Movement Therapies: Foundations and Applications for Awareness and Growth

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jscott@cfdfl.com

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MOVEMENT THERAPIES: FOUNDATIONS AND APPLICATIONS FOR AWARENESS AND GROWTH

BY

JODY LYNN SHOTWELL
B.A., Vanderbilt University, 1972

AND

A. THOMAS SMITH
B.A., William & Mary College, 1969

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Abstract

The theoretical and historical foundations of body work and movement therapies are explored. Wilhelm Reich is credited with bringing into prominence the inclusion of the body in psychotherapy. His influence on Alexander Lowen and Fritz Perls is explored in detail. The importance in psychotherapy of breathing, energy, self-expression, spontaneous movement, and awareness is stressed. Six expressive movement therapies -- Gestalt body work, t'ai chi, encounter group exercises, bioenergetic therapy, psychomotor training, and dance therapy -- are described in detail. An evaluation and comparison of the various movement forms is offered, along with suggestions for outcome research in the area. The authors believe the inclusion of body work and expressive movement in psychotherapy is important, either as a sole intervention technique or as an adjunct to traditional verbal methods.
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Introduction

In recent years there has been an increasing concern among many psychotherapists that traditional verbal methods have seriously neglected the importance of the body in the psychological and emotional life of the individual. The thesis of this paper is that work with the body is, if not an integral part, at least an important adjunct in the therapy process. The authors define the goal of therapy in a manner similar to what Fritz Perls calls growth and maturation and to what Abraham Maslow and Carl Rogers call self-actualization. This growth or self-actualizing process involves a transcendence from environmental to self-support in which the individual is capable of an increasing openness to experience, a willingness to live fully in each moment, and an understanding and trusting in the wisdom of the human organism. The authors further believe that maturation is a continual and lifelong process in which the individual derives fulfillment through awareness and self-discovery. He possesses a vital and expressive body, an acceptance of himself as unique and worthwhile, and the ability to relate to others with full emotional freedom.
and sensitivity.

This paper will demonstrate how working with the body and expressive movement contributes to the growth or therapeutic process. The historical and theoretical foundations for movement therapy will be discussed first. The second section of the paper will describe and evaluate various applications and styles of movement therapy.
Historical and Theoretical Perspectives on Movement Therapies

Early Influences on Wilhelm Reich

The importance of the body and the role that the entire organism plays in psychotherapy first came into prominence with the work of Wilhelm Reich. However, as might be expected, Reich was not the first to conceive the notions of character, muscular habits, or the importance of the body as a part of the total organism. Before discussing Reich's work in detail, it would be appropriate to briefly summarize some of the works which influenced his eventual formulations. Three of the men who had the greatest influence upon Reich were Charles Darwin, Paul Schilder, and of course, Sigmund Freud.

Darwin (1955) showed how closely tied our emotions are with their physical expression. He felt, in fact, that these emotions could hardly exist if the body remained passive. Further, he stated that the nature of the expression depends chiefly "on the nature of actions which have been habitually performed under the particular state of mind" (p. 238). Darwin quoted Mr. Howard Spencer, who in 1863
wrote:

Feeling passing a certain pitch, habitually vents itself in bodily action....An over-flow of nerve force undirected by any motive, will manifestly take first the most habitual route. (Darwin, 1955, p. 9)

Darwin (1955) postulated what he considered to be the three leading principles in the determination of movements of expression. The first is the principle of serviceable habits which stated that

certain complex actions are of direct or indirect service under certain states of the mind, in order to relieve or gratify certain sensations, desires, etc.; and whenever the same state of mind is induced, however feebly, there is a tendency through the force of habit and association for the same movements to be performed, though they may not then be of the least use. (p. 28)

The second principle, of antithesis, said that opposite states of mind tend to involuntarily produce movements directly opposite of those already habitually established, despite the fact that they appear to be of no use to the individual. However, if they are meaningful, albeit in some covert fashion, they will be voluntarily employed, and the habit strengthened. Finally, the principle of direct action of the nervous system stated that strongly stimulated senses produced a nerve force which was
transmitted in definite directions depending partly on the connection of nerve cells and partly on habit. This explains the trembling of muscles, perspiration, and the expressions of great joy and pain (Darwin, 1955). Through these principles, Darwin made the point that emotions and other states of the mind were expressed outwardly through movement and that these outward physical expressions became habitual with the passing of time.

Reich was also influenced by the work of Paul Schilder who was primarily concerned with the body image as expressive of psychic life. Schilder (1950) said that there were no perceptions without action and that psychic impression and physical expression form a definite unit which can be separated only by artificial analysis. Thus, there are no mental impressions which are independent from actions. Even with total paralysis, said Schilder, there would still be impulses to move as long as life is present. He contended that emotions and actions are inseparable from the body image, in that our perceptions are formed on the basis of the motility of the body and that changes in motility influence the structure of the postural model.

Schilder further believed that our bodily self is built
up according to the needs of the personality. The decision as to what we want to have nearer the center of our ego is closely related to our motor activities. Thus, every sensation has its own motility or motor answer and, continued activity is the basis of our bodily self. According to Schilder, "we choose and reject by action" (Schilder, 1950, p. 105).

Schilder was reemphasizing the idea that emotions, perceptions and personality are tied with movement and motility. However, he further postulated that the postural model or structure of the body is influenced by our emotions and sensations. This view is much the same as that advanced by Moshe Feldenkrais.

Feldenkrais (1972) said that each one of us speaks, moves, thinks and feels in a different way according to the image that we have built up over the years:

Our self-image consists of four components that are involved in every action: movement, sensation, feeling and thought. The contribution of each of the components to any particular action varies, just as the persons carrying out the action vary, but each component will be present to some extent in any action. (pp. 10-11)

Feldenkrais further believed that the self-image changes from action to action, but that these changes
gradually become habits as the individual becomes older, and thus, the actions take on a fixed, unchanging character.

The way an individual holds his shoulders, head and stomach; his voice and expression; his stability and manner of presenting himself -- all are based on this self-image. But this image may be cut down or blown up to fit the mask by which its owner would like to be judged by his peers. (1972, p. 23)

Habitual muscular patterns which are derived from the voluntary systems are the result of the sensory and muscular experience of the individual. These patterns fix the emotional disposition of the individual's character. "In short, a recurrent emotional state always appears together with an attitude of the body and the vegetative state with which it was conditioned earlier" (Feldenkrais, 1949, p. 129).

Even the notion of character did not begin with Reich. In 1908, Freud published a paper entitled, "Character and Anal Erotism" in which he postulated the idea of character structure:

One can give a formula for the formation of the ultimate character from the consistent character-traits: the permanent character-traits are either unchanged perpetuations of the original impulses, sublimations of them, or reaction formations against
them. (Freud, 1959, p. 50)

The character of which Freud spoke was rediscovered almost twenty-five years later in the works of Wilhelm Reich. It is to Reich's credit that he expanded upon this almost obscure formulation of Freud. Reich acknowledged Freud's great influence and stated:

I had nothing to add to Freud's principles of the interpretation of the unconscious or to his general formula that the analytic work consists in the elimination of the resistances and the handling of the transference. (Reich, 1945, pp. 7-8)

The influence of Darwin, Schilder, and Freud will become increasingly clear; however, at this point, it is interesting to note an observation made by Thomas Hanna:

What is obvious is always the last thing to be noticed. How obvious it was that the agencies within the human body for repressing, holding back and controlling energy flow were the interlaced bands of muscle which surround and bind together our bodies from the crown of our heads to our toes. Darwin himself had laid the answer out for later somatic scientists to use: he knew that the way in which the nervous energy of human emotions expressed itself in outward behavior was obviously through complex muscular movements. An emotion was, indeed, a 'motion outward' of nervous energy triggering the release of various innate neuromuscular patterns. Darwin even described the operation of muscular repression when he pointed out that people who disapprove of another person will sometimes be so charmed by the disapproved person that they will be on the verge of smiling;
but, then when they will remember that they are supposed to look disapproving, they fight the automatic inner urge to pull up the corner of the lips and smile by a counter muscular reaction of exaggerated pulling down of the lip margins into an odd grimace. (1970, pp. 126-127)

Perhaps it is easy to look back and recount the works of others and wonder why it took so long to bring consideration of the body into psychotherapy. It is only when one realizes the "temper of the times" and the hold that Freud and his followers had on the psychoanalytic world during this period, that one can fully appreciate the advances and the risks taken by Wilhelm Reich in his break from traditional psychoanalytic therapy. Nevertheless, change was imminent and as Hanna (1970) summarized,

Darwin opened up the possibility for seeing the obvious, Freud created a way of understanding this common human event, and the ethologists and Wilhelm Reich brought it into life and made it self-evident to us through thin confirmations of neuro-muscular expression and repression in animals and man. (pp. 128-129)

The Work of Wilhelm Reich

Reich's early work, based on the view of traditional psychoanalysis, held that every neurosis was due to conflict between repressed instinctual demands and the repressing forces of the ego. These instinctual demands always
included early infantile sexual demands. The unresolved conflict expressed itself in the neurotic symptom, and the technical requirement for the solution of the conflict was the resolution of the repression. This was equivalent to making conscious the unconscious conflict. The fundamental technique of free association was designed to free the patient from the unconscious psychic forces acting as censor over his thoughts and wishes. The free association process attempted to let the thoughts wander freely, without critical selection. The impulses which urged the consciousness to action were blocked by another unconscious force, namely the defense of the ego. This force made it difficult for the patient to follow the fundamental rule, that is, to free associate and constituted the resistance against dissolution of the repression. Thus, the making conscious of the unconscious had to take place indirectly, through the elimination of the resistances. The psychoanalytic work of making things conscious is called interpretation and

consists either in the disclosure of disguised expressions of the unconscious or in the reestablishment of connections which had been lost by repressions. The repressed wishes and fears of the patient seek constantly for discharge, that is, they tend to become attached to real persons
Reich's efforts to develop a theory of technique and therapy were aimed at gaining consistent criteria to help the therapist know, in the case of each interpretation, why and to what effect it was given. Reich believed that if this could not be done therapy could not claim to be scientific or causal (Reich, 1945).

Freud's initial hypothesis was that the symptom would disappear if one succeeded in releasing the repressed affect into consciousness. Later, he was forced to change this position and said that the symptom could disappear after its content was made conscious, but that it did not necessarily do so. The problem then became, if becoming conscious alone was not enough to bring about cure, what further circumstances were necessary? The making conscious of the unconscious idea alone was not sufficient. The dynamic viewpoint held that the release of the affect connected with an idea regularly brought about improvement; however, this improvement was usually only temporary. Thus according to Reich, the only remaining point of view was the economic one, which referred to the forces that predisposed an individual to the development of neurotic
symptoms.

Reich maintained that the neurotic individual maintained a balance by binding his energy in muscular tensions and limiting his sexual excitement. The healthy individual, on the other hand, had no limitation because his energy was not bound in muscular armoring and was, therefore, available for sexual pleasure or any other creative experience (Lowen, 1975).

Reich (1945) felt that the difference between those patients who attained permanent health and those who remained refractory or who relapsed after a short time, was the ability of the healthy individual to maintain normal, satisfactory sexual gratification. He also believed that the pressure of the dammed up libido could be partially released through traditional analytic treatment, but that complete release from sexual tension required genital sexual gratification. Thus, only the establishment of orgastic potency could result in a decisive economic change. Reich further believed that the obstructions were anchored in the body and, that by eliminating the somatic core of the neurosis, one could also eliminate the psychosomatic superstructure. Therefore, in shifting the
emphasis from sublimation to direct sexual gratification, Reich vastly increased the field of therapeutic possibilities.

Orgastic potency, as defined by Reich (1948), is the capacity to surrender to the flow of biological energy, free of any inhibitions; the capacity to discharge completely the dammed up sexual excitation through involuntary, pleasurable convulsions of the body. (p. 102)

Reich further contended that not a single neurotic was orgastically potent and that "the character structure of the overwhelming majority of men and women is neurotic" (1948, p. 123). The tremendous emphasis placed on sexual functioning has been a source of ridicule and a major criticism of Reich's early work; however, the importance of sexual gratification is generally recognized by other highly respected persons in the fields of psychology and psychiatry.

The resistance which the patient displayed in therapy, which manifested itself in his inability to follow the fundamental rule of free association, would not have been so difficult to overcome, Reich felt, if it were not supported by the character of the patient. Reich believed that this was essential to the neurosis, and termed the
difficulty, the "narcissistic barrier". The traditional methods of dealing with this resistance were through positive transference and analytical interpretation. The attempt to replace the technique of transference with purely analytic interpretations led Reich, unexpectedly, to the analysis of the character (Reich, 1945).

Clinical experience made it necessary for Reich to distinguish, among the various resistances he met, a certain group of character resistances, which got their individual stamp from the patient's particular way of acting and reacting, rather than from the content of his verbal language. In many cases, Reich found that the content remained the same but that the form of the reaction changed. From this, Reich postulated the formation of character structure and character neurosis. The character represented the patient's specific way of being an individual and was an expression of his total past. Therefore, where as individual neurotic symptoms could develop suddenly, the individual character trait took years to develop and was physiologically and psychologically anchored (Reich, 1945).

Reich believed that anxiety is constantly built up in
the processes which form and maintain this armor. The neurotic character established in his protective armor a neurotic equilibrium which was threatened by psychoanalysis. Thus, the resistances of the patient originated from this narcissistic protection mechanism, and as such could be analyzed and altered through the emergence of the technique which Reich called character analysis (Reich, 1945).

In summary, the character armor was believed formed in infancy and thus could be reduced to infantile experiences and instinctive drives just like the neurotic symptom. The role of this armor was to act as a defense against the outer world and against the unconscious drives of the individual. The character resistance expressed itself not in the content of the material, but in the formal aspects of the general behavior: the manner of talking, of the gait, of facial expression, and of the typical attitudes such as politeness, smiling, and aggressiveness. What was specific about the character resistance was not what the patient said, but how he said it, how he distorted and how he censored.

Economically speaking, the character in ordinary life and the character resistance in the analysis
serve the same function, that of avoiding the unpleasure, of establishing and maintaining a psychic equilibrium -- neurotic though it may be -- and finally, that of absorbing repressed energies. (Reich, 1945, p. 48)

Thus, "the entire world of past experiences is embodied in the present in the form of character attitudes. A person's character is the functional sum total of all past experiences" (Reich, 1945, p. 145).

In his character analytic work, Reich began by trying in a consistent and systematic way to isolate the interlaced character attitudes. His purpose was to release the inhibited affect, and this he attempted to accomplish through the loosening of the incrustation of the character. In dissolving these chronic character attitudes, Reich claimed to bring about reactions in the vegetative nervous system. He found that this breakthrough into the biological realm was much more complete and energy-charged when the muscular attitudes were treated along with the character attitudes. Through his work in this area Reich became convinced "that somatic rigidity represents the most essential part of the process of repression" (Reich, 1948, p. 300). Thus, Reich made it clear that it was the physiological process of the repression which deserved the
keenest attention.

It never ceases to be surprising how the loosening of a muscular spasm not only releases the vegetative energy, but, over and above this, reproduces a memory of that situation in infancy in which the repression of the instinct occurred. It can be said that every muscular rigidity contains the history and meaning of its origin.... The neurosis is not solely the expression of a disturbance of psychic equilibrium; it is, rather, in a far more justified and deeper sense, the expression of a chronic disturbance of the vegetative equilibrium and of natural motility. (Reich, 1948, p. 300)

In other words, "the psychic structure is at the same time a biophysiological structure which represents a specific state indicative of the interplay of a person's vegetative forces" (Reich, 1948, p. 301). In this sense, the attempt to liberate affect solely through psychological means was reduced to a matter of chance; however, working on the corresponding muscular attitude proved more effective, and in many cases, the psychic inhibition would give way only through direct loosening of the "muscular armoring".

Reich (1948) said that the muscular attitude was identical to what was often called "body expression", that is, that the whole body, or parts of it, expressed something. This might be revealed through a "flat" forehead,
or a pelvis that conveys the impression of being lifeless, or shoulders that appear "hard" or "soft". These habitual postural expressions were the person's being and thus, could not be separated from him in any way.

A person identifies with his character and will not question it as long as it enables him to function without much conflict in his social situations. If it fails to insure his function, he will first question the demands of his environment. It is only repeated failure and deep dissatisfaction which will bring an individual to doubt his very way of being and acting. (Lowen, 1971, p. 131)

Reich held that "spasm" of the musculature was the somatic side of the repression, and the basis of its continued preservation. Furthermore, it was never individual muscles which became spastic, but rather muscle groups which belonged to a functional unit. For example, when the impulse to cry is suppressed it is not only the lower lip which is tense, but the entire musculature of the throat, in other words, those muscles which are a functional unit in the act of crying (Reich, 1948).

The healthy child or adult, according to Reich, had muscles which were capable of expressing the full range of emotions appropriate to the situation. The tense or anxious person, on the other hand, was restricted to a narrow
range of emotional expressions which he had acquired in order to cope with stress situations (Boadella, 1974).

Reich (1948) later came to call his therapeutic process vegetotherapy. He felt that vegetotherapy supplemented the work with character attitudes in that it was basically the same work at a deeper layer of the biological system. He further believed that character attitudes could be dissolved by the overcoming of muscular armoring, just as the muscular attitudes could be dissolved through the removal of character attitudes. In practice, vegetotherapy referred to the mobilization of feeling through breathing and other body techniques that activated the vegetative centers (the ganglia of the autonomic nervous system) and liberated vegetative energy. It was the breakthrough, in psychotherapy, from purely verbal analysis to direct work done with the body (Lowen, 1975).

