with breathing with such people to bring these extremes into balance. Like the pulsatory rhythm of the protoplasm, inhalation and exhalation provide a metaphor for the body's ability to regulate the extremes of what I call inflation and deflation.

As you read this, you may notice the qualities you experience in your own body during the breathing cycle. Upon inhalation, there is a gentle swelling expansion in three dimensions. Some people experience this feeling of firmness and turgidity as empowering, even exhilarating. To others, a deep breath feels constricting, rigidifying, perhaps frightening.

In Jungian terms, "inflation" means an overidentification with the persona and an exaggerated sense of self-importance. This can lead to abuse of power and blindness to others' needs. The flip side of inflation is a sense of meaninglessness when the identification with the persona falters. The person who cannot live up to its standards feels unworthy and empty [Hall & Nordby, 1973.]

One way my dictionary defines inflated is "puffed-up, as with pride". In my experience, it is a precarious, airborne, almost reckless feeling that needs to be balanced and brought down to earth.

But the counterpart, deflation, has its own pitfalls. Letting the air out of your lungs softens your body, making you more receptive and vulnerable, less protected. It can be a hollow sensation, without a cushion of air to defend the tender feelings languishing there. If you dwell too long in this "deflated" mode, emptiness and fear may begin to overwhelm you.

Ideally, the natural cycle of breathing balances these two extremes, like the swing of a pendulum. Problems arise when psychogenic disturbances interfere with the smooth functioning of the respiratory system.

Bonding and bounding

And so the pendulum swings back and forth, but sometimes to such a pathological degree that the consequences can be life-threatening. The infamous "borderline" patient is an individual for whom the developmental process went awry, and the split between good and bad object, and between good and bad self were never resolved. The separation drama is sometimes re-enacted for years in a therapy relationship. In a cyclical manner the therapist can be elevated to the status of a god or goddess, only to later become an

object of scorn or hatred. Thus the phases of "inflation" and "devaluation" alternate.

Clyde Ford [1989] speaks of borderlines in terms of their difficulties with forming boundaries. In their personal history, "love" has been associated with the invasion of boundaries, as in sexual abuse. These patients often feel hurt by any attempt on the therapist's part to set limits, a typical reaction being "why are you doing this to me?"

In doing body work with borderlines, Ford suggests helping the patient learn to "bound". On a physical level, this means developing a sense of one's own spatial boundaries, and then beginning to fully inhabit that space. With hands-on work, the patient can learn to set boundaries by being the one to tell the therapist when to touch, and when to stop touching. In this regard Ford observes that the therapist may sometimes end up in the position of having to tell the borderline patient "I feel it's time for you to tell me to stop touching".

This scenario is in marked contrast to a narcissistic person who, in Ford's view, is more afraid of "bonding". Roughly similar to Keleman's overbound personality type, narcissists tend to rigidify to defend against the fear of merging. They do not identify with the body, which with all its unwieldy feelings is perceived as a threat. Being touched, or doing synchronous movements in a circle are potential 'merger'

experiences which they may tend to avoid. This tightly-bound person needs to begin to bond, and while there may be massive resistance to touch, it is a subtle means of penetrating to the feelings beneath the surface: "What if I left my hand here just a little bit longer?" the therapist might tentatively inquire. While a borderline patient would want to sustain the touch and would experience abandonment at the loss of it, the narcissist would generally be loath to continue further.

In real life of course, people rarely fall so neatly into categories; many individuals have difficulty with both bonding and boundaries. But identifying this as a continuum does help substantiate the importance of striking a balance. I hope the reader has recognized a common thread in the theoretical paradigms whether they refer to molding or stiffening, overbound or underbound, borderline or narcissist, etc.

In chapter 1, I identified three categories of body work, namely touch, movement and body process. Stanley Keleman's work involves very little touch or movement; change is produced mainly through increasing body awareness — and the subtle motoric changes that evolve from this increased awareness. Clyde Ford's approach uses all three modalities, but touch is of the most vital importance.

It is now time to examine a field in which

movement itself is key.

