

# Portrait of Karen: A Gestalt-Phenomenological Approach to Movement Therapy

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## Introduction

**M**ovement therapy\* is a new field. As it grows, it must be involved in the exciting work of articulating its theoretical and technical framework. Developmental psychology, ego psychology, and psychoanalytic theory are among the psychological approaches which movement therapists presently use. One's theoretical orientation will necessarily influence one's approach to such critical considerations as: how to begin a session, if and how to use speech, and what material to choose and how to focus it. I would like to present a gestalt-phenomenological approach to movement, and demonstrate how it influences my choices as I work, and one person's unfolding therapeutic process.

What does gestalt-phenomenological mean? Gestalt therapy emphasizes awareness, excitement, and involvement (responsibility and contact) in the moment-to-moment process of living.

Predetermined moral standards (perfectionistic ideals, "shoulds") limit one's perceptions. One is split off from one's immediate experience; being busy watching, judging or controlling the situation prevents full involvement in it. Bringing these normal patterns into awareness can free one from compulsive patterns. As long as these patterns remain habits, or outside immediate awareness, the resulting chain of compulsive behavior keeps repeating. When one is aware of them, however, one can begin to step outside them. Each situation, then, presents fresh possibilities and greater freedom of choice. The blockage, confusion, and fragmentation of neurotic compulsive behavior give way to an awakened state: being aware, spontaneous, and open to each new situation. Neurosis is basically a compulsive style in which there is reduced excitement and contact with self and others. Sanity is a style which allows for excitement and responsible involvement in each moment.

Phenomena are those aspects of the world which are knowable to us through direct sense-perception (experience). Phenomenology concerns itself with the

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\*Movement therapy can be used interchangeably with dance therapy.

description of actual phenomena, avoiding interpretation, explanation, or evaluation of these events. Working phenomenologically with movement means giving birth to the person's qualities as they actually are, and helping all aspects of the person to emerge. It means an emphasis on qualities and style rather than on structures and interpretations.

How does this approach determine our work? First, it means that I do not plan therapeutic sessions, but try instead to stay with whatever the situation presents. In each moment, I can see compulsive habits in the form of blocked contact between the client and myself, or the client and herself. I can see, on the other hand, where excitement and intelligence flow. It is necessary for me to stay with the client in the present. Second, it means that I do not regard neurotic habits as stuff to discard, but rather as important sources of self-knowledge. When one becomes aware of all aspects of one's style, then one is free to see oneself and situations more clearly, and to act with self-determination. We may at some point during the therapeutic process, choose to focus on certain themes and work intensively with them, or we may work toward certain goals. The point which I wish to stress here is that therapy is a matter of helping someone become aware of herself as she actually is, to come to terms with herself, and hopefully to develop compassion toward herself. It is only from this place of awareness and acceptance can excitement, change, and growth occur.

In this paper, I present a segment of movement therapy with Karen. I chose certain vignettes of our work together, and wove these into a theoretical discussion. While the material is accurate in detail, it does represent only particular aspects of a fuller picture. This was necessary in order to make an ultimately theoretical point. In addition, I was very aware of my own questions during the session about the choices which faced me as a learning therapist, so I chose to present the ongoing process of therapy in a manner which would convey the actual experience as accurately as possible. The presentation is not meant to provide answers to these questions. It aims, instead, to capture a flow of my own awareness during movement therapy by remaining faithful to a phenomenological mode of presentation.

### **Portrait of Karen**

She is tall, thin shoulders hunched, head forward. She enters talking rapidly, smiling with clenched teeth, her eyes darting around the room, flicking back to me. Tiny, quick gestures, talking and moving, moving past me. How do we get ourselves seated appropriately, how do we begin? Arriving simultaneously at the couch, we place ourselves in opposite corners. We face one another; her long limbs crossing and uncrossing, her arm thrown casually along the couch backrest, but shoulders pulling inward, her chest and her trunk sunk deeply into the corner. Streams of chatter, eyes downward, fiddling with a cigarette, occasional pauses; she watches me. Talking. Talking about feeling tense all the time, about not being able to sleep, about her business, about feeling like a child, about her mother. . .

— I am impressed with her intelligence, with her subtle understanding of style, and of her own problems. She tells me of her past, of her wealthy New England Protestant parents: a genial and powerful father, and an ambitious mother. A mother who was

so dissatisfied with a plump thirteen-year old girl that she put her on amphetamines so that this girl sped nervously through the next ten years of her life. Even though she stopped the pills six years ago, she still feels out of control. Limbs crossing and un-crossing. Run-on sentences. Run-on movement.

Feeling compassionate, I want to slow her down, teach her t'ai chi, cradle her lanky body. I keep listening. Her talk tumbles out, not allowing room to take me or anything new in. I hear of her business, how she started her own small business. It runs with surprising ease, so she works only a few hours a day. Moderate success is enough. She is surprised that people take her seriously, as a real businesswoman adult; why don't they see the hiding child in her? She has been to a psychiatrist. She experienced him as silent and cruel, but stayed for several months. Laughing, she admits her need to find life a struggle; love, work, and therapy should not come too easily, should hurt a little. She was married to a man who was impotent. In her subsequent affairs, she would leave men just as they began to love her. Now, however, she is living in a loving, stable relationship with a man.