For Reich, the goal of therapy was the development of the capacity to give in fully to the spontaneous and involuntary movements of the body that were part of the respiratory process. Thus, the emphasis was on letting the breathing take place fully and deeply. If this was done, the respiratory waves produced an undulating movement of the body that Reich called the orgasm reflex. (Lowen, 1975, p. 22)
It should be stressed at this point that Reich defined orgasm as different from ejaculation or climax. Rather, orgasm represented an involuntary response of the total body, manifested in rhythmic, convulsive movements. This movement also occurs when the breathing is completely free and the individual surrenders to his body. The genital apparatus is not necessarily involved in the orgasm reflex, in that no build up and, therefore, no discharge of sexual excitation is essential. It does, however, denote that the way is open for such a discharge if the surrender can be transposed to the sexual situation (Lowen, 1975). This reflex can best be illustrated by the breathing of the healthy animal or child which involves full mobility in the chest and abdomen, and in fact, a wave-like movement in the entire trunk (Boadella, 1974).

Reich (1948) contended that respiratory inhibition is one of the most important acts in suppressing pleasurable sensations, as well as curtailing abdominal anxiety. From this, Reich concluded that there was no neurotic person who was capable of breathing deeply and evenly in a single breath, and further, that the neurotic individual, in fact, concocted every conceivable means of preventing deep
exhalation. It was, he concluded, the avoidance of strong feelings of pleasure or anxiety that was accomplished by this respiratory block.

Later, Reich (1948) wrote,

Today it seems incomprehensible to me that it could have been possible to resolve neuroses even to some extent without being familiar with the importance of the solar plexus; abdominal tension has become such an indispensable factor in our work. The respiratory disturbances in neurosis are the symptoms which result from abdominal tensions. (p. 306)

Initially, Reich painstakingly described to the patient his analysis of his bodily expression, in order to help make him more aware of the detailed manner in which he used his body to suppress his feelings. He encouraged the patient to intensify a particular tension in order to facilitate his awareness of it. Often acute emotions were elicited which had been bound by the chronic form of the tension and only, at this point, could the tension be abandoned. Increasingly, however, Reich began to use his hands on the body of the patient in order to work directly on the muscular contractions. He pointed out that this method was quite different from physiological massage or manipulation since it was necessary to understand the role of each tension in the total body armoring
and he was guided by the emotional functions of these tensions (Boadella, 1974).

Gradually, as the patient gave up more and more of his bodily armor and his breathing became freer, his ability to surrender to spontaneous and involuntary movements greatly increased. Now, the various sensations of warmth, tingling in the skin, and the trembling movements in the limbs and trunk could begin to integrate themselves into the convulsive reflex movements of the entire body. Thus, the body appeared to expand and contract in the pulsating manner which Reich had strived to attain (Boadella, 1974).

The characteristics of vegetative liveliness which Reich found the best prerequisite for psychic contact included: good tonus of the organism; warm skin; muscles that alternated between tension and relaxation; lively and mobile facial features; complete, deep expiration and free and easy movements of the chest; and finally, a regular pulse which was calm but strong, combined with normal blood pressure (Boadella, 1974). The individual who possessed these physiological characteristics would experience more bodily motility, increased and spontaneous expression of
emotions and thus, a greater potential for working in the psychic realm.

Reich (1948) later proposed to include both character analysis and vegetotherapy under the term "orgone therapy", a departure prompted by his "discovery" of psychic energy which he referred to as the cosmic orgone. It is beyond the scope of this paper to deal with this development, which eventuated in Reich's discredance and imprisonment; however, the brilliance of Reich's earlier works should be stressed. His contributions to psychology in general and psychotherapy in particular were enormous, especially in his introduction of the body as of fundamental importance in the therapeutic process.

The notion of constricted 'muscular armor' is a brilliant and revelatory insight into the nature of the repressed person and how he can be anxious and suffering but unable to help himself by his own 'voluntary' efforts. And through Reich's description of the various patterns of muscular armor, we gain the understanding of the multiple ways in which the human soma fights against the kinds of energy patterns which are evoked by feared ideas of feared situations, whether actual or presumed. (Hanna, 1970, p. 135)

His writing on muscular armoring and character analysis opened up an entirely new realm in psychology and thus, provided more possibilities and increased chances
of successful therapeutic intervention. Alexander Lowen, a student and analysand of Reich and the founder of bioenergetic therapy, said that Reich's work represents the highest achievement in the psychoanalytic technique and forms the bridge which leads from psychoanalysis to the analytic comprehension of muscular and energy blocks. (Lowen, 1971, p. 118)

Fritz Perls, another analysand of Reich, felt that Reich's book *Character Analysis* was a major contribution and that Reich's discovery of muscular armor was a major step beyond Freud. Perls felt that Reich's work gave Freud's concept of resistance a body, and was of further importance in that, for the first time, the therapist actually got in touch with the patient's body, both psychologically and physically (Perls, 1969a).

Before leaving Reich and discussing his influence on Lowen and Perls, it should be noted, for the interested reader, that a description of the specific character formations hypothesized by Reich can be found in Part II of his book, *Character Analysis*, published by Orgone Institute Press in 1945.

The Influence of Reich on Lowen and Perls

Alexander Lowen, the founder of bioenergetic analysis, broke with Reich when he began to feel that his teacher
and analyst had lost sight of the importance of his earlier work while placing too much emphasis on his work with the orgone. However, Lowen took a great many of Reich's ideas with him and used Reich's study of human nature in terms of the energetic processes in the body as a foundation for what he called bioenergetics. As Lowen (1975) stated,

Reich's greatest contribution was his delineation of the central role the body must play in any theory of personality. His work provided the foundation on which the edifice of bioenergetics has been built. (p. 35)

Bioenergetics is, according to Lowen, a therapeutic technique which attempted to help a person get in touch with his body in order that he be able to enjoy, as fully as possible, the life of the body. The emphasis on the body included sexuality, but also the even more important basic functions of breathing, moving, feeling, and expression.

Lowen saw the goal of bioenergetics as helping the individual regain the primacy of his nature, that is, the natural attributes of every animal organism. These attributes included the condition of being free, which Lowen defined as the absence of inner restraint to the flow of
feeling; the state of being graceful, or the expression of this flow in movement; and, the quality of being beautiful, which Lowen saw as the manifestation of the inner harmony which such a flow engenders. These attributes denoted for Lowen (1975) the healthy body and, therefore, the healthy mind.

The principles and practice of Bioenergetic Analysis rest upon the concept of functional identity between the mind and body. This means that a change in personality is conditioned upon a change in the functions of the body. The two functions that are most important in this regard are breathing and movement. In the emotionally ill person both of these functions are disturbed by chronic muscular tensions. These tensions are the physical counterparts of psychological conflicts. Through these tensions, the conflicts become structured in the body as a restriction of breathing and a limitation of motility. Only by releasing these tensions, and resolving the conflicts, can there be a significant improvement in personality. (Lowen, 1965, p. 1)

Obviously these "principles" were directly influenced by Lowen's work with Reich. The functional identity of mind and body, the role of chronic muscular tensions, and the importance of breathing were all Reichian concepts.

Lowen agreed with Reich that all neurotic persons showed tensions in the abdomen. He, too, believed that holding the breath served to diminish the organism's
energy by reducing its metabolic activities which, in turn, decreased the production of anxiety. Thus, the first step in the therapeutic process was to get the patient to breathe evenly and deeply. Because breathing and energy were closely tied, the most immediate way to build energy was to increase the oxygen supply, and this could be done by deep, even breathing. Lowen felt that the amount of energy a person had and how he used it was reflected in his personality. For example, the impulsive individual could not contain any increase in his level of energy and reacted accordingly; the compulsive individual used his energy discharge in rigidly structured patterns of movement and behavior. Through bioenergetic analysis, which also consisted of verbal intervention, the individual could learn to channel these energies into pleasurable, self-expressive movement (Lowen, 1975).

The emotional life of the individual depended upon the motility of his body, which was a function of the flow of excitation or energy throughout. Disturbances of this flow occurred in the form of blocks which manifested themselves in areas of the body where motility was reduced. These areas were reflected physically as spasticity in the
musculature and thus could be felt and manipulated in therapy. The terms, "block", "deadness", and "chronic muscular tension" all referred to the same "spastic" phenomenon, according to Lowen. Generally, he said, one could infer a "block" from seeing an area of deadness and feeling the muscular contraction that maintained it (Lowen, 1975). In this sense you are your body and your body expresses who you are. It is your way of being in the world. When your body loses some of its aliveness, as when you are exhausted, for example, you tend to withdraw. Illness has the same effect, producing a state of withdrawal....Similarly, your state of withdrawal is no secret. People sense it as they sense your fatigue or your illness. Even the effort to mask the feelings betrays itself, revealing the strain of the forced attempt. (Lowen, 1975, pp. 54-55)

Thus, Lowen (1975) saw the individual as "the sum total of his life experiences, each of which is registered in his personality and structured in his body" (p. 57).

Another of Lowen's theories attributable to the work of Reich was the function of the bodily defenses and the resulting character formations. Lowen saw the defenses as having the function of grounding the individual against anxiety which, he believed, to be the response to obstructions in breathing. Any accumulation of tension could produce breathing obstruction and thus elicit anxiety.
The diaphragm, as the main respiratory muscle, was seen as subject to emotional distress, and any obstruction was believed to choke off the flow of blood and feelings to the genitals and legs, thereby producing anxiety.

Lowen felt that most people were not aware of their breathing anxiety and only when they attempted to breathe freely did they become aware. As long as the individual lived within the limits erected by his defenses, he remained free from anxiety. However, as Lowen pointed out, "this is a confining and restricting life style" (1975, p. 129).

Anxiety, then, developed when stronger feelings emerged and were choked off. The resulting panic caused the individual to shut down, almost completely, and thus, the life of the organism was placed in danger. The organism had to open up, reach out, and get what it needed. Life was seen as an active rather than passive experience, and just as the body must reach out for food, it must also open up and reach out for oxygen.

Opening up and reaching out are expansive movements of the organism toward a source of energy or pleasure. The same action is involved whether a child reaches out for contact with the mother, for a toy, or later as an adult, for a loved person. An affectionate kiss is a similar action.
When a child has to block these actions, it sets up defenses on both psychic and muscular levels that would inhibit such impulses. Over time these defenses become structured in the body in the form of chronic muscular tension and in the psyche as characterological attitudes. At the same time the memory of the experience is repressed and an ego idea is created that sets the individual above the desire for contact, intimacy or love. (Lowen, 1975, p. 132)

Despite this, the individual was not dead, his heart longed for love, his feelings demanded expression, and his body wanted to be free. However, any strong moves in this direction would result in a choking off of the impulses and thus, anxiety. Thus, the individual kept his energy level low, his desires to a minimum, and his life at a standstill. As Lowen said, "To live in fear of being fully alive is the state of most people" (1975, p. 133).

Thus,

the sequence -- reaching out for pleasure -- deprivation, frustration or punishment -- anxiety and then -- defense, is a general scheme to explain all personality problems. The nature and intensity of the threatened pain play an important role in determining the defensive position. (Lowen, 1975, p. 136)

In bioenergetics, just as in Reichian analysis, the different types of defenses were subsumed under the heading of character structure. Lowen (1975) defined character, much the same as Reich, as a fixed pattern of behavior
which was the typical way an individual handled his strivings for pleasure. It was structured in the body in the form of chronic muscle tension which blocked or limited the flow of impulses to reach out. Further, character was also a psychic attitude which was buttressed by a system of denials, rationalizations, and projections and geared to an ego ideal which affirmed its value.

Lowen contended that the bioenergetic therapist did not approach the patient as a character type, but rather as an individual whose striving for pleasure was fraught with anxiety against which he formed particular defenses. Determining the character structure helped the therapist to assist the patient in freeing himself from his limitations imposed by his past experiences (Lowen, 1975). The history, the appearance of the body, the manner of speech, and even psychological tests were used to arrive at the correct diagnosis of the character structure. Most important, however, was the physical appearance at rest and in movement (Lowen, 1971).

In a healthy personality the mental and physical levels of functioning operated to promote well-being. In the disturbed personality there were areas of feeling and
and behavior where these levels of functioning were in conflict. There was also a dialectical process at work in the interaction between the ego and the body which must be understood in order to comprehend character formation. The body was shaped through the ego's control of the voluntary musculature. Muscular inhibition was, at first, conscious and voluntary, attempting to spare the person conflict and pain. However, this voluntary contraction required an investment of energy which could not be indefinitely sustained. In a situation where the feeling must be inhibited for extended periods, the ego withdrew its energy and the holding back became unconscious. The muscles remained contracted because they lacked the energy necessary for expansion and relaxation (Lowen, 1975).

The musculature from which the energy was withdrawn entered a state of chronic contraction thus making the expression of the inhibited feeling impossible. The person no longer felt the inhibited desire, but the suppressed desire was not lost; it merely lay dormant below the surface of the body where it did not affect consciousness. Another consequence was the reduction of energy metabolism due to the chronic muscular tension, which prevented full
natural respiration, and a resulting decrease in energy available to the organism. Thus, the person got enough oxygen for ordinary activities but insufficient amounts for stressful situations. The body condition could also force the dialectic to work in reverse, that is, the physical situation could shape the individual's thinking and self-image. He would now avoid situations that evoked his suppressed feelings and would justify this avoidance by developing rationalizations about the nature of reality. The individual was now characterologically armored against the suppressed impulses and physically guarded by chronic muscular tension (Lowen, 1975).

Immersed as he was, the individual still managed to function in a limited or restricted way. Having achieved some measure of stability and security, the ego took pride in its accomplishments. Thus, the person derived ego satisfaction from his adjustments and compensations.

Lowen disagreed with Reich on the flow of energy. He said, in the course of his analysis with Reich, he became aware of sensations moving downward along the front of his body during deep easy aspiration. Reich assumed that this feeling and movement reflected a flow of energy downward.
toward the genitals. There was no suggestion by Reich of a movement upward. However, later Lowen recalled feeling the upward flow of energy while listening to Chopin. Thus, Lowen hypothesized that the flow of energy was not restricted to a downward direction but rather flowed both upward and downward. He further contended that the movements along the back have a different quality than the movements in the front. Lowen summarized by saying that one basic energy motivates all actions. When it charges and flows through the musculature, especially the voluntary muscles, it produces spatial movement which we equate with aggression (to move to). When it charges the soft structures of the blood and skin, it produces sensations which are erotic, tender and loving. Each of these aspects of the emotional life of the individual tends to be localized topographically: the motor component in the back and the legs, the sensory component in the front of the body and in the hands. While this tendency is not absolute, for the practical purpose of bioenergetic therapy, the distinction between front and back is valid. (1971, p. 91)

At this point it should be apparent that the work of Wilhelm Reich had a tremendous effect upon Lowen and the therapy which he calls bioenergetic analysis. Most of the concepts in bioenergetics are directly related to or merely extensions of the work that Reich started. It is, however, to Lowen's credit that he formalized and put into
therapeutic practice the theories which Reich let lie idle as he began his crusades regarding the "cosmic orgone".

Fritz Perls' association with Reich began with the suggestion of Karen Horney that Perls seek out Reich for analysis. Perls (1969a) described Reich as "vital, alive, rebellious" (p. 49) and eager to talk on any subject. Perls felt that Reich's early work on muscular armoring and his bringing consideration of the body into psychotherapy were significant steps beyond Freudian theory. Perls, however, was a very original individual and took issue with some of Reich's postulations. He contended that the armor theory was based on a paranoid ideation which supposed and defended against an external attack from the environment. He further argued that Reich's theory reinforced the idea that emotions are a nuisance which are to be expelled. Finally, he contended (1969a) that "the materials that come out in these breakthroughs are still experienced as foreign bodies" (p. 51) and as such are externalized, disowned, and projected, and thus, the chance of growth had been missed.

Perls also admitted that compared with the importance of having made a significant step toward a holistic
approach that his objections did not amount to much.

The influence of Reich upon Perls is often subtle and thus, it should not be assumed that Perls' approach to therapy strongly resembles Reich's or Lowen's. There are many differences which will become apparent.

Perhaps, the most significant contribution of Reich to Perls was bringing the body into psychotherapy. For Perls, this meant an end to the long adhered to mind-body dichotomy. As Perls (1969a) wrote:

The deepest split, long ingrained in our culture and thus taken for granted, is the mind/body dichotomy: the superstition that there is a separation, yet interdependency, of two different kinds of substance, the mental and the physical. An unending row of philosophies have been created asserting that either the idea, spirit or mind causes the body or that materialistically those phenomena are the result of the superstructure of physical matter. Neither is the case. We are organisms, we do not have an organism. We are one wholesome unit, but we are at liberty to abstract many aspects from this totality. (pp. 8-9)

With the end to the mind-body split, the introduction of the holistic concept -- the concept of the unified field -- could be made into psychology. This gave us a tool for dealing with man as a whole. One could see how mental and physical activities are part of the same order and could be observed as such. In this sense, what one
did provided clues to how one thought (Perls, 1973).

Perls (1973) further said that to preserve the mind/body split was to preserve neurosis, not to cure it, and that therapy "must concern itself with the total pattern of behavior, and must direct itself towards making the patient aware of as much of that total pattern as is necessary to health" (p. 53). This view was consistent with Lowen's (1975) when he said, "To mind your body is one of the tenets of bioenergetics, for only in that way do you know who you really are" (p. 64).

In therapy the advent of something beyond the mind/body dichotomy led to noting the importance of the patient's nonverbal communication. According to Perls, a good therapist did not listen only to the content of the language which the patient produced but, also, to the sound of his voice, his hesitations, his facial expressions, his posture, and his gestures. Perls contended that everything the patient wanted to express was in the psychosomatic language.

Perls noted (1969b) that in traditional psychiatry, the sound of the voice was not heard and only the content was abstracted from the total personality. When this is
the case, so much valuable information about the individual, which should be obvious, was ignored.

Another of Reich's contributions related to Perls' concept of "retroflection". Perls defined retroflection as "manipulations of your own body as substitutes for other persons and objects" (Perls, Hefferline, & Goodman, 1951, p. 162). Enright (1971) contended that "Perls' debt to Reich is most clear in the development of this concept. Reich's character armor is chronic retroflection" (p. 112). Retroflection was associated with what Perls (1973) called confluence. He gave the example of an individual who on several occasions wanted to cry but deliberately prevented himself from doing so by contracting the muscles of the diaphragm. If this behavior pattern became habitual and unaware, the breathing and the need to cry would become confused and confluent with one another. Thus, the individual would lose both these activities -- the capacity to breathe freely and the capacity to cry. Thus, because he is unable to cry he never released and worked through the sorrow and, in fact, after a while forgot what he was sorry about. Further, the constriction of muscular attitudes tended to constrict
the senses and make them inefficient; therefore, a loss of orientation was experienced (Perls, Hefferline, & Goodman, 1951).