Dance-Movement Therapy

Many dance therapists, such as those I have referred to above, have an approach grounded in developmental theory. Of course we were already breathing, feeling, moving and making sounds long before we could talk about it, and this preverbal realm is where the dance therapist has unique skills.

I have already mentioned the physical (even choreographical) nature of the separation process. It is quite possible to discuss the vicissitudes of oneness and separation while sitting in a chair. One can talk about one's difficulty maintaining autonomy at work, or with parents, or in an intimate relationship. One can process the fear of merging with a therapy group, or the loneliness of feeling apart and alienated. One can deal with transference issues of sacrificing one's own self to please a therapist.

But something different happens when separation is enacted spatially in a room. It is almost as if we can invoke the presence of the mother Berman refers to as "frequently absent when we needed her, or intrusive when we needed to be left alone" [Berman, 1989, p.24.]

I asked the members of a group I was leading to take turns instructing the rest of us where to sit or stand in the room. They were encouraged to keep

maneuvering people closer and further from them until it felt just right. One woman had never felt her mother to be responsive to her needs for either closeness or distance; in fact the daughter was generally in the position of trying to read her mother's signs. In the group experience she seemed to revel in the authority to position people exactly according to her own wishes, and I can still remember the deep concentration with which she attuned to her bodily cues to guide this process. Another woman kept telling us to come closer, until when we were right upon her she reported in a discouraged tone that she had felt nothing, as was her tendency. "I turn to styrofoam." She was aware that she had refined this skill during the sexual and physical abuse she experienced as a child. But this knowledge did not help her in her urgent desire to feel more.

Standing so close, I yielded to my impulse to move away, and as I did, her 'styrofoam' structure collapsed for a moment. She was caught off guard by the spontaneous feelings of loss and abandonment evoked by my retreat, and amazed at how 'real' they felt.

I have already described how we tend to move in our prescribed patterns, which protect us from feeling anything new. I will never forget my first dance therapy experience in 1978, when I was instructed to move in a manner that I insisted was "not 'me'". The therapist looked at me in exasperation and gently inquired, "How

will you ever find out who 'you' are, if you never try anything that's not 'you'?"

Mary Whitehouse, a seminal dance therapist, offers the example of a woman whose focus was continually upward, as if her movement existed in a cloud above her head. In terms of Effort-Shape analysis, (which I will discuss shortly) her movements were perpetually light, free, indirect and sustained. Even when Mary asked her to move with her fists clenched, she managed to retain this floating quality. But after staying with this new movement quality for awhile, a change transpired. "Her expression became one of intense sorrow and strain...[her] whole body turned and pitched downward in a violent fall, and she burst into long sobs. A barrier had been pierced, a dam broken, her body had pitched her into feeling"[Whitehouse, 1958, p.27.]

I wish to remark here that dramatic occurrences such as the above are not instant cures; rather, they may represent a breakthrough to the possibility of feeling with awareness, or perhaps the beginning of a therapeutic alliance.

Let us momentarily accept the thesis that our old, familiar movement patterns help defend us against the disturbing emotions that new movements might stir up. To observe and analyze these idiosyncratic patterns, dance therapists have access to a system of movement description called Effort-Shape. Rudolf Laban developed

this system in the 1930's and 40's, originally as a means of notating dance, to counterbalance the ephemeral nature of this art form.

Even more importantly, in my opinion, Effort-Shape analysis provides a more balanced view of the full range of movement possibilities, in order to assess which ones might be over- or under-emphasized. Laban is reputed to have a "good track record" in distinguishing between categories of mental illness.

The four effort factors are:

FLOW	which can be	BOUND or FREE
WEIGHT	which can be	STRONG or LIGHT
TIME	which can be	SUDDEN or SUSTAINED
SPACE	which can be	DIRECT or INDIRECT

In order to show how all movements are comprised of these four factors, I will give some non-dance illustrations from everyday life.

