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The Intrapsychic and The Interpersonal in Movement Psychotherapy

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The adaptive function of two states of consciousness and corollary movement experiences is described. Movement in which a relaxed state of attention is maintained on inner kinesthetic sensations and imagery is contrasted with movement which is characterized by conscious, active interacting with the external world of people and events. Clinical examples from individual and group psychotherapy sessions are cited to demonstrate how meaning and conflict resolution may be achieved by clients while moving in either mode.

Human beings organize their perceptions and their behavior in terms of two experiential modes: a receptive mode and an action mode (Ornstein, 1972). Each mode is associated with a distinctive set of physical and psychological characteristics (Deikman, 1974, 1976).

In the action mode, a person functions to manipulate or act upon the environment. Sympathetic nervous activity and striated muscle activity predominate. Attention is maintained on external events and baseline muscle tension is increased. The object-based logic and goal-oriented behavior of normal waking consciousness prevail. By contrast, in the receptive mode a person functions to let in sensory aspects of the environment. Parasympathetic nervous activity and sensory-perceptual activity predominate. Attention is focused inward on internal events and baseline muscle tension is decreased. Paralogical thought characterized by intuition and sensation assumes prominence.

Effective functioning can be viewed in terms of a person's ability to regulate these two modes of consciousness to suit either the internal or external environment situation. Movement psychotherapists,

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formally trained as movement therapists and as psychotherapists, are concerned with the connections that their clients make between internal and external experiencing, or between feeling and action. In their work, they attempt to facilitate their clients' contact with both experiencing modes (Dosamantes-Alperson, 1974c).

The following will describe the value of each of these experiential modes to the movement therapy process. It will also demonstrate how movement psychotherapists facilitate their clients' contact with both of these modes by using the body and movement as the initial and primary means for such contact.

The Receptive Mode

In the receptive mode, it is possible for clients to relax and to suspend conscious striving and intellectual control (Deikman, 1974, 1976). In a relaxed, but conscious state, they can perceive the sensory attributes of objects or situations generally missed by them when functioning in the action mode. The receptive mode appears to be effective when dealing with the world of sensation, emotion, and imagery which are nonverbal intrapsychic events.

In the receptive mode, clients are able to focus on internal events such as sensations and images. Their movements are subtle and not readily detectable even by trained movement observers. Trained movement observers, who employ the Effort/Shape notational system, refer to such movements as *shadow movements* (Bodmer, 1974). Examples of such movements include shifts in body tension and changes in the flow of breath. One can refer to movement which occurs in the receptive mode as *internal-intrapsychic movement.*

Contacting Bodily-Felt Experiencing

One way to facilitate clients' contact with their physical-selves in the receptive mode is to have them lie down and close their eyes. The closing of one's eyes has the effect of reducing input from external stimuli. The reclining posture appears to promote greater freedom and spontaneity of free associative material (Kroth, 1970), more vivid imagery (Morgan and Bakan, 1965), and a greater number of memories including earlier memories than are available in the sitting-up position. (Berdach and Bakan, 1967).

When clients are lying down with their eyes closed, they can focus their full attention on the experiencing of their bodies and incipient body movements (Rugg, 1963). Gendlin (1969) used the term *bodily-felt experiencing* to describe the moment to moment sense that individuals have of their own physical-selves and emergent bodily sensations and feelings.

Many psychotherapists, including Gendlin (1978), Jourard (1974), Laing (1965), Lowen (1970), and Reich (1949), believe that a reduction in the capacity for this sort of somatic perception results in physical and psychological disintegration. It has now been empirically demonstrated that bodily focusing of the type which emphasizes sensory, kinesthetic, and movement experiences in the receptive mode, increases the ability of clients to detect and discriminate feelings (Dosamantes-Alperson and Merrill, in press).

When clients attend to their physical-selves in the receptive mode, they also contact areas of chronic tension in their bodies. Such chronic tension is the result of psychic conflict in which there has been a blocking of affect. Persistent blocking of affect leads to the development of chronic tension in selective parts of the body (Bull, 1951; Jacobson, 1938, 1970; Lowen, 1975; Plutchick, 1954; Roskin-Berger, 1972; Reich, 1949; Rolf, 1977). In experiential movement psychotherapy, clients are encouraged to focus on their experience of tension and distinguish varying degrees of tension discovered in different parts of their bodies (Dosamantes-Alperson, 1976). By learning how to release excessive tension, clients simultaneously release the bound affect associated with the chronic tension. The release of strong affect frequently triggers memories or psychological associations which have personal significance to the client. How the associative process between physical and psychological experiencing may be facilitated by movement psychotherapists will be illustrated through the following two cases. The first case cited is that of a client in an early phase of individual experiential movement psychotherapy.