Another of Reich's contributions to Perls came from his suggestion that the character resistance was revealed in the "how" of the patient's communications rather than in the "what" of those communications (Smith, 1976). Perls said that "now" and "how" are the two legs of Gestalt therapy.

'Now' covers all that exists. The past is no more, the future is not yet. 'Now' includes the balance of being here, is experiencing, involvement, phenomenon, awareness. 'How' covers everything that is structure, behavior, all that is actually going on -- the ongoing process. All the rest is irrelevant -- computing, apprehending, and so on. (Perls, 1969a, p. 47)

It was far more important for the patient to become aware of "how" he was doing something than to know "why" he was doing it. By working within the realm of "how" questions, the therapist worked to unblock the impulse. If the patient was displaying a muscular resistance to crying, the therapist might ask, "How are you preventing yourself from crying?". This is the same as saying, "What are you doing at this particular moment to stop yourself from being congruent and authentic?". A great deal of
bodily sensitivity is required for this process, whereas the "why" counterpart ("Why are you crying?") involves only an intellectual exercise and the patient is probably already all too good at intellectual exercises. He does not need additional training in lying to himself, rationalizing, or making excuses; he is already an expert in this area. What he needs to know is "how" he is doing what he is doing, "how" he stops himself, "how" he frustrates himself, "how" he hurts himself. Once there is realization of the "how" there can come the realization that one chooses to do these things and, further, that he can also choose not to.

Reich's notion of the phase of the breakdown of secondary narcissism was another contribution to the views of Perls. Reich said that loosening the characterological protective mechanisms brought about, in the patient, a temporary condition of complete helplessness. He argued that this was essential for successful treatment and termed the condition the "phase of breakdown of secondary narcissism" (Smith, 1976). This phase of treatment was stormy because the patient was not yet able to fully support himself despite his efforts to do so but at the
same time could not rely on the neurotic defenses and supports which he formerly employed. He was, therefore, helpless, but also he was in a position of needing to make clear decisions and choices.

Perls (1969b) seemed to have included this dynamic formulation in his five-layer model of neurosis. The first layer was the cliche layer, that is, the layer of the "good mornings", the handshakes and the other meaningless tokens of meeting. Perls felt that it was in the next layer that the traditional psychoanalysts worked trying to get all the details of the infantile or child-playing roles. This is a phony or synthetic layer according to Perls and must be worked through.

Once this synthetic layer was dealt with, the patient experienced an emptiness or helplessness. This was the impasse and was marked by phobic avoidance. The individual wanted to change but was afraid. He was afraid to give up what he had, neurotic or maladaptive as it was, because it was all that he knew and he found security in the familiar. If he took the risk and gave up the known, he feared he might lose everything. Therefore, the patient wanted to avoid suffering, especially the suffering of frustration.
He wanted to stay immature and manipulate the world, rather than take the risk, suffer some pains, and grow up.

Behind the impasse lay the implosion layer. In this layer the patient was paralyzed by opposing forces, thus he pulled himself in, contracted and compressed himself. In many ways he had reached another impasse. He would not make the choice to grow but at the same time did not want to stay the same. He was "stuck". If the patient could get in contact with this layer, then this implosion became the potential for explosion. Thus, the paralysis was released and the person came alive and real. This realness or authenticity was linked with the person who was capable of experiencing, feeling, and expressing his emotions. The authentic person was not afraid of his feelings; he did not feel the need to hide his sorrow or anger; he was not afraid to reach out and express his feelings of love or joy; in short, he did not feel that emotions were a nuisance to be expelled or held back.

There are parallels between Reich's "breakdown" and Perls' progression through impasse, implosion, and explosion. In both cases the essence was the dissolution of the core defenses, resulting in helplessness and
ultimately authentic behavior and self-support. An important difference, however, was that Reich limited his concern to the establishment of sex-economic regulation following the breakdown. Perls, clearly carried his conception of growth much further (Smith, 1976). Cohn (1971) described Perls' contribution in this area:

It is the theory of the impasse phenomenon which I regard as Perls' unique and most important contribution to psychotherapeutic practice. It has helped to improve the efficacy of psychotherapy, both in depth and in speed, in an exhilarating and fruitful way. (p. 137)

**Basic Concepts in the Work with the Body**

The manner in which Lowen and Perls actually put into therapeutic practice their theories and techniques will be discussed in greater detail in the second section of this paper. It is appropriate at this time to further discuss some of the basic concepts underlying the work with the body in therapy. The concepts are broken down into five major areas: energy flow; breathing; self-expression and body language; movement and spontaneity; and feelings and awareness. There will, by necessity, be some overlap as ultimately they are all tied together.

Energy is necessary for life. Without energy there is no life. The energy needed to move the "wheels of life"
is provided by the metabolic processes of the body. However, as Perls (1969b) noted, when the concept of organismic energy was first introduced, no one wanted to say that the energy was electrical, or chemical, or libidinal; so, they gave it different names like "Bergson's elan vital, or bioenergy or life energy" (p. 170).

Perls preferred to use the term "excitement". He noted (1969b): "excitement can be experienced and has an affinity to the specific property of protoplasm, excitability. The excitement is provided by the metabolism of the organism" (p. 171).

The aliveness of the body is a function of metabolism which provides the energy responsible for movement. When metabolism is reduced, the motility of the body is decreased. This process also works in reverse. Any decrease in the motility of the body reduces the metabolism. This is because metabolism and respiration are closely linked, and as a general rule, the more the body moves, the more one breathes. With decreased motility there is a decrease in breathing and a resultant reduction in metabolism (Lowen, 1967).

The importance of proper breathing to emotional and
and physical health has been overlooked by most physicians and therapists. Breathing is necessary to life, in that it provides the oxygen which results in the energy needed to move the organism.

Lowen (1965) has noted that most people are poor breathers. Breathing is commonly shallow and even in simple stress situations, there is a tendency to hold one's breath. By holding the breath, feelings can be reduced or deadened. Perls concurred with this idea and stated that while the healthy individual responded to strong emotions by increasing the rate and amplitude of his breathing, the neurotic invariably tried to control excitement, most commonly, by interfering with the breathing process (Perls, Hefferline, & Goodman, 1951).

The most important reason for diminished respiration is the need to cut off unpleasant body sensations. As Lowen (1965) stated: "Breathing creates feelings and people are afraid to feel. They are afraid to feel their sadness, their anger and their fears" (p. 2). This behavior is learned as a child and continues in adulthood so that "the inability to breathe normally becomes the main obstacle in the recovery of emotional health" (Lowen, 1965,
Thus, breathing is a valid yardstick in gauging the energy level of a person. If the breathing is shallow and restricted, there will be little flow of energy. The deeper the breathing, the more the energy will be able to flow upward for charging up or downward for discharging or releasing (Lowen, 1969).

Perls (1969b) helped us recognize that emotions are not just discharged but, rather, are transformed into motoric energy. He noted that in anger, there is hitting or kicking; in grief or sorrow, sobbing; and in joy or happiness, dancing, jumping or leaping. Perls wrote that after the available excitement has been fully transformed and experienced, then the individual has achieved good closure, satisfaction, and temporary peace. He concluded that "excitement is both an experience and the basic form of organismic energy" (p. 171).

In the normal condition, according to Lowen (1967), the impulses that originated at the center flowed outward and acted as the spokes in a wheel to maintain the fullness and integrity of the organism. The constant stream of impulses sought pleasure and kept the organism in a state
of emotional readiness. The alive body manifested itself "in the tone and color of the skin, the brightness of the eyes, in the spontaneity of gesture, and in the relaxed state of the musculature" (p. 44).

Brown (1973) has listed four prerequisites to being able to listen to the wisdom of the body. The first is an easily mobilized, constantly moving, and highly spontaneous energy flow which embraces all of the organismic totality from the surface of the skin to the innermost depths of the metabolism. (p. 98)

As a final point it can be noted that the body also receives excitement or charge by contact with positive external sources. For example, a clear bright day, a beautiful scene or a happy person all have a stimulating effect on the organism. All persons are sensitive to the forces of energies that surround them; however, their impact is not equal on all people. A highly charged person is more resistant to negative influences and at the same time is a positive influence for others, especially when the flow of excitation in his body is free and full (Lowen, 1975).

Self-expression is an inherent quality of all living organisms. To be alive is to be expressive in form,
movement, color, voice, and so on.

A human being expresses himself both consciously and unconsciously. Every aspect of the body is an unconscious expression of the person -- size, shape, tone, carriage, color of skin, hair and eyes. All of these plus other bodily manifestations give us a picture of the person which defines him at the moment in our minds. These are not static manifestations, for bodies are constantly changing. In addition, a person expresses himself in a myriad of spontaneous movements, utterances and looks. And superimposed upon these two levels there are the deliberate actions -- willed movements, vocal statements and determined glances that express the self. (Lowen, 1969, p. 1)

Lowen distinguished three basic modalities of self-expression: the look in the eyes, vocal utterances, and physical movement. In the healthy person these three channels of sensory expression are simultaneously involved in all expression of feeling. For example, if we feel sad, our eyes tear, our voice utters a special crying sound, and our body convulses in sobs. Thus, when any of these channels is blocked, the emotion becomes weakened or split (Lowen, 1969).

Lowen (1975) felt that a rich voice is a rich manner of self-expression and thus denoted a rich inner life. He saw the essential factors in the voice as the presence of overtones and undertones that contributed to fullness of
sound. Another factor is range. A person who spoke in a monotonic manner had a limited range of expression, which could be equated with a limited personality. Voices that were flat and without resonance or depth, or voices that were low and lacking energy each bore some relationship to the personality of the individual.

Tremors or vibrations in the voice denoted stress or tension and produced a loss of resonance. If the person was to gain full potential for self-expression, it was important that he gain the full use of his voice in all its nuances of feeling. Any blockage would affect the voice. Lowen used a variety of techniques in order to eliminate the tensions that existed around the vocal apparatus and thus prevented the free letting-out of sounds (Lowen, 1975).

Lowen (1975) said that the eyes are not only organs of vision but also organs of contact.

When the eyes of two people meet, there is a sensation of physical contact between them. Eye contact is one of the strongest and most intensive forms of contact between two people. It involves the communication of feeling on a level deeper than verbal because eye contact is a form of touching. (p. 284)
Because of this expressive quality, Lowen called the eyes "the windows of the body" (1969, p. 13). He further believed that the sickness of the organismic inner life was reflected in the feeling which was visible in the eyes. However, the physiological processes that determine the expression of feeling in eyes are largely unknown. We know that in states of pain or fear the pupils widen and that they narrow in states of pleasure. The narrowing of the pupils increases the focus while the widening enlarges the field of peripheral vision while reducing the sharpness of focus (Lowen, 1969).

The most important element of self-expression to be discussed is body movement. Reich said that expressive movement was an inherent characteristic of the protoplasm which distinguished living organisms from all non-living systems. The movement of the protoplasm, he said, was "expressive of an emotion, and emotion or the expression of an organism, is embodied in movement" (Reich, 1951, p. 140). Reich concluded that movement as an expression of the organism went much deeper, and far beyond, the expressive potential of verbal language. The living organism, he felt, "has its own modes of expressive movement
which simply cannot be comprehended with words" (Reich, 1951, p. 140).

Lowen (1975) contended that in all of our voluntary movements there was an involuntary component which represented the essential motility of the organism. These involuntary movements or actions accounted for the aliveness or spontaneity in our physical expression. When this involuntary component was absent or reduced, body movement was reduced to a mechanical, lifeless quality. Purely voluntary or conscious movement gave rise to few sensations; that is, the feeling tone of expressive movement came from the involuntary component. This component was not subject to conscious control. However, it was the fusion of the conscious and unconscious components that gave rise to movements that are full of feeling and emotion, and yet, coordinated and effective (Lowen, 1975).

Schilder (1970) said that expressive movements were related to the postural model of the body and that changes in the psychic attitude were experienced as changes in the musculature. He further felt that tension and relaxation were the elementary components in the dynamic process.

There is so close an interrelation between the
muscular sequence and the psychic attitude that, not only does the psychic attitude connect up with the muscular states, but also every sequence of tensions and relaxations provokes a specific attitude. (Schilder, 1970, p. 201)

Thus, as Perls has said,

"Emotions are the most important motors of our behavior: emotions in the widest sense -- whatever you feel -- the waiting, the joy, the hunger. (1969b, p. 68)"

This basic energy is apparently differentiated in the organism by, what Perls called, "harmonic differentiation". This excitement mobilizes the muscles.

"Every emotion, then, expresses itself in the muscular system. You can't imagine anger without muscular movement. You can't imagine joy, which is more or less identical with dancing, without muscular movement. In grief, there is sobbing and crying, and in sex there are also certain movements, as you all know. And these muscles are used to move about, to take from the world, to touch the world, to be in contact, to be in touch. (Perls, 1969b, pp. 68-69)"

Lowen (1969) described a number of pathological conditions that disturb the coordination of expressive movement. The first was rigidity, which prevented the flow of excitation. The rigid body was characterized by mechanical movements which did not elicit pleasure or satisfaction. The second was collapsed bodies with no
muscle tone and no integration. These bodies had a difficult time expressing, and their movements appeared as gestures which could not be sustained or which collapsed under stress. The third was the fragmented body. In this case, the parts of the body were not unified, and each moved somewhat independently of the whole. The fourth pathological condition was a combination of rigidity and collapse or rigidity and fragmentation.

If a person is to be fully self-expressive, all his chronic muscular tensions must be eliminated. When this is accomplished, the breathing becomes full and free, the energy level of the organism rises and feeling becomes the determinant of behavior. The person who is self-expressive has clear, shining or sparkling eyes, a rich melodious voice and graceful, easy movements. (Lowen, 1969, p. 5)

A further consequence of freedom of self-expression is spontaneity. Lowen (1975) argued that full spontaneity was a guarantee of honest expression of the nature and style of the freely functioning organism, and of its uniqueness. In spontaneity there was a lack of trying or willful, eventful striving or straining. There was a lack of interference with the flow of impulses and the free expression of the true inner person.

Spontaneity was the essential quality of self-expression and could not be taught. Further, it was a function
of the body's motility. The greater the motility of the organism, the more self-expressive and spontaneous it was. Thus, increased energy ultimately led to spontaneous self-expression; and, on the other hand, if the individual's self-expression was blocked, his spontaneity was reduced, and the result was a lowering of feeling tone and an overall depression of the energy level (Lowen, 1975).

Spontaneity was one of the characteristics, described by Maslow (1973), of the self-actualizing individual.

Self-actualizing people can all be described as relatively spontaneous in behavior and far more spontaneous than that in their inner life, thoughts, impulses, etc. Their behavior is marked by simplicity and naturalness, and by a lack of artificiality or straining for effect. (p. 184)

The importance of the body and its expressions, manifested in the eyes, the voice, and in movement, cannot be overlooked in the therapeutic process. Yet, only in recent years has the body been accepted as an essential part of the total organism. Even today there are many therapies that insist upon playing word games and dealing exclusively with the content of the patient's verbal language. They ignore the obvious.

One weakness in the psychoanalytic technique is that
the body is often neglected in the attempt to help the patient work through emotional conflicts. No significant body experience is provided and thus ideas that emerge remain only ideas or thoughts.

Knowledge becomes understanding only when coupled with feeling. Only a deep understanding, charged with strong feeling, is capable of modifying structured patterns of behavior. (Lowen, 1975, p. 62)

Thus, traditional verbal therapy ignores the obvious. The obvious is the language that the patient cannot hide. It is the language of the eyes, the language in the sound of the voice, and the language of the patient's movements. In other words, the obvious is the language of the body.

Reich (1951) stressed that the therapist must listen to the language of the body. He must see the feelings expressed in the eyes, he must hear the tension in the sound of the voice, and he must be able to read the physical movements of the patient's body: his gestures, his facial expressions, the way he sits, how he holds himself, and so on. In other words, he must pay attention to the messages which the patient sends.

O'Connell (1971) contended that the therapist must listen to the voice, but also to the content of the
patient's message. In doing this "double listening", contradictions may be noted. Does the body express the same message as the verbal language, or is there a split message: Do the words say one thing and the body another? If the patient focuses his attention on this behavior, he increases the chances of helping himself become more aware of what he is doing.

The major task in working with the body was to set it free: to rid it of unnecessary tensions, chronic muscular contractions, and inhibitions and rigidities of all sorts. "Rigidity functions as a defense as long as the rigidity is unconscious, that is, as long as the person is unaware of his rigidity or its meaning" (Lowen, 1967, p. 67). To set the body free was to make it alive, and the alive body was open and receptive.

Feldenkrais (1972) contended that there are four components which made up the waking state: sensations, feelings, thoughts, and movement. He argued that attention to any of these would influence the others and that correction of movement was the best means of self-improvement. His statement was based upon several basic assumptions.

First of all, the nervous system is occupied with
movement more than anything else because we cannot sense, feel, or think without an elaborate series of actions initiated in the brain. Also, the quality of movement is easy to distinguish, and the individual has more capacity for movement than for feeling or thought. Further, every action begins with movement and reflects the state of the nervous system at any moment. Movement is, according to Feldenkrais, the basis of awareness, in that most of what goes on within us remains hidden until it reaches the muscles. Finally, movement can break up the patterns of habit which have developed in the muscles and make them more amenable to change.

Schilder (1950) agreed with Feldenkrais and stated that another way of dissolving the rigid postural model of the body was through movement and dance. Schilder contended that when we move we depart from the comparatively rigid primary picture, and movement, especially dancing, often uses postural reflexes which are not fully in our consciousness. Tension and relaxation of muscles, that is, moving the body with and against gravity, can have an enormous influence in body-image. Thus, dance is a means of loosening and changing the body-image. A loosening of
the body-image will bring about a certain psychic attitude. Thus, motion not only influences the body-image, but also leads as well to a change in psychic attitude.