FLOW is related to the degree of tension and relaxation. Free flow is not always the ideal; the image of a "bull in a china shop" suggests an inappropriate use of free flow. Tasks such as threading a needle or carrying a cup of hot coffee require bound flow. Holding back emotion and then suddenly "flying off the handle" is an example of bound flow changing to free flow. An example of the reverse would be making a spontaneous, expansive gesture and then knocking something over and

freezing into rigidity. Often the change is more gradual, and there are infinite variations between the extremes, as is the case with all the elements.

WEIGHT that is strong or light can be represented by the difference between pushing a piano or a delicate paper flower. Some people invariably move themselves, other people, and objects like either fragile paper flowers or intractable grand pianos. When people "feel strongly" or "take a firm stand" they generally use their body weight to support their statements. Strong weight does not necessarily require bound flow, as illustrated by the free swing of an axe or a baseball bat. And weight can be light with bound flow, as in picking up splinters of glass or helping an frail elderly person cross the street.

TIME can be sustained or sudden. A person inching along a cliff will make sustained movements but upon losing her balance would make sudden jerks to regain balance. People often operate in different time frames; to illustrate this I would ask two people to enact a scene in which A is frantically asking directions of B who is lazily enjoying some unstructured free time.

How one relates to the SPACE surrounding oneself can be exemplified by getting through a crowd of people. To move indirectly, you might ease your way through any small openings. To move directly, you might see a narrow lane that you can dash through. The space factor has a

lot to do with focus, or attention, which can be directed either inward or outward.

The "Effort" part of Effort-Shape has to do with how the body concentrates its exertion, while the "Shape" component deals with how the body forms itself in space. The Shape qualities include RISE / SINK, ADVANCE / RETREAT, and NARROW / WIDEN (or GROW / SHRINK) and each of these occupies a distinct plane: vertical, sagittal or horizontal, respectively.

The emotional impact of these qualities can be explored by trying out various combinations. For example, if you are instructed to "Rise, Advance, and Narrow" you may notice how your body feels inside, or what/who it reminds you of. And if a partner plays Sink, Narrow and Retreat", what kind of movement duet emerges?

Penny Lewis (1984) correlates these three Shape components with object relations stages. In the symbiotic phase the horizontal plane predominates with its emphasis on widening and narrowing; the nursing infant grows toward the breast to suck and shrinks away to swallow, in a rhythmic cycle. In the practicing subphase of separation-individuation, the vertical plane takes over, as the baby's whole thrust is towards becoming upright. Then during rapprochement, the sagittal plane is emphasized with the forward-and-back movement so typical of toddlers—moving forward to explore the environment, then returning to the parent for reassurance.

This premise is valuable as a possible indicator of where the fixation points lie in a given individual. During a dance improvisation one may be instructed to move only forward and back, as if in a tunnel, only up and down as if in a vertical tube— or only side to side like in a shooting gallery. How freely one can move in each plane, as well as what feelings or images arise — these can provide useful information to the dance therapist.

Elaine Siegel points out the pitfalls in superficially assigning specific meaning to movement behaviors without attending to psychodynamics. For instance, a shallow breathing pattern may indicate autism, or it might be a result of a child learning to hold his breath to ward off anxiety during his parents' fights. As another example, the locked knees of a schizophrenic may suggest the lack of a fully-developed body image, while in a neurotic, the same symptom might indicate a conversion hysteria. In both examples, there is a vast difference in the developmental level attained, and consequently, in appropriate interventions [Siegel, 1979.]

Joan Naess [1982] postulates that individual dance therapy clients literally "move through" object relations phases, using the therapist as object. Naturally there is great diversity here, as some clients need more or less time to re-negotiate a particular

phase.

To illustrate this concept, let us imagine a client who spends the initial sessions in the autistic phase, apparently remote from the therapist, or perhaps superficially eager to please. Gradually the client may begin to gravitate towards movement experiences characteristic of symbiosis: mirroring, synchronous rhythmic movements, or even the close physical contact of rocking. This phase may last for months, setting the stage for the separation process itself, with its subphases of differentiation, practicing, rapprochement and object constancy. Under the watchful gaze of the therapist, the client may try out tender and violent gestures, close and distant proximity, "shadowing and darting away," expressing the need for reassurance that she is still there (that the object is not lost) and that at the same time because she is there, self-autonomy is not lost" [Naess, 1982, p.46.] Rapprochement can be conceived of as "re-approaching" the object, after having experienced the ultimate impossibility of endless oneness. And dance therapy pays tribute to the original spatial nature of the separation process.