> Sharon, 32, is a female client who typically experienced much tension around her neck and chest. She began her individual movement therapy session by complaining that she could not breathe and blamed it on the smog. It should be noted that when Sharon first came to see me one of her primary con-

> cerns was that as she grew older she might become physically ill with emphysema, a chronic pulmonary disease, as had her mother.
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> I suggested to her that she lie down, close her eyes, and locate where in her body she could find the greatest degree of discomfort or tightness. She indicated that it was in her chest. I encouraged her to develop an image which possessed some of the same qualities as the tightness she had just experienced physically. The image could be of an object, person, or thing. The image she conjured up in association to her chest tension was that of a block of ice. As she shifted her attention from her chest to this image and continued to focus on it, the ice began to melt. One could concomitantly observe a physical release in her body. Her chest muscles became relaxed, her breath flowed more smoothly, and tears streamed from her eyes in an automatic way.

In the conversation which followed her movement-imagery experience, Sharon spoke of having had to control her feelings as a child in order to avoid being physically abused by her mother who did not tolerate any show of emotion from her female children. Sharon had learned to choke back her feelings by holding her breath. Now as she permitted herself to relax, she breathed more fully and was able to cry and verbalize her own psychological connections to her physically-imaged experience.

The second case to be cited took place in an early phase of an experiential movement psychotherapy group. Following a brief period of relaxation, group members moved through an open-ended but structured movement-imagery experience which included contacting parts of their bodies experienced as most tense, allowing a form or image to be developed from the experienced tension, and then naming or labeling that form or image. The phenomenological account for one group member of this movement imagery experience is offered below.

> Christine, 28, experienced a tightness in her intestines. The form she created was that of a large, black, vile, oozy glob which became trasformed into a tight fist. The fist became lodged on one side of her in-

> testines. She was surprised that the name which spontaneously popped into her head was that of "Mother." She realized that she often experienced her guts tighten while relating to her mother. She attempted to extract the fist from her intestines but could not. As she tried to do so, she experienced an intense combination of rage and hurt. Finally, she attempted to expel her mother out by allowing her to pass through her anus. But while she was able to move her mother from her guts to her bowels, she could not push her out of her anus.

It is interesting to note that this client complained of serious bouts with constipation and she often resorted to the administration of enemas as a means of relieving this problem. This experience led Christine to conclude that she was not yet ready to cast out the "bad" mother in her. She acknowledged that she needed to explore further the meaning of her relationship to her mother.

By attending to the physical aspects of their experience, clients learn to associate bodily cues with affective states and meaningful personal content from their past and current life experience. In addition, clients are able to release the excessive tension from particular body areas which is often involved in the formation of psychosomatic symptoms. The connection evidenced in these cases between physical and psychological experiencing points to the need to work with physical and psychological structures simultaneously (Dosamantes-Alperson, 1974b, 1974c).

The Movement-Imagery Interaction

By following the transformation of concrete physical experiences into visual images, clients can discover the personal context in which these physical and nonverbal experiences are embedded. Such images frequently reveal personally meaningful content pertaining to unfinished problematic or conflict situations in the client's life. The movement psychotherapist can assist the transformation of the physical form to the visual symbol by first helping clients discriminate the physical or bodily qualities they experience and then encouraging them to allow an image to develop which shares similar attributes to the physically experienced one. This process was demonstrated in the cases of Sharon and Christine.

Images which occur while the person is in the receptive mode (that is, relaxed but conscious) are called hypnogogic images (Horowitz, 1970). These images are preconscious, preverbal, visual symbols characterized by changing thematic content, motion, vividness, affect, and relative autonomy (Kosbab, 1974). Clients who move while focused on hypnogogic images may appear to be hardly moving at all, though in fact, they often exhibit subtle movements and can be quite involved in the interaction between physically-felt experiencing and emotionally charged visual symbols. By staying in touch with the evolving movement-image interaction, clients can achieve new experiential associations between current life experiences and past unfinished problematic situations. An example of how movement and hypnogogic imagery interact to bring a personal conflict to consciousness and permit the therapist to facilitate a resolution of current manifestations will be illustrated by the following case.