The techniques used by Schutz, and discussed later in greater detail, involve paying attention to a person's body while he recounts a distressing situation. This is similar to the idea expressed earlier that the therapist must pay attention to the obvious. This may be in the form of constricted breathing, wringing of the hands, grinding of the teeth, knitting the eyebrows, or whatever.

Focusing on the disturbed physical area, especially through a physical relief, usually helps to clarify confusion surrounding the feelings and bring them into a position to be worked on more adequately. Methods of physical relief are best used in combination with other techniques. (Schutz, 1967, p. 50)

Lowen, too, emphasized the importance of exercises to increase the vibration of muscles.

Vibration of the body has a function beyond that of releasing tension. It allows a person to experience and enjoy the body's involuntary movements....The body's involuntary movements are, in fact, the essence of life. (Lowen, 1975, p. 243)

These exercises emphasized by Lowen give the individual a different sense of his body and help him to become aware of blocks and tensions which can lead to an understanding
of one’s fears and anxieties. The exercises are not limited to releasing the feelings of hostility or anger, but rather include reaching out, touching, and holdings. These exercises will be discussed later in the paper.

The ultimate purpose in each of the techniques described is awareness: awareness of feelings, sensations, impulses, needs, and desires.

People typically are very out of touch with their own bodies. If one walks into a room in which there is a mirror, of whose existence he is unaware, and is confronted by his own image, the chances are that he will momentarily feel that he is face to face with an unknown, somehow alien person. (Fisher, 1973, p. 1)

We badly need a new orientation, a new perspective. The need for orientation is a function of the organism. We have eyes, ears, and so on to orient ourselves in the world, and we have the proprioceptive nerves to know what’s going on within our skin. (Perls, 1969b, p. 9)

To be able to identify with the body enables the individual to avoid the deception of words. Thus, it provides a foundation in reality. Verbal language has the ability to bewitch the unaware, the unaware; and to be unaware is to be out of contact with the body. (Lowen, 1967).
Awareness is always a subjective experience. However, the person who is truly aware can look at himself and see how he is producing his own difficulties. He can listen to the needs of the organism and respond to them appropriately. Awareness of pain or disgust is not pleasant but does serve to call attention to those aspects of the organism that need attention (Perls, Hefferline, & Goodman, 1951).

Maslow sited the work of Kamiya on bio-feedback as crucial in this regard. Research in biofeedback has shown that "it is now possible to say that the healthy organism itself gives clear and loud signals about what it, the organism prefers or chooses, or considers to be desirable states of affairs" (Maslow, 1971, p. 12). Maslow was referring to the phenomenon of homeostasis; that is, the tendency of the organism to seek a balance within itself. This process governs the life of all living organisms. It is the process whereby the organism maintains equilibrium, satisfies its needs, and thus maintains its health under varying conditions. If the organism is in disequilibrium for too long a time, due to breakdown in homeostasis, it is unable to satisfy its needs and becomes
sick. When the homeostatic process fails completely, the organism dies (Perls, 1973).

Most people are constantly interfering with their body's homeostatic process. They force their bodies to do other than that which it would ordinarily choose. They push their bodies physically and emotionally. They do not give their bodies the rest or the exercise that it needs; they ingest foreign or unhealthy substances into the body; and, they inhibit the feelings and impulses that the body desires to express.

This is the phenomenon that Perls called self-regulation. Most people do not listen to the wisdom of their bodies and do not trust their bodies. Because of this, they are governed by external sources, by the demands of the society or culture within which they live, or by what they see others as expecting from them. Thus, they limit themselves to a particular role -- a role to which they steadfastly devote their time and energy. They rationalize that this role is determined for them by their culture, sex, past learning, or educational opportunities. In other words, people often spend their lives not being themselves, but rather, trying to live up to the standards
of their self-image.

Lowen (1975) said that every individual faces the issue of trusting his feelings. The neurotic equates feelings with the irrational and with the body, while at the same time, equating the rational or reasonable with society. The awesomeness of the irrational is that it has the power to move people; it is the source of creativity and joy. The reasonable, on the other hand, is governed by the "shoulds" of friends, relatives and society in general.

The animal is guided by his feelings and moved by his passions and is, therefore, unpredictable. The body of the animal obeys certain laws, which are not the laws of logic; however, this does not mean that the animal is dangerous, destructive, or uncontrollable (Lowen, 1975). Being predictable, however, is a preferred quality in society. Of course, if one is predictable he does not vary or change, and thus other people know what to expect and how to deal with him at any given moment. The unpredictable person is an enigma and as such is viewed with caution and even distrust.

The neurotic individual is, therefore, in a constant
struggle with himself. He is continually fighting against the homeostasis and natural wisdom of the body.

Like a man trying to force a square peg into a round hole, so the individual tries to smoothe out his biological peculiarities by alienating himself from his inherent needs. He strains to fit himself into the round hole that he now actively desires to fill, for if he fails at this, his value will be so diminished in his own eyes as to discourage further initiative. (Feldenkrais, 1972, p. 18)

The ultimate goal of therapy, as defined in this paper, is what Perls calls growth or maturation and what Maslow and Rogers call self-actualization. It is basically, "the transcendence from environmental support to self-support" (Perls, 1969b, p. 30). In other words, it is adhering to internal rather than external regulation. Growth can take place only through self-discovery, and self-discovery only through awareness.

And the aim in therapy, the growth aim, is to lose more and more of your 'mind' and come more and more to your sense. To be more and more in touch, to be in touch with yourself and in touch with the world, instead of only in touch with the fantasies, prejudices, apprehensions, etc. (Perls, 1969a, pp. 53-54)

And further:

I believe that this is the great thing to understand: that awareness per se -- by and of itself --
can be curative. Because with full awareness you become aware of this organismic self-regulation, you can let the organism take over without interfering, without interrupting; we can rely on the wisdom of the organism. (Perls, 1969b, p. 17)

Therapy as a process of growth and maturation is unending. The work with the therapist merely lays the foundation and sets into action all aspects of the self — self-awareness, self-expression, self-regulation, and so on. Commitment to growth involves a commitment to the body; the body cannot be ignored. As Lowen (1975) said,

The self cannot be divorced from the body, and self-awareness cannot be separated from body awareness. For me, at least, the way of growth is by being in touch with my body and understanding its language. (p. 117)

Feldenkrais (1966) said that any attempt to completely reeducate the immature person by psychiatric methods alone is a forlorn hope. Such treatment cannot have any lasting effect.... Re-education of the kinaesthetic sense, and resetting it to the normal course of self-adjusting improvement of all muscular activity — the essence of life — is fundamental. (pp. 154-155)
**Therapeutic Applications of Movement**

The first section of this paper has shown the theoretical justification for the inclusion of body work in psychotherapy. In this section, it will be shown how movement therapies help the person be the creator of his experience rather than the observer of it (Alperson, 1974). Various types of therapy which utilize expressive body movement as the medium for effecting personal growth and personality change are explored and evaluated. However, a comprehensive review of all body therapies has not been attempted. Rather, the focus is on active movement as an expressive, spontaneous, immediate manifestation of the self. Techniques such as Rolfing, yoga, massage therapy, the Alexander technique, and sensory awareness, which work with the body but do not emphasize client-initiated, spontaneous movement are omitted. The therapies described here are Gestalt body work, t'ai chi, encounter exercises, bioenergetic analysis, systematic psychomotor training, and dance-movement therapy. Evaluation of these therapies and their applications, as well as implications for research
in the area, follows the descriptions.

Gestalt Body Work

In his work with patients, Fritz Perls avoided formalized, structured techniques, which he referred to as "gimmicks" (1969b, p. 5). Nevertheless his emphasis on experiencing the body and being aware of its participation in the immediate moment pervaded all his psychotherapeutic work. Perls (1973) stated,

We ask the patient to become aware of his gestures, of his breathing, of his emotions, of his voice, and of his facial expressions as much as of his pressing thoughts. We know that the more he becomes aware of himself, the more he will learn about what his self is.

(pp. 63-64)

Perls had a consistent approach to working with the body which may be considered a technique. He would often ask a patient to report his awareness of the body, e.g., "I am aware that my heart is pounding", or "I am aware that my hands are shaking". At this point, the person might be asked to "give a voice" to the involved part of the body. That is, the person would speak as if he were the shaking hands or pounding heart. At other times, the therapist might bring to the person's attention his gesture or expression, by asking, "Are you aware that you are tapping your foot?". The person could then be asked to exaggerate
the gesture and even to let his whole body make that gesture. By expressing with his whole self a feeling that was once localized into a specific body part, the person may be able to get in touch with what is happening in his body. Thus, in this Gestalt technique, awareness of the body and its movement facilitates self-discovery.

Gestalt "body work" can have many styles; however it is always a process used to elicit greater bodily awareness and for exploring the wisdom of the body. The loose, individualized style of Barry Stevens exemplifies the incorporation of imagery, fantasy, and movement in body work. This aspect of her work in Gestalt therapy will be explored here.

Stevens (1975) believed that we control our bodies all the time. In body work, a person learns to "decontrol" his body by freeing it from the thinking process. Decontrolling is not just a relaxation process, as spontaneous movement will often occur. Stevens (1975) said,

Learning how to decontrol my body...is one of the ways of arriving at some understanding of natural functioning and getting in touch with how I interfere with it. (p. 157)

This notion of decontrolling the body in order to be aware
of its natural functioning is closely related to Perls' (1969) concepts of organismic self-regulation and the wisdom of the organism, which were discussed in the first section of this paper.

In body work, the person might be asked to lie on the floor and pull his knees up until his feet are flat on the floor. He is invited to wiggle around until he is comfortable. Next he might be instructed to "explore" his body from the inside and to report occasionally his awareness. Awareness is always like a spotlight, which moves and illuminates and does not push. The person may move slowly in the body and may be ready to move on to whatever beckons for attention in any part of the body.

Often a person will feel pain or discomfort lying on the floor. He is then asked to focus on the pain and remain a passive participant, not attempting to change any part of his experience. Stevens (1975) observed that getting in touch with unpleasant body sensations often diminishes or releases them. However, Stevens stated that if a pain or tension did not disappear easily, she asked the person to explore it gently and see what wanted to happen there. She discovered that spontaneous movement
often grew out of the person's focused attention.

Thinking is to be avoided in Gestalt body work. Stevens (1975) said that most thinking was "garbage" and was only a hazard in the process of decontrolling and gaining awareness. In this style of body work, when thoughts are reported, the therapist tells the person to refocus on some place in the body. If this is unsuccessful for stopping thoughts, the person is told to focus on his breathing, then his thoughts, then his breathing again. Usually by giving increasingly specific instructions, the therapist helps the person let go of his thinking. However, emptying the self of thoughts is a difficult skill for some, and great patience is necessary for learning how.

Stevens (1975) noted two ways for a person to get into trouble with body work, both from thinking. She pointed out that fearful thinking can arise from thinking about oneself, as people tend to do when invited to focus on themselves, rather than just being in touch with sensations. For example, a person became terrified during body work because she kept thinking about death. In this case, the therapist asked the patient to focus on her body and
let her fear disappear. The second hazard Stevens reported in body work came from pushing or doing something, instead of letting it happen. Movement resulting from this behavior is not totally spontaneous or even felt. Again, the person in body work must be patient and not expect to work through all his troubles at once.

A person engaged in body work may report a feeling-thought combination. He is then instructed to let himself feel any sensations he is aware of and perhaps symbolize in posture his experience. For example, a patient reported he felt vulnerable and then rolled over into a fetal position, as he re-experienced some childhood feelings (Stevens, 1975). Such spontaneous movements may also happen without a prior report of feeling.

In one case reported by Stevens (1975), a man in the course of body work lay completely silent and corpse-like for a long period of time. Suddenly, without any verbalization, he began to pull at his cheeks in agony. He later reported feeling that he was being crushed. Thus, spontaneous movement may arise with or without a report of the feeling being experienced.

In the course of body work, the therapist is careful
not to intrude on the person working. Once the "exercising" begins, it almost always continues until the person indicates that he is finished. He is told at the beginning that he can stop whenever he wants and that he is free to move in his own way in his own time. In this sense, Gestalt body work is very client-centered.

Stevens (1975) stated that people are not to look for interpretive, verbalized meaning in body work, but she did not say that there is no meaning. In first-hand experience itself lies the existential meaning of a movement or feeling. When a person derives meaning from experience rather than from thinking, there is no confusion, only acceptance (Stevens, 1975).

**T'ai Chi**

T'ai chi chuan is an ancient Chinese movement discipline which has given rise to most of the martial arts forms such as judo, karate, and kung fu. The word "chuan" means "fist" and has been dropped from the title by many of its present day practitioners. T'ai chi is the philosophy of the t'ai chi chuan approach to movement, and Huang (1972) believed it should not be catagorized into any particular style but rather should allow for spontaneity and
creativity.

T'ai chi is actually practiced as a dance form, consisting of both traditional, structured movements and individualistic, improvised movements. T'ai chi is centered on the concept of "bodymind" (Huang, 1972) or the unity of the physical and mental selves. The discipline asserts this unity and attempts to restore it in those practicing it. According to Huang (1972), a person rediscovered this wholeness or unity by looking within himself. He said,

T'ai chi is a way to bring you back to your wisdom; to be more aware of what the body is telling you instead of what you think the body should do. (1972, p. 36)

In practicing the form, movements are slow, flowing, simple, and natural. Thus, t'ai chi is a very relaxed, comfortable way for the body to move, unlike most Western styles of dance and sports.

Like the Gestalt approach, t'ai chi stresses the "now" — what is happening in the body and in the surroundings at the moment. Awareness and spontaneity are integral to t'ai chi. When a person practices t'ai chi, his task is to experience his body and to be alert to all
sights, smells, sounds, and sensations around him.

The whole idea of T'ai chi is to accept the most important thing as the ongoing moment -- now -- instead of thinking far ahead to what is going to be... (Huang, 1972, p. 34)

This t'ai chi process is a way of meditation, but it is not the isolated, inward meditation of other disciplines. By the integration of two extremes -- motion and quiet -- t'ai chi becomes a form of moving meditation.

T'ai chi is being practiced more and more as a means of furthering growth and awareness. Huang (1973) stated that the essence of t'ai chi is really to help the person get acquainted with his "sense of potential growth, the creative process of just being...(himself)" (p. 60). In t'ai chi, one is supposed to enter into his own resources, realize the wisdom of the senses and the body and mind, and come to accept himself.

T'ai chi is also a way to help discipline the body and release tension. Because of these effects from t'ai chi practice, one is better able to understand the conflicts that inevitably arise in his life. T'ai chi will not necessarily eliminate a person's problems in life, and, in fact, personal problems are seldom the focus in t'ai chi.
Huang (1973) claimed that one could get "stuck" in a problem once he identified it, and instead, the process of sensory awareness and movement alone are the growth or therapeutic experience.

Usually t'ai chi is taught to a group of people who are encouraged to make the experience free-form. Each person is to make his dancing individual and is not to copy the exact form of the teacher. Comparison of one's own dancing with another's results in awkwardness and rigidity because one's attention is directed away from himself. The exact form in t'ai chi is not as important as the movement experience itself. Thus, one is to remain aware of movement in his own body and avoid evaluating and judging himself and others (Huang, 1973).

T'ai chi is very slow, so that the person can remain alert to movement and the surroundings. Images of nature are most important in the dancing. One may think of birds, trees, water, and wind while moving. Music too can be used, as long as it is not too structured for there are no beats or counts in the continuous and flowing movements of t'ai chi. However, Huang (1973) believed the best sound for t'ai chi is the open silence from within. One
can then dance to the sounds around him. Occasionally, chanting may accompany the movement to expand the experience of one continuous flow of energy (Huang, 1973).

Traditionally, there are some 128 structured t'ai chi chuan movements or motifs. However, as t'ai chi is practiced today by Huang and others, much more room has been made for spontaneity and variation, and herein lies even greater potential for growth. A form is thus not a set thing. Transitional movements in between forms can be creative and improvised. It is important to let oneself be spontaneous in t'ai chi, as a child is spontaneous. By thinking about what comes next in the dancing, one loses contact with the moment and interrupts the flow of energy. One should let a movement flow smoothly into the next movement, rather than making it flow. T'ai chi, therefore, is neither structure nor chaos (Huang, 1973).

"T'ai" refers to a settling, unified feeling in one's physical/mental self (Huang, 1973). Everything that happens in the body comes from this centeredness. The center in t'ai chi is called the "tant'ien" or "field for planting" (Huang, 1972, p. 33). Tant'ien is located in the lower torso, below the navel and is identified physically
as the source of energy. "Chi" is the breath-energy or vital force which emanates from the tant'ien. Breathing is seen as a circular flow of energy. One of the procedures in t'ai chi is to visualize the breath coming out the nostrils, running down the front of the torso, then flowing up the spine. This breathing is continuous, and the goal is to attain such smoothness that one cannot really tell where inhalation and exhalation begin and end. One is to become aware of the spine, shoulders, and chest moving and stretching with each breath. This awareness of breathing and bodily sensations is necessary before any movement can begin in t'ai chi.

The circular motion, as of the breathing, also applies to energy in general in t'ai chi. All energy is believed to come from the tant'ien and eventually return to it, so one never uses up his energy and then has to start over to build it up. "T'ai chi helps you to know that energy begins and flows -- it never stops" (Huang, 1972, p. 34). Often one is asked to visualize a sphere of energy in front of his body. This sphere "pushes" the arms open as it becomes bigger and bigger, and then it is embraced and gathered back into the tant'ien. In another movement
called "an", energy is gathered from the tant'ien, pushed out onto the horizon, then pulled in again. Huang (1973) noted that energy will return like a boomerang and that the use of such images will help a person feel the energy.