While movement is by definition fundamental to dance therapy, several theoreticians emphasize the necessity of integrating what is happening on a cognitive level as well. Overly intense emotion can be discharged or rechanneled through physical movement, but the relief gained from "dancing out" negative feelings

is short-lived unless the dance expression is understood [Fletcher,1979.] In other words, in dance therapy the mind is just as important as the body.

Authentic movement is a form of dance therapy that serves as a bridge not only between mind and body, but between consciousness and the unconscious. It was inspired by C.G.Jung's practice of active imagination. When Jung would venture into the unconscious, he felt it very important to concretize the experience in some form. In his case, this meant writing, painting or masonry, but he also postulated that dance could be used for this purpose. [Jung, 1935.] Movement therapists such as Mary Whitehouse, Janet Adler and Joan Chodorow have accepted Jung's challenge, and authentic movement (or movement-in-depth) is one result.

In its simplest form, authentic movement requires a mover and a witness. The mover, with eyes closed, begins to move only when she receives an image or an impulse from the unconscious. The witness simply watches and afterwards shares her personal reactions to what she saw.

The simplicity is deceptive, however. For the mover to enter the unconscious, the witness must carry a larger responsibility for consciousness. She cannot witness as effectively until she has thoroughly experienced "being seen" herself, and has internalized the witness, much as a child internalizes its mother.

A background in psychodynamic process, the the psychology of movement, developmental psychology, and psychoanalytic theory is also invaluable. According to Janet Adler, "such knowledge rides immediately behind and informs her intuitive capacity to know, to see and to hear the presence of her own body and the body of her mover" [Adler, undated manuscript, p.6.]

There are some interesting parallels between authentic movement and classical psychoanalysis. In both, the client does not see the other, and this seems to facilitate the stream of free-associations, whether expressed through speech or movement. Both require long term treatment to allow "regression in service of the ego." Both rely heavily on transference and countertransference and are most effective with individuals with sufficient ego strength to tolerate sustained exposure to the unconscious.

Whitehouse [1979] describes the difference between movement directed by the ego (I am moving) and that which comes from the unconscious (I am being moved.) There are indeed people who exemplify the latter, who move with little conscious awareness; who are continually "being moved." Most dancers, however are familiar only with the former state, having spent years perfecting the ability to choose and control each movement they make.

When the ego momentarily surrenders its conscious control, the experience can be humbling and freeing for

the dancer. But the rawness of this inner-directed movement, drenched in emotion, can be disconcerting to those who cherish perfection and control. Conscious and unconscious are joined in the moment when "moving" and "being moved" come together, not unlike the moment in psychotherapy when an intellectual insight is accompanied by a rush of emotion.

Gay Cheney was a professional dancer when she began studying with Mary Whitehouse, and she spent the first few weeks as a "legless creature, squirming, rolling, pushing and pulling, sliding and slithering" [Cheney, p.65] trying to tune out the inner voice that said "Well, get up, stupid, and move. You're a dancer" in order to listen to a deeper impulse. She gradually navigated the developmental passages until one day she finally found herself upright. "My eyes flew open. There was Mary, knowing and proud. Nodding, she said, 'What a tremendous thing— to stand, entirely alone, on your own two feet!'" [Cheney, p.65.]