> Elaine, 36, began her individual movement psychotherapy session by lying quietly on her back. Her arms and legs were outstretched; her eyes were closed. In this quiet state, she visualized herself as a tall giant climbing a high mountain. As she identified with the giant, her movements became larger and began to assume an expansive quality. As she moved from the peak of her mountain top and began to descend, she discovered a town populated by people who appeared strange and foreign to her. They were dressed in medieval clothes. She found herself shrinking to the size of an ordinary human being. As she became lifesize, she was overwhelmed by fear. She tried to return to the mountain top but could find no road leading back to it. She felt trapped as though she would suffocate. In the verbal discussion which followed her movement-imagery experience, Elaine described how *she* needed to be in control of her relationships with others. She found that she needed to set the distance between herself and others. If people demanded a greater degree of intimacy than she was prepared to offer, she would become anxious, feel overwhelmed, and terminate the relationship. As she spoke, she demonstrated the length of distance

> she would consider acceptable between herself and another person. I suggested that she position me relative to the distance she would consider to be all right between us. She blushed as she became aware of the significance of what she had just been saying. She positioned herself a little closer than the distance she had previously set, but warned me verbally not to come any closer.

At this point, Elaine was apparently not yet ready to tolerate reciprocity in her relationships, and she was struggling with the intimacy involved in the therapeutic relationship.

Hypnogogic images possess several qualities which are useful in the process of movement psychotherapy. They possess a movement component which embues them with a motion picture quality (Shorr, 1974; Singer, 1974). Therefore, clients who can engage in spontaneous movement are able to follow the thematic shifts which occur in their images with their bodies. It is as though they were receiving continuous biofeedback from their bodies while concomitantly watching the unfolding pictures in their minds' eyes. Through the movement-imagery interaction, clients can obtain an appreciation for the flux and intensity of feeling which accompanies their visually symbolized experience.

In addition, hypnogogic images are often quite vivid and can therefore provide clients with a sense of actually reliving significant past life situations. Assagioli (1965), Desoille (1965), and Leuner (1969) view such imagery as the direct voice of the unconscious. Because these images also appear to transcend time by making past, current, and anticipated events simultaneously available to the person, new solutions to personal conflicts are likely to emerge while visualizing these images.

The value of *moving an image* rather than simply focusing on an image without movement, is that clients can take the visual experience into their bodies, allowing a physical identification to be made between their internal sensations and the imagined situation. They can empathize physically with all aspects of the image and thereby gain an awareness of the attitude they hold toward each revealed experiential element.

Furthermore, moving an image serves to mediate between receptive and action modes since subtle internal-intrapsychic

movements may be extended out into space and given intentional and visible outward form, as was demonstrated in the case of Elaine.

The Action Mode

When clients move in the action mode, they reveal how they approach and deal with the external world of objects and people (Ornstein, 1972; Deikman, 1974). The action mode appears to be most effective when intentionally exploring the external world. When clients move in this mode, a movement psychotherapist can observe them attending outwardly toward their external environment. They move with their eyes open and begin to explore the space around them either alone or in relation to another in a group. Their movements are overt and readily detectable by trained movement observers. When trained movement observers use terms such as an individual's *movement style* or a person's *movement range,* they generally are alluding to movement which is performed in the action mode. For this reason, movement performed in the action mode may be referred to as *external-interactional movement.*

In order to facilitate clients' movement in the action mode, they need to be encouraged to move with their eyes open and to assume an exploratory attitude toward their environment.

For most clients, particularly those who have not been formally trained as dancers, the prospect of moving through space rather than talking about their experience is a difficult one. This appears to be as true for the so-called well adjusted clients as for the most regressed or mute ones. Consequently, most clients need to move through a desensitization or disinhibition movement phase before they will allow themselves to move less self-consciously in space. The therapist can provide a safe movement environment by guiding clients through movement experiences which are impersonal or abstract yet begin to get the person used to moving nonverbally through space. For example, in a first group movement therapy session the therapist might suggest that clients try using different body parts to take themselves across the room. This type of structure offers clients the opportunity to discover physical and movement aspects of themselves while providing an opportunity to exercise a safe degree of self-direction.