The t'ai chi concept of energy is related to a unique concept of space. One goal is to be aware of the space around the body as if it were water. This is called yin space and is experienced as receptive, yielding, and soft. The space occupied by the body is called yang space and is felt as solid and active. In t'ai chi, the idea is for the person to imagine the space around being moved by the hands, legs, or body. Huang (1973) believed that space has a reality and an "energy of inaction".

In t'ai chi, the concept of center refers primarily to the tant'ien but also to the sense of balance. The person's weight is to be centered over both legs, and only in a very few movements is the weight to be held on only one leg. This centering and balance is thought of as a mutual cooperation of yin and yang space (Huang, 1973) and gives one the feeling of knowing where his body is in space. As the person moves, he takes his center with him. This last idea helps one remain balanced and tranquil.
while constantly in motion. Centering allows movements to glide and flow. The spine stays upright in most all movements, and the knees remain bent so that feet can have a sensitive contact with the ground. One learns to receive rather than resist any force, such as a push, which comes to him. When pushed, one takes the energy into his center and rebounds in a resilient, flexible manner (Huang, 1973). Here again one learns to take his center, his sense of security, with him. Even when sitting or standing still, one’s center is alive and full of energy.

T’ai chi is a way of being and moving that can actually be practiced all day long, in every daily movement. However, in a more formal sense, it is practiced at least once a day, preferably in the morning, for as long as one desires. Whether practiced individually or in a group, t’ai chi begins with a sense of awareness. One first gets in touch with any areas of tension in the body, with the pull of gravity, and with the soft space around him. Shaking all over may help free any tensions. Letting oneself collapse will help him feel gravity and space around him. Once the person can sense his body and
his surroundings, he is ready to begin the t'ai chi motifs and dancing.

One begins with breathing in a standing position, letting the arms rise and fall with each breath. He is to be aware of the space readjusting to the movement, and of the circular flow of energy. The fingertips may trail in space slowly. This flowing movement is the first basic t'ai chi movement (Huang, 1973).

"Embracing the Moon" (Huang, 1973) is a movement which involves carrying the t'ai chi sphere of energy. The person imagines holding in his hands a slippery sphere which increases in size until it comes in contact with the front of the body. The person moves slowly with the sphere and maintains a flowing, circular feeling.

"The Cloudhand" (Huang, 1973) motif requires the person to focus his awareness on arm movements. Each hand scoops up energy from the tant'ien, rises chest high, turns outward, then sinks down and curves back to tant'ien. The hands alternate, and the torso turns toward the moving hand. In this, as in any motif, one is free to vary the range or scope of his movement.

A movement called "t'ui sho" (Huang, 1973) involves
an encounter with another person. Two people face each other and join right hands, making horizontal circles with their arms. This motif may enable each person to become aware of resistances, rigidities, and imbalances with the other person. Mutuality must be reached to be able to do this movement smoothly. Both people can be aware of an energy flow between them. Conflict begins when both energies are yang, or aggressive. Therefore, each person must alternately yield and push. Thus, t'ui sho is useful in facilitating sensitivity and cooperation between two people.

In "Embrace Tiger, Return to Mountain" (Huang, 1973), the arms open up to embrace the world, then curve downward and lift energy to the chest level. At this point, the hands gently settle all the energy downward into the tant'ien. The person inhales with a rise in the body and exhales with a sinking. This motif is especially useful to coordinate breathing with movement.

There are many other motifs in t'ai chi, almost all of which are natural images. They may be practiced in any order, and transitional movements are to be improvised and spontaneous. As stated earlier, it is important not
to plan ahead in moving. In t'ai chi, people may also
dance together, sometimes in a circle. They are to be
aware and responsive in their spontaneous improvisations
with each other. Each person allows his own movement to
develop and still is aware of the movement and energies of
others. In this spontaneity and awareness lies the poten-
tial for growth through t'ai chi.

Schutz's Encounter Group Exercises

The use of exercises involving movement in encounter
groups for personal and interpersonal growth is common.
The structure of exercises used, if any, depends for the
most part upon the function of the group and upon the leader
himself. For the purposes of this paper, the work of
William C. Schutz, a pioneer in encounter groups, will be
singled out. The exercises discussed here are only a few
of many that could be used and created. They involve a
certain amount of initial structure, but the outcome and
process of the exercises will be spontaneous, hopefully
enlightening, and often unpredictable.

However, before describing the exercises, it will be
helpful to examine Schutz's theoretical base. Schutz(1965)
believed first of all that psychological attitudes affect
posture and physical functioning. This body formation has a strong influence on one's subsequent feelings.

Drawing from the ideas of Alexander Lowen and similar theorists, Schutz (1966) said,

The manner in which a person holds his body indicates his mood, his background, and his present accessibility to human interchange....Past experiences have resulted in habitual ways of holding the body which facilitate or inhibit interchange and, if the experiences are of long standing, the body attitudes may be more permanent because of chronic muscles or other structural changes. (p. 36)

Thus, he believed psychotherapeutic methods should not neglect the body and its involvement in emotional and psychological states. Schutz (1966) stated,

Talking is usually good for intellectual understanding of personal experience, but it is often not as effective for helping a person to experience -- to feel. (p. 11)

He, therefore, combined verbal with nonverbal, experiential techniques in his encounter group work.

Schutz (1966) believed realization or fulfillment of one's potential brought to a person the belief that he can cope with his environment and have a sense of confidence in himself. He can use fully his own capacities and abilities and is free to express his feelings. This sense of fulfillment brings with it a feeling Schutz labeled,
"joy". "Joy requires a vital, alive body, self-contentment, productive and satisfying relations with others, and a successful relation to society" (Schutz, 1966, p. 15). It is toward these four areas -- body, personal functioning, interpersonal relations, and organizational relating -- that Schutz directed his work. The exercises developed for and used in encounter groups are aimed mainly at the areas of bodily and personal functioning and interpersonal relations.

Exercises aimed at improving body functioning are basic in Schutz's model. Often he will have group members walk in a circle, first relaxed, then tensing the entire body gradually starting from the face and working down. Then tension is progressively relaxed from toes up. This exercise helps people realize the extent of their tension. A person may be encouraged to practice screaming to overcome a tight voice or shallow breathing. Another exercise called the "Backlift" is used to restore deep and full breathing. A tense rib cage constricts breathing and prevents feelings from flowing through the body (Schutz, 1966). The Backlift exercise helps to relax the rib cage. In the exercise, two people stand back to back and lock arms.
One bends forward and stretches the other over him. The person being stretched breathes through his mouth. The result is deeper breathing and increased feeling in the body. Schutz (1966) described an incident in a group in which a person's feeling of needing emotional support was converted into the physical act of supporting. The man, who appeared as if he carried a great burden on his shoulders, was given the backlift. He reported very meaningful and positive results from this exercise.

An exercise designed to release hostile feelings is called "Beating". Schutz (1966) believed that it was often helpful for a person to contact his aggressive feelings and express them. The person may beat a couch or pillow which is on the floor or held by another person. The beating should involve the entire body to be most effective. Words or any vocalizations are encouraged. Schutz stated that this exercise is especially helpful for a person who is afraid of losing control of his anger. This person may practice beating until exhausted and then take a position of anger and hold it until the impulse to strike goes away. In this way he can learn voluntary control of his hostile behavior. Schutz (1966) stated that
beating promoted clarification of feelings which reduced confusion and allowed a person to confront his actual problem, such as hostility toward a parent. He pointed out the importance of going beyond catharsis in this work and how the person must be brought back to his difficult situation and allowed to apply his coping abilities to reach a real life solution (Schutz, 1966). Schutz believed that when body work activities are successful, they lead to a feeling of increased freedom and self-confidence (1966).

There are only a few movement exercises used by Schutz to improve personal functioning. They are designed specifically for expanding self-awareness and awareness of others. In physical doubling, a person imitates the posture, gestures, and movements of another. This process was designed to make it easier to understand the emotions of another person. A variation of physical doubling has a person "regress" to an earlier age and imitate himself as a child. This will often draw out feelings of an earlier life period. Also related to physical doubling is an alter ego technique in which one person stands behind another as he interacts with someone else. The person being the alter
ego or double tries to put himself in the place of the other, periodically stating how he thinks the other feels. The use of doubling movement techniques leads to an increased ability to understand others, which Schutz (1966) believed improves personal functioning.

Schutz's encounter group work on improving interpersonal functioning focuses on three needs: inclusion, control, and affection (Schutz, 1966). Inclusion refers to the need to be with people and the need to be alone. Control refers to the ability to determine one's future to a comfortable degree and to relinquish control enough to let others guide and support at times. The third need, affection, involves functioning effectively both in close situations and in those of less intensity. Nonverbal techniques designed by Schutz to serve these three interpersonal needs will now be described.

Schutz (1966) stated, "Using space and movement to help a person feel his behavior more keenly, especially inclusion behavior, is often a very helpful method" (p. 124). In an exercise called "Feeling Space", group members sit close together with eyes closed. They stretch out their hands and feel the space all around, being aware
of making contact with others. Feelings about aloneness and contact can be discussed after several minutes. In "Blind Milling", members stand with their eyes closed and their hands outstretched. They begin to "mill" or walk around the room and may explore each other in any way they wish. This exercise enhances cohesion and is useful at the beginning of the group.

"Break-in" is an exercise in which one member, an "outsider", physically tries to break into a circle of members who may face either toward him or into the circle. Various styles of breaking in will be observed. Some members are violent, some are playful, and some are half-hearted in their attempts to enter the circle. These various ways of dealing with alienation and exclusion are discussed following the exercise. In "Milling", group members walk around one at a time and stop whenever and wherever they are comfortable. They are to let their bodies lead them. When members near each other, they may move on or stay as they wish. This exercise uses the whole body as a unit to reveal and clarify feelings. Discussion following the exercise centers on tensions, various reactions, and feelings about alienation.
In a last inclusion exercise called "The Encounter", two persons stand at opposite ends of a room. They are to walk toward each other very slowly, and when they get close, they do whatever they feel like doing. The two people involved are chosen by the leader for a specific reason, as with any of these exercises. For example, a man and a woman, each with ambivalent feelings toward the opposite sex, used "The Encounter". The man walked past the woman, and she then kicked him in the seat. These reactions revealed feelings which then could be dealt with verbally.

In these inclusion exercises, as with any of the interpersonal exercises, "...not only are feelings converted to movement, but advantage is taken of feelings aroused by proximity of two physical beings" (Schutz, 1966, p. 136). That is, the physical distance between people reflects their feelings toward each other.

Three exercises involving control needs are "The Press", "Pushing", and "Break-out". Schutz (1966) said feelings about control are usually closely tied to physical fears and concerns, and for this reason, nonverbal techniques which convert feeling into movement are very
successful. These exercises "clarify feelings of power, competition, strength, and effectiveness" (Schutz, 1966, p. 173), and often result in a sense of exhilaration and increased energy.

"The Press" is an exercise for exploring power-dependency-competitive feelings between two people (Schutz, 1966). The two stand facing each other, and one, with his hands on the other's shoulders, pushes the other down to a lying position. The presser then helps the other up to standing. Roles then are reversed. Emotional responses may then be discussed, as each person has both pressed and been pressed into submission. An exercise used in competitive situations and to increase involvement is called "Pushing". Two people stand facing each other, clasp both hands, and begin pushing each other. They may stop whenever they wish. This exercise requires exertion and space and may become very active. "Breaking Out" is an exercise to relieve excessive internal control and is appropriate for very inhibited, constricted people. The group forms a tight circle around the person who must break out somehow while the group tries to contain him. This exercise requires total physical involvement
and considerable exertion, which makes the experience more meaningful.

Various exercises dealing with the often suppressed need to give and receive affection are widely used in encounter groups. Schutz (1966) believed these nonverbal techniques can penetrate defenses and often contact feelings of sadness and longing. These techniques are most effectively used after the group has developed close ties. Results of these exercises are often powerful and profound for all involved. In one exercise, a person who is uncomfortable with physical affection stands with his eyes closed while group members approach him and express nonverbally their positive feelings toward him. These expressions usually involve hugging, stroking, and lifting, which often result in crying for all involved. Affection may also be shown in a group massage of a person, although this may be disturbing and inappropriate for some.

Schutz (1966) discussed two "trust & support" exercises used in relation to affection needs. In one, a person stands with his back to another person and then falls straight, letting himself be caught by the other. In "Rock and Roll", the entire group demonstrates trust
and giving pleasure to someone. The individual stands in the center of a circle with his eyes closed, his arms crossed on his chest, and his body as relaxed as possible. Then he is picked up by the others who hold him chest high parallel to the floor. He is gently rocked and swayed and then is eventually lowered to the floor. There he can be gently stretched on the floor. A director is necessary to guide the activity. Schutz (1966) said,

When a person actually surrenders his whole body to others and finds that they will take care of him, he must examine his feelings toward them in a new way. (p. 185)

The group, in turn, exhibits cooperation and togetherness in showing this support and affection.

It should be pointed out that the movement exercises described here do not comprise the entire encounter group session. Schutz utilizes psychodramatic techniques as well, and he encourages verbal discussion and intellectual understanding of the material experienced in the nonverbal techniques. The leader is selective in his suggestion and choice of any technique in a group. An exercise is not to be done in a mechanical way, but should be applied for
a purpose. Purposes may range from promoting cohesion and informality among group members to settling an immediate interpersonal dispute to helping an individual get in contact with buried feelings. The goal of any exercise and of any encounter group is ultimately personal and interpersonal growth.

**Bioenergetic Therapy**

Alexander Lowen defines bioenergetics as a therapeutic technique to help a person get back together with his body and to help him enjoy to the fullest degree possible the life of the body. (1975, p. 43)

Emphasis is placed on the functions of breathing, movement, feeling, and self-expression. It is Lowen's (1975) belief that change in personality is conditioned upon change in the functions of the body, especially the functions of breathing and movement. In emotional disturbance, both of these functions are disrupted and restricted by chronic muscular tensions which developed to suppress threatening feelings. These chronic tensions are the physical counterparts of unresolved emotional conflicts from childhood. Such tensions "enslave the individual by limiting his motility and capacity for feeling" (Lowen, 1967,
p. 127). Thus, bioenergetic therapy works directly on the impairment of breathing and movement while relating the individual's present-day energetic functioning to his life history (Lowen, 1975). A verbal, intellectual understanding of the psychological conflicts is thus a part of the therapy process along with the physical, experiential work.

Lowen (1975) conceptualized the personality in terms of four layers -- three protective layers and the heart or core. It is useful here to see how therapy intervenes in each of the layers. The outermost layer is the ego layer, which contains defenses such as rationalization, denial, distrust, and projection. Beneath this layer is the muscular layer, which contains chronic muscular tensions that support the ego defenses and protect the individual against the next layer of suppressed feelings. The third layer is the emotional layer wherein lie suppressed feelings, such as rage, terror, despair, and pain. These three layers serve to protect the core or heart, from which the feelings to love and be loved emanate.

Traditional verbal therapies focus only on the outermost, ego layer, and intervention here rarely affects
muscular tension or suppressed feelings (Lowen, 1975). Therapies which have as their goal catharsis or expressive release of suppressed feelings work only on the third layer. The shortcoming of these approaches is that the individual's defenses will again operate when he goes out into the world (Lowen, 1975) because change has been only "one-dimensional". Lowen believed therapy should be growth-oriented, not just cathartic. Some techniques of body work such as yoga and massage deal only with the chronic muscular tension in the second layer and for a similar reason as noted are not considered by Lowen to be therapeutic processes. According to Lowen (1975) the most effective therapy works directly with the tension layer and can move easily into the ego layer and the emotional layer as necessary. The person, by working with muscular tensions, can then gain understanding as to how his psychological attitude is controlled by the rigidity in his body. He will also be able to reach and release suppressed feelings by mobilizing the muscles that block their expressions (Lowen, 1975).

The importance of breathing and movement in bioenergetic thought cannot be overstated. Lowen (1965, 1967)
believed that a healthy person breathes with his whole body. His abdominal muscles relax and expand upon inspiration, and during expiration there is a sensation of flow along the front of the body which ends in the genitals. Any disturbance in respiration is believed caused by a need to cut off threatening body sensations, especially of a sexual nature. Thus, shallow breathing serves to cut off sensations and feelings from the belly and pelvis. This creates in the lower body a feeling of emptiness which disappears when full, abdominal breathing is achieved. Lowen found that deep breathing would often release pent-up emotions such as sadness and anxiety and cause the body to tremble and tingle. A patient may react to such new sensations with panic and fear of losing control of his body. Lowen (1975) stated that an accumulation of tension in the body produced an obstruction to breathing and elicited anxiety. Anxiety develops when a strong feeling attempts to get through the body's muscular tension and is choked off.

For Lowen, movement and emotion were closely related. He said (1965) that emotion was actually "e-motion" which means to move out. He regarded emotions as bodily events,
literally movements within the body that generally resulted in outward action. Motility is defined as the capacity of the individual to move spontaneously, and Lowen said that emotional conflicts and suppressed feelings limited the motility of the body. The expressive body movement is constricted by chronic tensions, and one of the tasks of therapy is to remove these obstacles which prevent the body from spontaneously releasing its tension, according to Lowen (1967).

Lowen (1967) described two patterns of movement disturbances -- hypomotility and hypermotility. The person who demonstrates a lack of expressive body movement falls into the class of hypomotility. His movements are compulsive, rigid, and resemble a robot's. He is afraid to let go of his rigid control, and hence his movements are overcontrolled and lack spontaneity. The body is unable to change instantly to reflect its inner feelings (Lowen, 1965). By contrast, the individual with hypermotility is characterized by excessive, restless activity. His movements are uncoordinated, impulsive, and almost hysterical in quality. While the body releases an impulse or feeling, another part of the body resists its expression.
This person's energy lacks control and is dispersed wildly to avoid feelings.

Thus, Lowen (1965) stated that emotional illness is characterized by a loss of spontaneity or a deficiency of ego control or both, while the ego of a healthy person supports emotional expression and movement. When movement is ego-syntonic or in harmony with the ego, it is coordinated, effective, spontaneous, and unified. Similarly, ego-syntonic emotional expression is appropriate and effective, leaving no residues to be suppressed by muscle tensions.