The floor itself can, in fact "[take] on aspects of the maternal introject which forbid exploration and demanded almost complete relinquishment of autonomy" [Lewis, 1984, p.54.] Lewis was able to help a client experience the floor as something she could leave and return to, by experimenting with leaping and jumping. I am reminded of a personal experience I once had while trying to feel more grounded, trying to feel the contact

with the floor which always eluded me. Suddenly, I vividly experienced the balls of my feet cringing upward away from the earth, like an individuating child stiffening away from her mother's breast. Mary Whitehouse [1979] describes a profoundly evocative workshop in which the polarities of up/down were explored, along with the image "The earth is my mother, The sky is my father." Alexander Lowen, in emphasizing the importance of strengthening the legs and feet, asserts that "the independence of all adult organisms is maintained by their dependent relationship to the universal mother, the earth" [Lowen, 1958, p.187.]

In the deep investigation of the preverbal realm involved in dance therapy, the patient naturally transfers maternal qualities to the therapist. Dance therapists have been uniquely successful at making contact with highly regressed or autistic individuals by facilitating this transference through movement. Susan Sandel cautions that therapists must be aware of their own mothering styles in this regard. Some therapists, like some mothers are more comfortable with the symbiotic phase, and feel anxious at signs of independence. They may inadvertently discourage attempts at individuation, for example by relying too heavily on unison activities or a circle formation. Others tend to hurry the patient (or infant) prematurely towards independence [Sandel, 1980.] It is in my opinion quite a challenge to discern whether a patient breaking away

from the group is a healthy sign of separation-individuation or an indication of resistance to symbiosis. Knowing the patient's history helps.

The circle formation, widely used in dance therapy groups, creates a holding environment which is undifferentiated and can feel safe, nurturing, and protective to schizophrenic patients such as those with whom Sandel works. When patients show a readiness to leave the circle —perhaps to experiment with leading a group, working with a partner, or with teams— other forms of structure must become available to them to help keep anxiety at a tolerable level. Sandel postulates that this can be accomplished effectively through a dramatic context, for example using contrasting roles to provide a structure.

Embodiment in Drama Therapy

In drama therapy there is an opportunity to literally embody new or forgotten aspects of the self. Often in drama therapy and psychodrama however, I see bodies being positioned in the room, with little emphasis on movement or the somatic experience of emotion. In the psychodrama technique of "doubling", the double is supposed to take on the body posture and breathing of the protagonist in order to more empathically express the latter's inner feeling state.

yet this somatic level of awareness is often played down.

It is a challenge to bridge the gap between drama and movement. I find this to be the case both in the groups I lead and in my own personal creative expression. When roles and dialogue are involved, movement grinds to a halt. When dance is the focus, it can distract from what's going on internally.

David Read Johnson is a drama therapist and researcher who seems to bridge this gap, effectively, perhaps because his work is developmentally-based. Each drama therapy session reiterates the stages of human cognitive development, in an attempt to ally the group members on a primary level and decrease resistance. For example, the session begins with pure sound and movement, reminiscent of the sensorimotor stage. Gradually images and roles develop, indicative of the symbolic stage. Finally words are introduced, ushering in the reflective stage. (Johnson also maintains that initially a group requires more structure, less complexity, less interpersonal demand, and less intense emotion.) [Johnson, 1982.]

Watching Johnson work, I have seen a movement or gesture be passed around the circle, as each group member adds something of their own, until it becomes a palpable symbol of the group process. Participants seem to draw feelings and images out of their bodies so that

the collective ego strength of the group can contain and transform them

Concretization

In my own clinical experience as a drama therapist I have witnessed the power in concretizing or embodying an image or idea. A patient can talk about feeling like "half a person" after the death of a significant other. Alternatively, s/he can dramatize speaking to the deceased loved one in the therapy room, and ask to have all the lost parts of herself returned. Often patients seem embarrassed when told to concretize intangible qualities (in this case to pantomime reclaiming back into their bodies the forsaken aspects of themselves.) They would be more comfortable just talking about it instead of acting it out. But I have found that embodying the experience provides an enduring visual and kinesthetic image which will be remembered. Recently a patient with multiple personality disorder reminded me of some work we had done during her admission years earlier. This woman uses dissociation rampantly, and especially during therapy groups, to defend against horrifying early memories. Yet she could vividly recall, with full affect a scene in which we represented the family car and the patient negotiating with her husband about who was in the driver's seat (both literally and figuratively.)