As clients discover that they are not being judged by the therapist with respect to how well they move or for the types of

movements which they do, they appear to become less self-critical and evaluative of themselves while moving. They are then able to begin to move with increased confidence and spontaneity. Once clients no longer feel inhibited while moving, they are able to turn their attention to how they move through space on any given day, and if moving within the context of a group, how they engage others in nonverbal movement interactions.

By moving extemporaneously in the action mode, clients gain a sense of which movements feel comfortable and preferable. Clients also gain a sense of which movements feel uncomfortable and are usually avoided. In this way, they are able to perceive something about their unique movement preferences or about their unique movement style and can begin deliberately to risk moving in new ways.

Through external-interactional movement, clients learn something about how they relate to others in a group. This is accomplished through the nonverbal dialogues which they have with others who are moving in the same space. As clients relate to the similarities and differences they perceive in others, they become aware of what qualities they share in common with others and in what ways they differ. They discover how to mediate perceived nonverbal differences. Thus, a shy introverted person who initially is observed to move in cautious, contained ways may differ from an aggressive, extroverted individual who might move in expansive, intrusive ways. How these two personalities confront and mediate their nonverbal differences through movement becomes the focus of the movement session.

When clients realize that their nonverbal behavior parallels their verbal behavior in social contexts outside of the movement therapy session, they are able to make use of their somatic percepts to guide their verbal interactions. Thus, there is an increased congruence between what they feel, how they act, and what they say when they speak (Dosamantes-Alperson, 1977).

The value of moving one's experience before verbalizing it is that one can observe how one copes and protects one's self in relationships with others without the interference of *a priori* verbal scripts or plans. The words which flow from such nonverbal experiences provide clients with an opportunity to further clarify,

verify, and extend the meaning of their nonverbal experiences (Dosamantes-Alperson, 1974a).

How a movement psychotherapist provides a supportive milieu to encourage nonverbal self-exploration and relational insights within the context of a movement therapy group is demonstrated by the following example.

> The session to be described took place during the eve of Halloween. One of the group members of a women's movement therapy group took advantage of the occasion to show up at the group session dressed as a witch. However, she was no ordinary witch. This witch had taken great pains to gray her hair, silver-paint her body, darken her front teeth, paint her nails bright orange, drip theatrical blood down the side of her mouth, wear a long, black, silk gown and black cape, and even have a realistic snake dangling from her shoulders. Needless to say, the presence of this witch could not be ignored or dismissed lightly by the group. The group appeared to be stymied as to how to respond to this witch. It seemed to me that this woman needed to be acknowledged by the group for that part of herself represented by the witch character. I encouraged her to move to the center of the group and then asked her to get in touch with what kind of witch she felt herself to be by letting her spontaneous movement tell her. She moved using expansive, undulating movements; sometimes she moved seductively and at other times she moved in a menacing and assertive manner. Once she was clear as to who she was as a witch, I encouraged her to relate to each member of the group as that witch, moving with one group member at a time.
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> As she permitted herself to feel her impact on others and theirs on her, she appeared to get in touch with her own sense of power and control over them. The group members in turn responded to a particular aspect which she triggered in them relative to the issue of power. Some allowed themselves to be bewitched, letting themselves be overpowered by her

> and yielding to her. Others rejected her attempts to overpower them by asserting their own strength against hers. Still others converted the movement relationship into a sensual one.

The discussion which followed this bewitching movement experience brought out the issue of the different meanings that power held for the women in the group.

Movement psychotherapists, concerned with their clients' integration of inner and outer experience and with the relation between intrapsychic and interpersonal events, need to ensure that their clients have an opportunity to explore movement in both receptive and action modes. For it is through movement experiences which occur in the receptive mode that clients gain access to their own bodily-felt experiencing, to images which reveal unfulfilled needs and emotional conflicts as well as to new possibilities for action. Furthermore, internal-intrapsychic movement provides a bridge between less conscious and more conscious levels of experiencing and acting. Through external-interactional movement which takes place in the action mode, clients can ascertain how they cope with the external world and the sort of impact they have on the world.

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