The physical work in bioenergetic therapy consists of both passive positions and expressive, active movements. The therapist remains flexible in his timing and selection of exercises, and he may improvise exercises as he sees fit. He is free to touch and massage muscles to facilitate awareness and tension release. It is Lowen's belief that any increase in a person's contact with his body will produce a significant improvement in his self-image (body image), in his interpersonal relationships, in the quality of his thinking and feeling, and in his enjoyment of life. (Lowen, n.d.)

The first step in bioenergetic therapy is to help the
individual get in touch with specific areas of tension in his body. This is accomplished by the use of "stress" positions which test the coordination and integration of the body (Lowen, 1967). The fundamental stress position is called the arch or bow position. In it, the person stands with his feet about 30° apart, knees bent, toes turned slightly inward, back arched, and hands on hips. Breathing is abdominal and relaxed. A well-integrated and coordinated body assumes this position easily. The body is balanced and ready for action, and the position is held as long as the person chooses. Problems in this position indicate areas of tension and emotional disturbance. Some people are too rigid to arch back; others bend too much. In some, the pelvis is retracted. Still other persons are fragmented and asymmetrical in this stance. The therapist interprets these problems as diagnostic signs. The arch position is important also in terms of Lowen's (1975) concept of "grounding". This position gets a person in touch with reality, with the ground he stands on, with his body, and with his sexuality.

This arch or bow position is used because the body acts like a bow in many of its activities, such as hitting,
throwing, and sex. The body arches back to gain impetus for thrust and functions well only if secured at both the head and the feet which are in contact with the ground. The mere stance in the arch position will not restore harmony to the body, but having the person breathe deeply in this position will help him sense tensions in his body.

Another position designed to both emphasize grounding and to facilitate breathing in one in which the person stands with feet about 15" apart and bent forward so his fingers touch the ground lightly for balance. The knees are flexed, and the feet and legs hold the entire weight of the body. In this position, the front wall of the body is relaxed, any diaphragmatic block is released, and breathing will be full and abdominal. The person feels contact with his legs and feet ("grounded") and should press down on his feet to feel this contact even more. Eventually a tremor in the legs will develop, but this vibration or tremor is a pleasurable experience. It is a sign of a vibrant, alive body. Breathing will deepen spontaneously with the vibration, and emotional responsiveness is increased (Lowen, 1965). Tingling may be felt in the legs and feet, and this sensation and vibration may extend into the
pelvis. This position is used to gain feeling in the body and may be discontinued if it becomes too painful. This bent-forward position should always be used after the bow position and after the basic breathing position/exercise to be discussed next.

In the basic breathing exercise, the person arches his back over a padded stool about 24" high. The mouth is open, and arms are raised over the head. The feet are parallel and 12" apart, and the pelvis hangs freely. Because this is a stress position, the person must try consciously not to hold his breath. As he relaxes to this position, breathing will deepen. Tension is released about the diaphragm, and the muscles of the back are stretched. At first, the person should not hold the position longer than two minutes. Often, crying, anxiety, or even panic will be induced in a person in this position. This is a result of tension release and the rising of suppressed feelings to the surface. The patient may feel he is about to fall apart and lose control. He is thus made aware of the powerful forces and emotions immobilized in his body by muscular tension (Lowen, 1965). A tense muscle is a contracted muscle which has to be stretched to
activate its potential for movement.

Other passive positions used in bioenergetics will be described here only briefly. In one, the person on a bed supports his weight only on his feet and on the top of his head. His back is arched with his knees fully bent. In this position deep breathing is facilitated, and the pelvis is freely suspended. Sensations flow through the body, and involuntary, spontaneous movement may occur in the pelvis. Another position to achieve vibration and vitality in the legs involves the patient lying on his back on a bed with his legs extended upward, knees slightly bent, and feet flexed. The legs will start to tremble spontaneously in this position, and a kicking movement may even occur. The vibration releases some tension and also allows a person to experience and enjoy involuntary movements (Lowen, 1975).

A final passive position is used to help a person get in touch with pelvic tension so that he can develop the pelvic thrust essential for sexual aggressiveness and enjoyment. The person stands with his knees bent and his weight on the balls of his feet. He is to "push down" but not let his heels rise or his knees straighten. The
only available movement is a forward thrust of the pelvis. This movement will not occur if the pelvis is locked or if tension in the legs prevents the upward flow of the resultant force (Lowen, 1975).

The above-mentioned passive exercises or positions serve to bring the patient into contact with his body, to increase bodily sensation, to deepen breathing, and to produce some release of tension through tremor and involuntary movement (Lowen, 1967). Passive positions, especially the bow position, the bent-forward position, and the basic breathing position, are used routinely at the beginning of most therapy sessions. The repetitive use of passive positions has a cumulative effect on the body. Breathing becomes easier and fuller, and more sensations arise in the body. Patients can practice these positions at home, too.

In therapy sessions, passive positions are followed by active, expressive movements which are used to mobilize and release suppressed feelings. As stated earlier, tensions in the body limit its motility and capacity for feeling. Breathing alone cannot release tension; the active expression of the suppressed emotions is necessary to
free the patient from his rigidity. The individual must accept the irrational or emotional in himself and integrate it with the reasonable (Lowen, 1967). A number of expressive exercises, the aim of which is this integration, will be discussed in this section.

In one active exercise, the patient is to strike a couch or bed with a tennis racket or his bare fists. This serves both to release aggression and develop coordination. At first, the person's movement will be uncoordinated and mechanical. As he involves his entire body, the exercise becomes an emotional experience. Lowen (1967) believed any exercise designed to release negative, aggressive emotions is effective because everyone has something to be angry about. The person comes to realize that his lack of coordination reflects an inability to express the angry or fearful feeling. He must overcome his feelings of awkwardness and commit himself to the exercise. The activity itself of striking will produce the emotion of anger.

Another exercise with a similar purpose is to have the person lie on the bed and kick it in a rhythmic manner. He may shout or vocalize "No!" if he so desires. This vocalization integrates the ego with the bodily expression
and promotes coordination and control (Lowen, 1965). If a person's self-expression is blocked, his kicking will have an impotent quality. As emotion envelops the whole body, kicking becomes more rapid and effective. Kicking allows the lower half of the body to take some control over the organism, which is particularly important in sexual excitation. Kicking also allows a person to get in touch with some of his infantile feelings (Lowen, 1967).

Other exercises designed to release anger and aggression include lying on a bed and striking it with the fists, throwing a temper tantrum on the bed, banging the head against a pad, shaking the head from side to side, or twisting a towel. In all of these exercises, as the person begins to relax and let go in his actions, his coordination will spontaneously increase. He may be encouraged by the therapist to vocalize and scream during the exercise. It is believed that unless the patient is able to overcome his fear of letting go and participate fully and with coordination in these exercises, he will be left with a feeling of dissatisfaction at the conclusion. These exercises all serve to arouse feelings, stimulate breathing, and set the body in vibration (Lowen, 1965).
Lowen spoke in detail about the anxiety of falling. This falling anxiety is related to a fear of heights, of falling in love, of falling asleep, of dying, of drowning, and of sexual feelings (Lowen, 1975). Several of his expressive exercises are directed at this fear. Lowen believed a fear of falling generally is actually a fear of failing and of surrender. His exercises aimed to rid a person of the illusion that he must not fail and to help a person accept himself as he is.

In the first exercise, the person stands with all of his weight on one foot. The other foot may touch the floor for balance. The person is to stand in that position until he falls, but he is told to not let himself fall. The fall must be involuntary to be effective. Eventually because of fatigue the person will fall to the floor, landing on a blanket or pad. Until the fall, the person is using his ego or will to stay up against the inevitable force of gravity. The exercise is anxiety-provoking in that the person fears losing control, and his hang-ups about falling (and failing) are uncovered. Often the person will exclaim, "I will not fall!" When he does finally
fall, he feels a sense of release and relief and realizes he did not fall apart. The therapist helps the person realize that the natural direction is downward and toward the ground and reality and that he has stayed "hung up" attempting to fulfill the demands of others.

Following the falling exercise, an exercise in rising is used. The person kneels on a blanket on the floor, putting one foot forward. He rocks his weight back and forth and feels his foot firmly on the floor. He then lifts himself slightly and pushes all his weight down on the bent, forward leg. This causes him to rise. These two exercises help a person realize that rising and falling are natural functions and need not involve a use of will (Lowen, 1975).

A third exercise involving falling also is designed to free the pelvis (Lowen, 1975). The person takes a position in front of a stool which is touched for balance only. The feet are about six inches apart, knees are almost fully bent, heels are slightly lifted, and the body is pitched forward. Weight is on the balls of the feet. The person is to hold the position as long as he can without making it a test of will. When he can no longer hold
the position, he falls onto a blanket. The legs will vibrate before the fall; the vibration will extend into the pelvis, loosening and mobilizing it. This exercise may be repeated two or three times.

Many bioenergetic exercises involve the mobilizing of pelvic tensions while working on the expression of other feelings. Lowen (1975) described one exercise that is specifically sexual. The patient lies on a bed on his elbows and knees and digs his toes into the bed. He then thrusts his pelvis against the bed in hard movements, using vulgar and cruel words, if desired. This exercise gives a great sense of release. If anger is evoked, it may further be experienced by striking the bed with a tennis racket. Lowen (1975) said this release of hostile or negative feeling reinforced feelings of self-respect.

Exercises in self-expression are not limited to negative and angry emotions. Tender, positive feelings are also evoked. The person may be encouraged to reach his arms out, move his mouth in a sucking movement, and say, "Mama". In this act he expresses a need for comfort and affection. Other exercises to express longing and love are improvised and utilized as necessary.
Thus, every exercise is designed to release not only suppressed feelings but also muscular tensions. The aim of therapy is to help a person become more spontaneous and self-expressive, which in turn leads to an increased sense of self (Lowen, 1975). However, it is important to note that the exercises employed will not be effective if done mechanically. The individual must work to overcome his strong fear of letting go and losing control as well as a fear of failing and yielding. These fears and resistances are worked through in therapy using exercises and analysis. Bioenergetic therapy involves both analytic work on the past, stressing the "why" of behavior, and work on the present, stressing the "how" (Lowen, 1975).

Lowen utilized the psychoanalytic concepts of transference and countertransference in discussing the verbal, analytic part of therapy. He said,

Therapy is a process of self-discovery. It takes place, however, in relation to another person, the therapist, whose interaction with the patient parallels the patient's early experiences with his mother and father. (1967, p. 247)

He believed that the patient would direct his feelings of anger and abandonment as well as feelings of affection and longing toward the therapist. However, unlike the
therapist in traditional psychoanalysis, the bioenergetic therapist could respond to the patient with affection and touching to express his caring, and the patient may respond in kind (Lowen, 1975).

Bioenergetic therapy thus involves verbal, intellectual analysis coupled with appropriate, physical, experiential work. The approach is holistic. The two realities of mind (knowledge) and body (feelings) are harmonized and treated as one (Lowen, 1967). Lowen (1975) thus described a healthy person as one whose impulses all flowed from the heart, who responded emotionally in all situations, whose feelings were genuine responses, and whose actions and movements were graceful and effective.

**Psychomotor Training**

Albert Pesso, a dancer and therapist, has developed a training program for therapy and emotional reeducation called systematic psychomotor training. It is a method for "experiencing more of one's organic self as a living, moving organism and not only as a thinking, conceptualizing, verbalizing being" (Pesso, 1969, p. xii). Pesso believed one must make contact experientially with his organismic self. Upon this organismic foundation is built a rational,
verbal "superstructure" which allows one to adapt, vary, and evolve according to environmental conditions.

In a series of sessions, Pesso works with groups of about eight people who may be in the group as part of inpatient psychiatric therapy or just for an enrichment and growth experience. Psychomotor training is anxiety-arousing to most people at first because it deals with emotions and with the body, both sensitive areas for most people. However, members are not expected to expose feelings and thoughts except on a voluntary basis. In essence, psychomotor training promotes spontaneity, awareness, and self-expression by attempting to make all emotional impulses realized motorically. Pesso (1969) stated the aim of psychomotor training was "to get all these emotions out into the open where they can be dealt with and processed directly and consciously" (p. 36).

Psychomotor training has three stages. In the intrapsychic stage, the group works on sensitization to and control of different types of motoric impulses (Pesso, 1969). The interpersonal stage involves sensitization to and awareness of the spatial placement of others and the impact of gestures. Training is begun in "accommodation", a process
in which emotions are elicited by arranging the appropriate expected reaction from other members. In the last stage, which is both intrapsychic and interpersonal, emotional motoric expression occurs in controlled "structures". This means that target figures in a person's life are set up in a specific situation so that both catharsis and corrective experience can take place (Pesso, 1969). Exercises from each of these three stages will be described here.

The aim of the intrapsychic stage is "articulation, flexibility, spontaneity, and control of the motor expressions of the body with no aspect being over-accentuated" (Pesso, 1969, p. 5). This aim involves exercises which polarize and clarify three types of motoric impulses: reflexive, voluntary, and emotional.

In the reflexive area, members learn initially a "species stance". In this stance, one drops inhibitions and defenses and gives in to gravity. One stands with all skeletal muscles relaxed: the head drops to the chest, the stomach protrudes, the arms hang, the spine curves. All thoughts and feelings are pushed out of awareness. This position is not easy for people to do at first, but
as members resolve their conflicts in movement over time, their species stance improves. During early sessions, the leader will go to each person in the species stance and raise an arm, flopping it, then letting it drop. Trust and a willingness to give in to gravity is demonstrated (Pesso, 1969).

Another exercise to demonstrate and clarify reflexive movement is called the "torso twist". With members in a species stance, the leader twists their shoulders then releases them. Shoulders should spring back and the arms and head should swing in an oscillating manner, if the person is relaxed and compliant. Pairs are formed in the groups and perform the torso twist, with members giving feedback to each other. This exercise demonstrates one's ability, or lack of it, to relax instantaneously (Pesso, 1969). The torso twist as well as the species stance should lack emotionality, as only reflex movement is being dealt with. The last reflexive exercise is called the "fall catch". Members in the species stance allow their centers of gravity to fall beyond their feet so that they start to fall forward. The reflex response is a stepping and lurching. Again, one is to remove voluntary control
and let the reflex happen. Successful execution of the fall catch indicates that one can reduce inhibition enough to give into emotional impulses and see that no disaster or danger results.

The next area of exercises in the first stage deals with voluntary movement, which is the type of movement that has to do with the conscious control of a body in space in a nonfunctional, nonexpressive way (Pesso, 1969). Voluntary movement is of three types: conscious, habitual, and exploratory or curious. In conscious voluntary movement, movements which involve maximum concentration and a minimum expenditure of energy are practiced. Each member is instructed to raise an arm to a designated level in space with the least amount of energy possible. Intense concentration and awareness are required for this. The arm will move very slowly and somewhat unevenly. The control of minute amounts of energy is required here. Many people dislike or have difficulty with this movement due to lack of concentration.

Exercises for habitual voluntary movement involve preselecting a movement and then performing it without emotion. One chooses a movement to perform, such as swinging
the arm to the side or bending the torso sideways, and then does exactly that movement. This is an easy exercise, and members are reminded not to move randomly but to plan their moves.

Voluntary movements in the "service of interest and curiosity" are practiced by having members look at an object in the environment and then consciously plan a detailed program of movements to explore that object (Pesso, 1969). Each detail of walking, reaching, and touching the object is planned, and then the program is executed. The inadequacy of one's planning is immediately apparent, demonstrating the role unconscious planning takes in a complex movement (Pesso, 1969).

The third major category of motoric impulses deals with emotional movement. Members may experience their internal world of feelings and sensations, free from society's restraints (Pesso, 1969). One's emotional impulses may thus be acted upon in the training session. Pesso first has members become aware of their breathing. They are asked to exhale and then refrain from inhaling until reflex takes over. Members of course experience relief at this resumption of breathing. The exercise demonstrates
the discomfort of postponement and the satisfaction of expression of emotions (Pesso, 1969). Pesso (1969) believed emotions are sending messages which are intended to be acted upon and suppression of these emotions resulted in tension and discomfort.

In another exercise used to clarify emotional movements, members take a species stance and relax. The leader then asks them to recall a time when they felt afraid. Members focus all their attention on the fear and then are to act on it. Movement may be hiding, crying, running, etc., but it should be successful action. That is, the action should help remove the person from a fearful situation or eliminate the source of fear. This same process is repeated for anger, love, and joy. Spontaneity in emotional expression is aimed for, and movements should be coordinated and complete (Pesso, 1969).

It should be pointed out here that the leader demonstrates and participates in all exercises. He moves the group at an appropriate pace and intersperses relaxation, discussion, and explanation through the series of exercises. He must be prepared to deal with intense or unexpected reactions of individual members in a reassuring
The second or interpersonal stage of psychomotor training deals with sensitization to spatial placement, the effect of gestures, and the process of accommodation. In working with the effects of spatial placement, the leader involves first the entire group. Members form a circle and are asked to be aware of the sensitivity of the front of their bodies. Space inside the circle is "felt" as warm and outside space as cool. Members are asked to change positions in the circle, to take turns being out of the circle, and to take turns in the center directing the members to do whatever they wish. Awareness of the effects of spatial placement in terms of rejection, acceptance, intrusion, and freedom is stressed.

To demonstrate the effects of gestures and nonverbal behavior, the leader instructs members to move their arms in four positions: forward with hands flexed, to the side, over the head and open, and touch others' hands. Each member stands in the center of the circle while the group directs these gestures toward him. The power of these nonverbal gestures is keenly felt. The individual may then request certain gestures from the group. Various feelings
The effects of the spatial placement of individuals is now explored. In an exercise called "controlled approach", one person is designated as controller and directs with gestures where he wants another individual to move. The intent of this exercise is not manipulation, and the exercise should proceed slowly and with awareness to the effects of placement (Pesso, 1969). The controllee may be asked to move close, kneel, back up, walk around the controller, and so on. Roles are then reversed. Discussion is not required, but it may ensue. Gestures as well as position may also be directed by the controller. Pesso (1969) warned that many hospitalized mental patients reflect an inability to be self-initiating, which could make this and other exercises ineffective for them.