Working with the Dreambody

Arnold Mindell [1985] is a Jungian analyst who feels that the body's messages can be interpreted and amplified, much as one would work with a dream. Jung himself hinted that archetypes may have a psychobiological structure [Rossi,1986,p.179], and marvelled at the somatic manifestations of psychological events [Jung,1976,p.88]. Currently Mindell (like the dance therapists) is elaborating on some of the theories for which Jung laid the groundwork.

Many terminally ill patients have come to Mindell because medical interventions have failed to help them. Mindell views the tumor or other symptom as an entity with an important message, rather than as an arbitrary nuisance. He has helped hundreds of patients with this approach. His approach does not use specified techniques, but relies on the therapist's intuition and the patient's own unique process. It encompasses touch, movement, dialogue, imagery and playful interaction.

The concept of the "dreambody" first occurred to Mindell while working with a patient who was dying of stomach cancer. When asked to focus on his proprioceptive experience of the pain, this patient described it as something in his stomach wanting to explode. Through amplifying the sensation, he became aware of his desire to explode—that he had never

really expressed himself in his life. He also had a dream in which he had an incurable illness and the medicine for it was like a bomb. Indeed, the only medicine that could help him was to learn to explode more.

Mindell suddenly realized that the man's dream and body experience were mirroring each other. In effect one could conceive of them as the same entity, and he coined the term "dreambody" to express this [Mindell,1985].

An important facet of dreambody work is something Mindell calls "channel switching". There are various channels of perception, ranging from hearing to feeling to seeing to moving. A person will spontaneously switch channels when one mode of experience becomes too intense.

When a patient seems suddenly resistant, it may be useful to consider that s/he might have switched to a different channel. For example, in a kinesthetic mode a patient may be more inclined towards expression through movement, whereas in a proprioceptive channel s/he might seem more introverted and withdrawn. In the latter instance there might be access to some rich inner experience.

Individuals do vary in their predisposition to favor a certain modality; some are more visually-oriented, others more auditory, and so forth. However, developing the unused channels of awareness can yield

new information and deepening of feeling.

Mindell has observed that when the proprioceptive channel overloads, as when pain becomes unbearable, a switch to the visual channel can occur and the pain is transformed. Once when he instructed a woman to amplify and describe her severe stomach cramps, she began to describe them as bright and fiery with red and orange colors. This showed him that she was trying to change channels, and he told her to stop moving her arms, with which she had been gesturing as she described her sensations. At this point she was able to fully receive the visual image, (in which a man was born in a fire and given information on how to live) and this vision came to have a tremendous impact on her life.

Mindell explains: "She was not sick. Her dreambody was appearing to her, it wanted her full attention...in order to inform her about her personal myth, her road in life and the meaning of her existence." [Mindell, 1985, p.47].

Somaticization can be a tremendous obstacle in psychotherapy. In my work in an inpatient psychiatric setting, patients learn that the function of somatic symptoms can be to help render difficult emotions unconscious. Yet the physical discomfort is still there, and it is very real and very debilitating. Many of these patients have suffered from being told that the pain is "all in your head."

Mindell's approach validates the body symptoms by working with them directly, while simultaneously exploring their psychogenic origins.

Dreams and the Body

Dreamwork is a time-honored tradition in psychotherapy, and tends to be conducted verbally for the most part. Some dreams actually contain words: bits of dialogue, odd names, etc. Generally dreams have a strong non-verbal component as well, with vivid imagery, idiosyncratic sounds and movements, and indescribable feeling-tones. To me it has always made sense to work with these images directly through sound, movement, and pictures instead of immediately translating them into the verbal "channel" (to borrow Mindell's term again).

It can be frustrating to work with dreams, because while they seem laden with meaning, they often defy rational understanding. And trying to "figure out" the dream intellectually can sometimes alienate one further from the dream's essence. I believe dreams carry a multiplicity of meanings, and the "correct" one is that which is most useful to the person's life at a given time.

I prefer to get closer to the truth contained in the dream through a correspondingly non-rational means. While I do use a variety of techniques involving words and pictures, the approach to dreams that I treasure

most involves movement and enactment.

Taking on the role of a person or object in the dream, perhaps narrating the dream from that perspective, can produce fresh insight. This can be done quite effectively sitting in a chair and relying on words and dialogue.

But embodying the dream image means letting yourself temporarily become the part of you that was represented in the dream. We brought our dreams in to the aforementioned class based on Stanley Keleman's work. Using Keleman dreamwork techniques, it was not unusual to hear a dream told from the perspective of the "swimming pool part of me" or the "gangster" or "bride" or whatever manifested itself in the dream.

Sometimes a dream was presented in which the dreamer found herself moving through a house. I began to see the house as a symbol not only of the personality, but of the body—the body-self. More than once, the dreamer discovered a new room that she had never known existed; in one case a light, spacious one with a grand piano in it. I felt strangely awestruck and humbled by these reports. There we were, a group of people joined together in our common desire to open up the shut-down regions of our bodies. The unconscious provides such bountiful imagery to aid in this quest. And in my own dreams, even if I only remember fragmentary traces, there is usually a distinct memory of a house, so vivid

that I want to sketch the layout of the rooms.

Shortly after this, a Dream Theater workshop was presented at my house. This is a form of dreamwork in which dreamers are shown how to invite the dream image into their bodies, and explore how they would feel, move, breathe, speak, etc. when embodying this particular aspect of themselves.

In this case, we lay with our eyes closed while the designated dreamer related his dream in the first person, present tense. We all tried to "enter" the dream, in which a small child had been entombed in a concrete wall of a house, and the dreamer left the house after exchanging angry words with a man there who he sensed was responsible. The leader kept instructing the dreamer to "drop into his belly." As the dreamer was a close friend, I knew this area of his body was full of painful, murky feelings, and to "drop into it" was easier said than done.

My friend was trying to continue the dream, to find out for sure what was inside that bulging concrete wall. He knew he must re-enter the room and confront the man, but he could not bring himself to do so. He remained outside. Almost an hour passed, as we shared his conflict between the need for confrontation and the horror; we never did act out the dream. For days, I could not stop thinking: "That room is his belly... all of the feelings buried in that wall. No wonder he couldn't go into it."

Perhaps this was true for him, perhaps not. I only know that the following week, I began to feel like a new room had opened up in my own body. Suddenly there was a space in my lower abdomen that I could breathe into, and it felt satisfying, nourishing (my image was of a bowl of homemade soup, or warm porridge.) I had never even been aware that there was tension in my belly that was interfering with my breathing, until its new absence became so conspicuous. It was, still is, the most comforting feeling— like being soothed and caressed from within my own body with each breath.

the ribcage walls creak and expand
just enough to let the soul slip back in
like sunlight this house is lit from within

Conclusion

As I reach the end, I can feel in my body the hours I've spent scrunched up in front of the word processor, in between times when my body comes alive to uncoil into dance, to make a cup of tea or some food, to stretch out on the bed, or to drive myself to work. All of these motions provide me with fresh data and an increased sensitivity to the subtleties of my body's moods.

I took on this subject because it has mattered to me for a long time, and I wanted to learn more about emotions and the body. The work has infiltrated my body in the past year, as I hoped it would. When I dance, I still neglect to feel sometimes, but I know the difference now. I notice when my breathing is shallow, or my feet cringe away from the earth. After all, for these things to change without awareness would be useless to me. I am content and grateful to take my time time noticing what I do, and understanding why.

So I prowl around this body-house, unsure of the way in or if I really want to be there. After all, my homelessness has been a source of comfort to me, and my numbing vagrant status is so familiar. From the outside looking in, I can see all the lovely things in there, as well as the pain of truth.

But despite the danger that drove me out long ago, I am always drawn back to this place. There is something in there that still belongs to me, that has been sheltered and kept whole by this physical structure.

I knew I'd come back for it someday.

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