Tactile exercises, as an intensification of proximity in spatial relationships, are used to arouse awareness of the sense of touch, to produce tolerance for touching, to de-eroticize touch, and to develop sensitivity to one's feelings (Pesso, 1969). Tactile exploration of one's surroundings is practiced first. Then exploration of one-self through touch is attempted. This is difficult and
embarrassing for some people. Members are asked to get to know themselves through touch. Awareness of surfaces, textures, and features is stressed. Finally, members are to explore others' bodies excluding sexual areas. This is done in pairs, and a thorough slow, careful exploration is requested. Roles are then reversed.

Accommodation is a "structured response of a group, individually or en masse" (Pesso, 1969) to an individual's motorically expressed emotion. This technique is introduced in the interpersonal stage of psychomotor training. Accommodation provides both the confirmation that an emotional expression has been effectively carried out and the provocation of more or deeper emotional responses (Pesso, 1969). When an individual, called the "enactor", wishes to recall an emotion, he instructs another person, his "accommodator", to take certain placements and gestures. The enactor makes moves emotionally relevant, and the accommodator responds. An accommodator is designated as either negative or positive, depending on which emotions are being worked with.

The leader instructs members to pair up and select roles. The often suppressed emotion of anger is dealt
with first. The enactor delivers "blows", which of course never touch the other person, to an accommodator who cries, recoils, agonizes, or even eventually "dies" at the force of the blow. This process is repeated several times, and the enactor becomes more effective with practice. Pesso (1969) said, "Accommodation may be looked on as a seducer of emotion." Thus, more and more anger will be expressed as the activity is practiced. Anger, or any emotion, will rise in a crescendo then fall off, as an organic drive such as emotion is never endless. Members thus learn that their emotions are limited and are controllable. One sustains angry feelings by containing them, and members learn that expression of anger does not have disastrous consequences as they fear.

Poor accommodation, or ineffective, poorly timed responding by the accommodator, further frustrates the enactor and results in disappointment and distrust (Pesso, 1969). Thus accommodation must be realistic and done according to the wishes of the enactor. Pesso (1969) warned that many mental patients make poor accommodators because they are unable to fantasize knowingly, and other people should be available in these groups.
A tremendous sense of release follows accommodation. The enactor often feels gratitude toward the accommodator, and a hug may be appropriate to ensure that there are no negative feelings. It is important, too, that the enactor not be truly angry at the person he selects to accommodate him. Even though the situations in accommodation are clearly faked, there is satisfaction derived as physical expression of the emotion has taken place.

In an exercise of accommodation called "controlled rejection", the enactor gets to "throw out" his accommodator. It is helpful for the enactor to think of a specific person in his life to reject. The throwing out may be repeated until the anger is dispelled. Roles then are reversed. In the "Bowling Game", anger is expressed in a less direct way. Members take turns as the bowler, and the other members line up as pins. The bowler then rolls a ball and knocks them down in any manner he chooses to direct. A great deal of satisfaction may be derived from this playful destruction.

The final stage of psychomotor training utilizes "structures" which are "motoric recapitulations of past or fantasized events" (Pesso, 1969, p. 187). Structures
are based on the technique of accommodation and involve target figures which are polarized into positive and negative accommodators in an enactment of a specific situation. Emotional impulses that were in reality suppressed are allowed expression in the structure.

Structures are usually individually tailored, and thus an endless variety of structures are possible. Often structures will involve parental figures, even Oedipal situations, as early emotions and their expression are basic in the growth process, according to Pesso (1969). These early feelings need to be clarified and expressed in order for further emotional development to occur. A person may enact a memory as it was with a rejecting parent and then as it might have been with a warm parent to "correct" the effects.

Pesso suggested that before an individual's structures are carried out, a group structure should be practiced. In this child-parent structure, the group divides in half. One group is asked to imagine or recall a childhood situation in which they felt very afraid and wanted help. The other group plays the parents. The children run to the parents who comfort, reassure, love, and care for
them. Here, these positive accommodators provide the appropriate response (warmth and love) to the emotion (fear). This permits the organism satisfaction and provides an emotional truth even though the situation is in reality faked (Pesso, 1959).

Reactions to structures are very real, and the enactor is often physically and emotionally drained for some time afterwards. For this reason, the people who were positive accommodators stay next to the enactor for a few minutes to provide support. During structures, both positive and negative accommodators may be used to provide corrective experience to a painful historical situation. This notion of corrective experience helps people see new ways of doing things in life. Pesso said,

> Psychomotor training structures change the emotional charge that one has in respect to certain circumstances. They permit the physical action relevant to that charge. They change the kinds of behavior that one anticipates relevant to oneself. (1969, pp. 207-208)

Insight or intellectual understanding follows rather than precedes the action of a structure. The individual who has just completed a structure may discuss his understanding of it if he so desires, or he may choose to remain
silent. Thus, experience is the focus in psychomotor training, rather than verbalization.

Dance Therapy

Dance therapy has been defined by the American Dance Therapy Association as, "the psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual" (American Dance Therapy Association, 1975, p. iv). Movement is the medium of dance therapy just as words are the medium of verbal therapy (Schmais, 1974). In this paper, dance-movement therapy is discussed in terms of its purposes and characteristics including descriptions of dance therapy sessions. It should be pointed out that there are various styles and theoretical approaches to dance therapy. Descriptive and theoretical literature in the field of dance therapy is plentiful, although controlled research concerning effectiveness is virtually nonexistent.

Throughout history, man has danced to relieve tensions of his body and brain (Lefco, 1974). Early man danced out of fear, anxiety, and ecstasy. His unrestrained movement was expressive and cathartic and united him with others. It is upon man's basic urge to dance that dance therapy
ultimately relies (Lefco, 1974). Dance therapy promotes the integration of the psychic and physical which is necessary for one's well-being. Metheny (1968) stated that any dance form may serve the purpose of evoking meaningful conceptions of man's interactions with the realities of his life. Thus, dance and movement are seen as expressions of an individual's personality and how he relates to his internal and external environment.

Schmais (1974) has pointed out three assumptions concerning the practice of dance therapy. First of all, movement reflects personality. Bodies have become sculptured by life experiences, and these postural and movement patterns now limit the individual's feeling and responding. Thus dance therapy deals with the total personality as it is expressed in movement. A second assumption is that the relationship established between the therapist and the patient supports and enables behavioral change. The dance therapist emulates the behavior of the patient in an attempt to deepen the patient's awareness of himself. The therapist provides caring, warmth, and skill in helping the patient grow and discover more about himself. A third, and critical, assumption is that
significant changes occur in movement that can affect the total functioning of the individual. The patient's body image and self-confidence improve as he improves his body functioning through exercise, release of tension, toning of his muscles, and expression of suppressed emotions. Feelings, thoughts, and actions become integrated. Based upon this assumption of the unity of mind and body, dance therapists believe that psychological and emotional problems can be influenced by either a verbal or a physical movement method. If dance therapy brings a change in the body's behavior, there should be a corresponding change in the mind and vice versa (Schoop, 1974).

The goals or purposes of dance therapy can be summarized into four areas. Expanded body awareness is the first goal. The client will develop an awareness of his body parts, any areas of tension, his balance and coordination, his breathing, and his physical sensations and the images they evoke (Smallwood, 1975). Alperson (1974) referred to this activity as "exploration of the internal environment" (p. 212). The second goal of dance-movement therapy is to increase the client's range of movement responses. He will learn to move in new ways by exploring
qualities of movement and by breaking tension patterns (Smallwood, 1975). The elements of time, energy, and space as they function in movement will be dealt with. The external environment will here be explored (Alperson, 1974). Feder and Feder (1977) stated this goal of dance therapy is to "increase a patient's movement repertoire and therefore his ability to express moods, attitudes, and ideas" (p. 80).

The facilitation of interpersonal communication is another goal of dance therapy. The patient must relate to another person and learn how body expression functions as communication (Fletcher, 1975). He learns by contact and exchange with others. Interaction in dance therapy serves as a resocialization process for many patients especially those who are particularly withdrawn or even mute (Schmais, 1974). This relationship of the therapist and patient is a crucial aspect of the therapy.

The fourth goal of dance therapy has been termed "intrapsychic reorganization through insight into meaning" (Fletcher, 1975, p. 6). Preverbal, undifferentiated, and repressed emotions and experiences are brought into awareness and are recognized and interpreted. Cathartic
movement occurs and helps release suppressed emotions (Feder & Feder, 1977), but an understanding, and usually a verbalization, of the felt experience is necessary for integration of the personality. Fletcher (1975) described a process called "linking", by which elements of experience -- motor impulses, movement, thought, image, and emotion -- are internally connected in meaningful association with each other. The method of improvisation which will be discussed in detail shortly is the main way this intrapsychic reorganization is achieved.

Dance therapy can be done in individual and group sessions. Individual sessions are often used when group participation would be too threatening for a patient or when a patient needs close, specific work on certain material (Smallwood, 1974). If a patient, especially an in-patient, tends to be very aggressive and disruptive or extremely withdrawn, he should be dealt with on a one-to-one basis first. For example, Kalish (1974) worked with autistic children on an individual basis as they are so poorly socialized. In an individual session, the relationship of the therapist and client is central to the therapy process (Smallwood, 1974). A group approach to
dance therapy is preferred in many situations because of the group interaction factor. Clients can observe and learn from each other and are given the opportunity to give and receive in relationships (Burton, 1974). Groups should be composed of six to eight people, and it is advised that members be of more or less the same disposition (Schoop, 1974). That is, clients with good reality contact should not be mixed with those in poor contact, for example.

The circle is frequently used in group dance therapy sessions. It provides a sense of impersonal safety to members and is one of the most effective formations for getting patients to become aware of each other. The hand-clasp in a circle utilizes touching as a mode of communication.

Burton (1974) used dance therapy in a group setting for hospitalized mental patients. Movement was explored in the group in terms of motor action, posture and gestures, use of time and space, and patterns of energy. Group members learned about nonverbal communication in work with each other. They learned to relax tense areas in their bodies and to be aware of internal responses to the
environment. Folk dances and rhythmic exercises were used in groups of more disturbed patients.

For patients capable of intellectual understanding, an insight-oriented movement group can be formed. Improvisation or the exploration of symbolic meaning in movement is used in these groups (Burton, 1974). Patients are free to move spontaneously and creatively, as internal cues and emotions are contacted. Problem-solving and decision-making are goals here. Group members may observe and comment on their own and each other's movement, emphasizing verbal validation of nonverbal experiences (Burton, 1974). Patients benefit from experience in improvisation with each other as if it were real, and they begin to perceive their own actions and feelings and relate them to the past and present. Thus, the patients begin to change due to insight gained through movement.

Dance therapy sessions can have a variety of formats and structure depending upon the style of the individual therapist and the needs of the patients. Some therapists, such as Lefco (1974), advocate a completely unstructured, unplanned, client-initiated session so as not to risk blocking the spontaneity of the client. However, most
therapists utilize some structure in their sessions, and a descriptions of techniques used in dance therapy sessions will be made here. It is essential, however, that a dance therapist be flexible in the directing of a session in order to be responsive to the patient's wishes and needs.

At the beginning of, and indeed throughout, the process of dance therapy, the movement of a client is evaluated as indicative of his psychological functioning. By obtaining some idea of assessment of a person's unique style and range of movement at the onset of therapy, the therapist is able to evaluate demonstrable change in behavior. An individual's body and movement are studied with respect to many characteristics which provide strong cues as to personality and emotional traits. Alignment is observed, as it is a good indicator of the self-image. Does the person slump or stand erect? Is he symmetrical in his stance? Another characteristic is overall body tension. Does the person appear weak and sloppy, or is he rigid and constricted? Breathing is another characteristic to be evaluated as to its rapidity and depth. Specific areas of body tension, such as a
clenched fist or raised shoulders, are believed to indicate repressed emotions and conflicts. How smoothly, how quickly, and how expansively a person moves are also considered. All of these and other details of a person's individual movement repertoire are used for diagnostic and prognostic signs. They further serve as indicators to the dance-movement therapist that here specific attention in therapy is required.

A dance therapy session, whether group or individual, generally begins with structured warm-up exercises designed to energize, relax, and stretch the body. The muscles and joints of the body are all exercised through bending, flexing, shrugging, and shaking. It is hoped that over time from these warm-ups at least some minor improvements in musculature will be made (Feder & Feder, 1977). Very often work will be done on proper breathing. Clients practice deep breathing and often develop awareness of their own habitual breathing patterns. They learn to feel the breath energize and mobilize the entire body. Clients are often taught how to be aware of and relax areas of tension in the body by shaking and tensing and then shaking again the particular body area.
Body alignment is often worked on in dance therapy sessions. Exercises which stretch out and strengthen the torso are employed here, as well as spatial movements. Schoop (1974) had patients imitate each other's postures to feel what it was like to have another's alignment. She also had her patients work with extremes of alignment by having them first do the worst stance and walk possible, and then do the best they can. In this way, patients learn to feel their own distortions. Schoop stressed the importance of the body's center by stating, "The center seems to be the starting and the ending point for the body's behavior" (1974, p. 93). Every movement either goes away from or toward the center, and therefore the muscles in the center of the body must be able to expand and contract in response to stimuli. Exercises to help people become aware of their centers include a tug-of-war, reaching overhead, pushing furniture or other people, or even pretending to change a tire (Schoop, 1974). Awareness and strengthening of one's center contributes to improved body alignment and to improved coordination and balance.

Frequently, a dance therapy session will include
instruction and practice in the qualities of movement: time, space, and energy. Exploration in these qualities can lead to new body experiences and an expanded range of movement possibilities (Smallwood, 1975). Usually, extremes in these qualities will be dealt with first. Later on in therapy, more subtle degrees may be explored.

The concept of time or rhythm in movement can be explained by having patients move very slowly for a while and then very quickly. Rhythms can be practiced using drums or beaters. Clients may move in varying, changeable rhythms and times, and they learn to organize and structure time.

The quality of space is worked with by having patients move in a large area as opposed to movement in a very small space. For example, runs and leaps are contrasted with tiny steps. Use of space may be thought of as direct or indirect, and patients demonstrate this by moving toward someone else as opposed to moving away or around. The effects of the proximity of other people is a factor involved in the concept of space.

Energy is the third quality of movement. Patients practice moving in a very tense, bound manner, and then moving in a relaxed, open way. They learn that much more
energy is used in tense movements than in relaxed. Also in regard to energy, practice is made in moving with a great deal of control as opposed to moving in a loose, uncontrolled fashion. Schoop (1974) helped patients develop self-control and mastery by having them move with split tensions and energies. For example, one might skip with loose arms and stiff legs, or walk with only one side of the body limp. The rise and fall of energy in movement can be exemplified by having patients do folk dancing (Feder & Feder, 1977; Schoop, 1974). Here, energy rises to a frenzied pace then subsides, leaving one with a sense of exhilaration and fulfillment.

A variety of other techniques can be developed by the dance therapist to assist the patient in his exploration of new movements and awareness of his own bodily sensations. Therapists help patients discover feelings as well as new movements by utilizing imagery and fantasy. A patient may be asked to move like a "bolt of lightning" or like a "gentle wind". Aggressive movements, such as kicking or hitting, are often elicited and practiced. Similarly, other emotions are demonstrated in movement. Schoop (1974) recommended the use of the full range of
human movement from infancy to adulthood. Patients fantasize being born: rolling, crawling, exploring as an infant; learning to walk, to skip, to jump, and to run. This developmental process helps patients bring unused body areas into action.

The descriptions of dance therapy sessions given up to this point have centered on the structured part of the session. These structured exercises and activities help the person begin to contact deep feelings, and the unplanned, spontaneous, improvisational parts of the session grow out of this. In the early part of therapy, sessions with a patient may never actually include an improvisational part. Patient are often too inhibited or too out of touch with their bodies to feel comfortable improvising at first.

Alperson (1974) stated that the movement therapy process actually begins here, when the client can attend to an inward impulse or sensation and then "allow this impulse to flow naturally outward without evaluating or consciously willing its expression" (p. 213). This result is what Alperson calls a felt-movement experience in which the person is in immediate contact with himself.
In this stage of therapy, the person is moving authentically, in direct expression of his feelings.

Smallwood (1975; 1974) said that this authentic movement came out of the process of improvisation. The patient is self-directing here, and the therapist becomes an observer and participant. The patient directs his attention to his body and allows the body to move however it feels. He is not to worry about his "performance" but is to move freely and spontaneously. Schoop (1974) described improvisation as nonverbal free association or "physical doodling". As the body is allowed to move spontaneously and without mental control, hidden impulses, memories, and emotions rise to awareness. The body is telling one about feelings he did not know he had. The release may be cathartic with tears, rage, or fear, or it may be quiet, peaceful, and integrating. Feder and Feder (1977) believed that improvised movements symbolically represented a way of coping with traumatic experiences. That is, frequently feelings such as abandonment by the parents or shame over sex drives come to fore. Once in conscious awareness, these conflicts and traumas can be worked through. Smallwood (1975) stated, "Like traditional psychotherapy, dance therapy can serve as a
After the penetrating experience of authentic movement in improvisation, the person feels satisfied and emotionally spent. At this point, a synthesis of the felt-movement experience and verbalization can promote perceptual and behavioral change (Alperson, 1974). That is, in most dance therapy sessions, improvisation is followed by an intellectual understanding of the subjective experience. The meaning of the experience is clarified with the help of the therapist, and an integration of the physical, intellectual, and emotional is achieved. From this integrated understanding, decision-making and problem-solving are possible.

Dance therapy has been widely and effectively used with psychotic patients, many of whom display bizarre body attitudes and movements. The dance therapist tries to experience these movements in order to establish trust and initial contact with a patient. Schoop (1974) joined a mute patient in her relentless pacing in order to break into the psychotic's world. This patient who had been mute for years, eventually talked to the therapist. Once the patient accepts the therapist in his compulsive movement, the therapist may begin to make slight variations
in the tempo or size of the movement. This gives the patient "permission" to vary his movement (Schoop, 1974). The psychotic may realize nothing will happen to him if he changes his movement pattern. Kalish (1974) used this same imitation then variation in her work with autistic children. She imitated and reflected the constriction of the child's movements, then introduced slightly different movements to which the child responded. Schoop (1974) even joined psychotic patients in their delusions by dancing and acting out the fantasies. This "motoric empathy" enabled the patient to share the secrecy of his delusion, whether it was pleasant or terrifying, and to contrast reality with delusion.

The integration of psychoanalytic theory into dance therapy has been achieved by some therapists. Each of the various developmental, psychosexual stages has been associated with certain movements and muscular patterns by Siegal (1974), enabling a dance therapist to evaluate movement and ascertain fixations in development. For example, the clinging, uncoordinated, anxious movement of a patient indicated oral fixation according to Siegal. Therapy work will focus here on strengthening ego functions
manifested, for example, in correct walking. Psycho-analytic concepts of transference and countertransference can also be used in dance therapy. The patient comes to see the therapist as a benevolent mother, and much improvisation can be done to deal with the mother-child relationship (Siegal, 1974). In one case study, Siegal (1972) described her use of movement in therapy with a mongoloid boy. His anal fixation and preoccupation with eliminative functions were dealt with through movement and positive transference. Improvement in the child's destructive behavior and even in his I. Q. score was reported in the course of therapy.

Thus, dance therapy has been seen to be a widely applicable movement therapy which utilizes both structured techniques and improvisation to bring about the goals of therapy.

Evaluation & Conclusion

The aforementioned six applications of expressive movement in psychotherapy will now be compared in reference to four factors: the role of interpretation and verbal understanding, the expectation of structural change, the orientation toward time, and the use of emotional expression. Following this brief comparison, each form of
movement therapy will be discussed in regard to its appropriateness and applicability for various clients and how it may facilitate some of the criteria, established by the authors, involved in the growth process. Finally, some considerations for research will be offered.

The importance of verbal understanding, or deriving the meaning, of an expressive movement experience varies among the therapies discussed. In Gestalt body work and in t'ai chi, the client is not expected or even encouraged to reach and verbalize an intellectual interpretation of his experience, although Gestalt body work does require a verbal reporting of what is going on in the body. Emphasis is on awareness and feeling and on experiencing the body, the emotions, and the mind as one unit. T'ai chi does not even involve verbalization, except as the discipline is being taught. In bioenergetic analysis, encounter group exercises, psychomotor training, and dance therapy, verbalization and intellectual processing are considered necessary for the integration of the experience with the personality. From this integration of the emotional, the physical, and the mental, behavioral and personality changes are believed possible. However, in the
use of dance therapy with regressed or some psychotic patients, an intellectual interpretation of the movement experience may not even be available.

Structural or actual physical change in the body is sought in several of these therapies. Many of the exercises used in bioenergetics and in dance therapy serve to tone the body, increase its strength and flexibility, relax areas of tension, and facilitate the flow of body energy. T'ai chi also exercises the body, but in a very gentle, slow manner. Gestalt body work does not aim to improve directly the physical functioning, nor do psychomotor training and encounter group techniques, although many of their exercises are invigorating and stimulating.

In all of the therapies described, an emphasis is placed on experiencing in the moment. This idea of immediacy or being in the here-and-now is a cornerstone of Gestalt therapy. Movement and expression can only be happening in the present. Increased spontaneity in movement is a goal of all the therapies. In t'ai chi, especially, the past and future have no relevance. In contrast, for bioenergetics, psychomotor training, and some orientations to dance therapy, unresolved conflicts from childhood
that affect present functioning are attended to and must be worked through in therapy. The exercises used by Schutz in encounter groups also attempt to work through these childhood conflicts. Gestalt body work does not deal with events in the past per se, but the effects of the past upon present functioning and awareness are not denied.

A final point of comparison is the approach to emotional expression. Catharsis can certainly be a beneficial effect of all the therapies, but most specifically bioenergetics and psychomotor training are directed toward the explosive release of emotion. Dance therapy, Gestalt body work, and even some of Schutz's exercises can also evoke strong, suppressed feelings. T'ai chi does not directly deal with these previously blocked emotions, but enhances awareness of all internal processes. All of the therapies advocate freer, more productive expression of emotions outside of the therapy sessions as well, and psychomotor training attempts directly to provide this form of emotional reeducation.

From this comparison, it can be seen that among the six therapies the means for achieving therapeutic goals are sometimes quite different. The eventual goals of
therapy are the same, however: all of the methods attempt to facilitate the integration of all aspects of the person into a congruent whole. Awareness and enjoyment of a healthy, energetic body is the "sine qua non" of personal growth and self-actualization. Finally, the spontaneous, free, and appropriate expression of emotion through bodily movement is a crucial goal of these therapies.

Each of the described therapies will now be discussed in terms of applicability to various client groups and how each may facilitate the growth process.

Gestalt body work is an integral part of the Gestalt therapeutic approach, and, therefore, is not used alone for therapeutic change. As with any therapy, Gestalt body work would not be effective for everyone. It may be hypothesized, for example, that the effectiveness of this approach with extremely disturbed or regressed psychotic patients would be doubtful, as the ability to fantasize and to differentiate fantasy from the substantial world is often necessary. It is further suggested that many individuals, who place great importance on cognitive, intellectual, or strictly rational processes, would not be amenable to working within the Gestalt structure.
because of their reluctance to put aside verbal thinking.

The key for growth in each of these therapies, and especially in Gestalt therapy, is awareness. Inviting the client to direct his attention to breathing or to an increase in energy level is an attempt to give him an opportunity to become aware of what he is doing. Once the client becomes aware of the "what" of his actions, he will be better able to recognize choices and alternative patterns for his behavior and feel that he is in control of his life. He can now begin to take responsibility for his actions, thoughts, and feelings. He will also see that he is self-supporting and can trust the organism that he calls himself. Realizing that he is in control, it is hypothesized that he will begin to relate to others with greater emotional freedom.

T'ai chi may be viewed as a discipline and a process by which personal growth in terms of enrichment and awareness is facilitated. However, t'ai chi does not claim to be a therapy in itself and does not focus on specific problematic areas in a person's life. Thus, t'ai chi is probably inappropriate as a sole intervention technique. However, for clients involved in a more comprehensive
therapy, such as Gestalt or even traditional verbal therapy, t'ai chi could be an effective adjunct of benefit in involving the body, senses, and movement in the entire growth process. Again, awareness is regarded as the key in t'ai chi. In this discipline the client becomes aware of his body through instruction in proper breathing and concentrating on allowing his energy to flow through a series of expressive movements. In participating in these movements the individual becomes more open to experiencing his sensory world of the moment, and, thus, becomes more spontaneous and free in his movements and concomitant feelings. It is hypothesized that this freedom and spontaneity will carry over into the other aspects of life and the interpersonal relationships of the individual.

The movement techniques used by Schutz in encounter groups were designed to increase interpersonal awareness and communication. This particular application of movement in the encounter group is designed to facilitate personal growth in individuals capable of intellectual understanding and insight into their psychological functioning. The present authors assert that encounter groups
are not panaceas for therapeutic change and should not be considered a substitute for individual psychotherapy for most individuals. It is further believed that careful consideration on the part of the leader/therapist should be given each prospective member. For all the good that may be achieved in an encounter group, there is equal potential for harm and damaging emotional experiences if a careful screening process is not instituted. For example, it may be hypothesized that hostile, overly aggressive individuals tend to be inappropriate for encounter groups where freedom of expression could be used to do emotional damage to others. It is well known that the process of personal growth and maturation requires a long time, and thus, it may be claimed that encounter groups facilitate growth but only in a limited way.

However, there is clearly merit in Schutz's methods for intensifying awareness and interpersonal experience and for bringing to the fore many repressed feelings. Breakthroughs and insights may often be prompted by the group's movement exercises, but such experiences must have potential for integration and utilization in life outside the group for a lasting, meaningful effect. The use of the
exercises gives the individual who may not be able to verbally express himself the chance to do so through his bodily movement. When skillfully initiated by the leader, these exercises may seem, to the individual, to be a safer, easier mode of self-expression. Discussion among members of the exercises may lead to increased awareness and potential growth.

Bioenergetic analysis is designed to be a complete, comprehensive therapy. It involves a considerable amount of physical work which is intended to have a cathartic effect in releasing tensions and suppressed emotions. However, this therapy goes beyond the cathartic effect to verbalization and cognitive understanding of the emotional experience. Lowen said he applied his technique to all types of patients, particularly those he described as neurotic or schizoid, but because of intellectual differences among patients, he varied the amount of verbal, analytical work. A few possible limitations of bioenergetics may be considered in discussing applicability. One obvious limitation is the strenuous nature of most of the exercises. For many clients, health and age factors would make certain exercises and positions inappropriate.
because of the vigor and strain involved. In fact, it is possible that some of the exercises have the potential to do actual harm to the person in terms of muscle and joint strains. The bioenergetic therapist should be extremely cautious and careful in his teaching and use of the physical work.

Lowen (1975) placed great emphasis on proper breathing and the flow of energy, and many bioenergetic exercises were designed to teach the individual to breathe abdominally and to increase the tension and vibration of the muscles. It is believed that in doing this, the patient increases his awareness of the positive effects of proper inhalation and exhalation as well as actually feeling the energy which is released through the muscle tremors. Other exercises, such as the fundamental stress position, are designed to help the patient stay in touch with reality and realize that he is capable of self-support. The particular exercises that deal with expression of aggressive emotions, such as hitting or kicking, are viewed by the authors with some skepticism. The benefit of catharsis is present, but it is believed that clients need to learn how to appropriately express
emotions in everyday life. Throwing a temper tantrum may release unexpressed rage and frustration, but it is in most situations an inappropriate behavior. Thus, repressed anger, fear, and remorse may all be contributing or causative factors in an individual's problems, but the expression and recognition of these feelings are seen as only part of personal growth. Learning to spontaneously and appropriate express feelings in situations outside the therapy session is hypothesized here as being critical. Lowen (1975) recognized this concern, but how integration is accomplished in bioenergetics was unclear and superficially explained in his writing.

Psychomotor training is a group therapy method which, the authors feel, may be appropriate for a wide variety of clients. It was described by Pesso (1969) as being used concurrently with other, verbal forms of therapy. It may be hypothesized that there is potential for helping both psychotics and patients with less severe pathology in this system. However, Pesso (1969) described alterations in his process when applied to psychotics. It seems to the present authors that the main characteristic of psychomotor training which would prevent it from being
viewed as a comprehensive therapy is its absence of focus on individual, specific problem areas. It seems that some aspects of therapy, such as problem-solving or integrative insights, can be handled in individual verbal psychotherapy while psychomotor training is in process. Individuals in Pesso's groups are free to express verbally any insights they have, but they are also free to keep totally silent about their experiences if they prefer to reflect on them outside of the group.

The present authors further assert that the structured nature of the group may not be conducive to allowing all individuals to progress freely and at their own pace through the learning experience. Thus, as an enriching, reeducating experience, systematic psychomotor training is especially appropriate for people who actually function adequately but not optimally in life. Psychomotor training seems to provide an opportunity for freely and spontaneously expressing emotions through movement, the benefits of which can carry over into everyday life and help make one more open to experience and interpersonal relationships.

Dance therapy is the broadest and most varied of the
treatment modalities reviewed in this paper, and the present authors believe that it is applicable to many types of clients. Originally, dance therapy was used in inpatient psychiatric facilities as a way of treating nonverbal patients, and, as noted, successful work has been reported with mute and other withdrawn psychotic patients. Dance therapy has also been used for geriatric patients, and the deaf, blind, and brain-damaged. For nonverbal or extremely regressed patients, movement may be one of the only therapies other than drugs which can be utilized with any appreciable effects.

Improvisation in movement is used in dance therapy more than in any other movement therapy reviewed in this paper. Most of the other therapies still utilize structured exercises or activities to promote expressive movement, whereas improvised movement in dance is entirely patient-directed. This particular feature of dance-movement therapy may allow a patient to explore his completely spontaneous, symbolic, expressive movement. Dance therapy is also regarded as suitable for clients with less severe pathologies. Such individuals may use improvisations to
contact and give expression to hidden feelings and impulses. Further, through this spontaneous movement, as well as through structured exercises, the client can become aware of his breathing and natural flow of energy. This spontaneous freedom of expression is very "here-and-now" oriented and has the potential to increase the individual's openness to experience. The clients can integrate these experiences into a more full and comprehensive understand of themselves.

Suggestions for Research

In reviewing the literature on the effectiveness of the therapies discussed here, it became apparent that there is very little research available other than uncontrolled individual case studies. Controlled outcome research is difficult to conduct for any type of psychotherapy because the conclusive criteria for comparison and improvement are difficult to establish and measure. Although the scope of this paper is not outcome research, the authors would advocate attempts to objectively evaluate the effectiveness of therapies which include body work. As a way of perhaps furthering the fulfillment of this need, some suggestions for research are offered.
A simple design for such a study might be similar to that which Foulds and Hannigan (1975) used in the only outcome research study to date on the effectiveness of systematic psychomotor training. Participants were given pre- and post-tests using the Internal/External and the Marlow-Crowne Social Desirability scales. Foulds and Hannigan concluded that "psychomotor therapy seems to foster increased internality and decreased social desirability responding in growth seeking college students" (1975, p. 81). Follow up at a six-month interval revealed the change to remain constant over time. Inventories which indicate the extent of self-support, as the two mentioned above which measure locus of control and the need to be socially acceptable, would seem to be quite appropriate in comparing the movement/body work therapies with other forms of therapy as well as with each other.

A similar design might utilize a personality scale, such as the Minnesota Multiphasic Personality Inventory or the California Personality Inventory, as pre- and post-test measures. Members of the experimental group would participate in a movement therapy, while one group would participate in a form of traditional verbal therapy, and
a control group in no therapy. Clinical elevations on the scales could then be compared both for each individual and from group to group. If, for example, the MMPI were used, the present authors would predict that elevations on the scores in the "neurotic triad" (Hypochondriasis, Depression, and Hysteria) would be reduced significantly for those individuals in the experimental group while the elevations would remain consistent or change very little in the other groups, with the group receiving no therapy changing the least. A detailed examination of the scales could lead to the generation of further predictions in the areas of self-support, spontaneity, and relationships with others.

In comparing movement therapies with other types of psychotherapies, clients could be matched for certain factors, such as physical condition and severity of pathology, and then compared in two or more treatment groups, such as client-centered therapy versus dance therapy. Again, an objective pre and post measurement inventory could be used. In addition, movement diagnostic measures, in the form of scales to be rated by an observer, are available and could be used in research as well as treatment.
The case studies in the literature, particularly with psychotic patients, offer ideas for criteria for change. Perhaps research studies could utilize measurable, observable behaviors, such as the frequency and content of verbalization, the frequency of bizarre gestures and mannerisms, the quality of self-help skills, the frequency and quality of interaction with others, and so on, as indicators of psychotherapeutic change. Again, in this type of research study, one would compare movement therapies with each other and more importantly with other psychotherapies.

Another way of objectively measuring emotional and physical change might be to utilize physiological measurements such as those being used in biofeedback studies. For example, pre- and post-tests could be given on the electromyograph to measure a change in muscle tension. The same type of thing could be done utilizing equipment to measure the flow and circulation of blood. Proper breathing has already been mentioned as necessary to the circulation of blood and the flow of energy, and is one of the basic concepts in the work with the body. Some physiological measurement, such as lung capacity or rate
of breathing, could be used to evaluate effectiveness of body movement therapies.

Another, perhaps less objective but nevertheless interesting, indicator of increased self-support, openness to experience, and ability to relate to others might be achieved through the observation and rating of the individual by significant others over a period of time. This procedure would require a wide range of individuals willing to cooperate as observers, but might prove an effective means of witnessing some intermediate to long-term effects of therapy. Such a method was employed in a study by Lieberman, Yalom, and Miles (1973) in which friends and relatives of the individuals participating in encounter groups were asked to rate observed and hypothesized changes in the individuals' behavior before and after the encounter group experience.

The approach which the authors consider perhaps the most important, and at this time the most controversial, is the subjective approach. That is, a self-report by the individual based on what he knows through his senses rather than through thought or intuition. Too often, it seems to the present authors, researchers attempt to
measure human qualities that cannot be objectively and quantitatively measured. Ultimately the issue is what the individual feels and experiences beyond the intellectual or cognitive realm. Empirical research can support or reject almost any system of therapy depending upon the established criteria. Thus, the present authors offer these ideas for research in movement therapy in hopes that eventually efforts will be made to scientifically, as well as phenomenologically, establish the effectiveness of movement therapies.
Summary

The purpose of this paper has been twofold. First of all, an attempt has been made to explore the theoretical foundations for inclusion of the body in psychotherapy. The work of Wilhelm Reich and the importance he placed on working with the body in therapy was discussed. The influence Reich had on Alexander Lowen, the founder of bioenergetic analysis, and Fritz Perls, the inventor of Gestalt therapy was also explored. Also, as a part of the theoretical considerations, some basic concepts of body therapy, namely breathing, energy flow, self-expression, movement and spontaneity, and awareness and feelings, were presented. Thus, the importance of including the body and movement in psychotherapy was demonstrated theoretically in the first section of the paper.

The second purpose of this paper was to present and describe six forms of movement therapies: Gestalt body work, t'ai chi, encounter group exercises, bioenergetics, psychomotor training, and dance therapy. Differences in the techniques used in the various therapies were shown.
Also different therapies were hypothesized as more appropriate than others for certain types of patients. However, as explained in the first section of this paper, the goals of all movement therapies are the same: a vital and healthy body, the capacity to move freely and smoothly, the full spontaneous and appropriate expression of emotions, and the harmonious integration of the mental, physical, and emotional aspects of the self. The basic premise of this paper was that movement and body work are essential in effecting psychotherapeutic change and growth and that movement therapy is effective in promoting growth, either in itself or as an adjunct to verbal methods.
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