As I listen, I sense discomfort in myself. Even when Karen talks personally, the phrases seem to come a little too easily. They sound as though she has repeated them before. While she continues to talk, I begin to feel anxious—ought I do something? Tell her what I am experiencing? I fear getting stuck in a neurotic treadmill with her. But I keep listening, sensing who she is.

Karen begins to tell me that she cannot relax, cannot sleep. I am not so relaxed either at this point; I want to act, to help her feel that she can, indeed, use her own body's resources to help herself. It is tempting; I suggest a relaxation exercise.

It is interesting to both of us. I am experiencing her somewhat as I do my hospitalized patients, as someone who is not living fully in her body and who is not sensitive to her own comfort or discomfort. I ask her to lie on her back, supported entirely by the floor. Back to the floor, to basics; standing is too vulnerable and frightening.

We do tense-relax of the toes, of the feet, moving sequentially up toward the head. Karen recognizes that she cannot release tension in her left arm. We do not focus on the significance of her left arm; we continue to explore. Her breathing remains shallow and irregular; her breath goes in the vertical dimension between head and feet, but does not fill out her width or expand her chest and narrow little torso. Constriction, lack of generosity shows in her chest. If she feels me touch her, though, if I put both hands around her ribs and ask her to "push them away with her breath," then she can feel her body. She needs touch at this point in order to feel her body. Her breathing becomes deeper and fuller through the chest. She settles down, settles into the floor. She looks relaxed, seems relieved. I, too, feel relieved.

The hour is almost over, and I quietly tell her this. She spurts off the floor, abruptly moves to the couch, and says that she has lost her relaxation. The transition is already lost, so we work with this new event. I ask her to feel where her weight is pressing into the couch, and to let herself sink into these places. She is somewhat able to feel her weight, and looks again "released." After a few moments of silence, she says that she feels lazy and comfortable.

We talk about carrying over this feeling of relaxation into daily life—sitting, being with others, eating, etc. She wants to try using the techniques to help herself sleep. I worry: "Is this too behavioral an approach?" Later, though, she reports that she did sleep better, and appreciates the feeling that she can help herself.

### **Experiencing Self-consciousness in the Body**

The following session, she walks in and we both resume our places on the couch. This seems natural. Immediately, Karen begins to tell me of a dream about an old, wrinkled suit of clothes. Somehow, in this dream, she has armpit hair growing all around her shoulder. I ask her to be the old suit of clothes. She walks to the center of the floor and gets into a tight crouch. After some time, she reports that this is surprisingly uncomfortable to her. Still interested in whether Karen can take any given situation and make it comfortable for herself, I encourage her to try. She says that it sounds like play-acting. Feeling that it is important to let self-consciousness become part of the ongoing movement instead of stopping it, I ask her to simply notice how she experiences self-consciousness in her body. Stay with it, make a dance of it. But she wants to stop. She has clearly articulated her needs and has gone far enough, and I respect it. We do not discuss the boundary of where or why she stopped.

In a following session, I ask her to find any movement which is comfortable. She chooses to have no music, then she unfolds herself from the couch and walks onto the dance floor. Continuing to walk, she begins to describe a circular path. Her pelvis and head lead the forward movement in an s-shape, and her chest and mid-section lag behind. Her arms hang at her side. There is little sense of weight; her feet make barely audible contact with the ground. Karen seems absorbed in the process of exploring her walk and quite able to continue by herself. I sit out to watch, simply making myself available. When she speeds up, then her arms begin to swing and she is almost stomping with increased weight in a very direct route. When she slows down, then she seems to be lightly sauntering with swaying hips and moving in a more indirect route.

It seems possible to join her at this point. She seems more involved with the space around her and so more open to involvement with others. But I feel cautious about approaching directly. I feel that she needs to make a relationship with herself before making one with me or with her environment. Her manner strongly suggests a fear of intimacy. So I walk at a distance behind her. Occasionally, I vary this by walking closer to her, or by using my arms. After twenty minutes, she asks to talk. We find our way back to our "talking seats" on the couch.

Karen begins by reporting her awareness of being competitive. When I mirror or follow behind her, then she feels strong. When I get close, then she wants to speed up. When I use my arms, then she becomes aware that she cannot use hers. The next best solution for Karen is to hold them back behind her own back, thus winning the competition by withholding. Karen recognizes this as a typical pattern for her. She is also aware that when she slows down, then she feels "contemplative and with" herself. But when she speeds up, then she feels focused, strong, and assertive. The latter style feels more familiar and comfortable.

The next week, we begin with introductory talk, then she picks up her walking. I begin to walk with her again, but the pace gets so fast that I become tired. After I sit out, she keeps striding; the circle tightens; she must lean into it to maintain the speed. Around and around she goes, insistently, relentlessly. I am impressed with her intensity, endurance, and nightmarish quality. Her dance is compelling to watch; it looks tight, hypnotic, grim.

After five exhausting minutes, her circle begins to open out. The room is square, with a slightly raised platform in the middle. The circle opens until Karen is striding just around the inside edge of the platform. She stays here, does not deviate to come either inward or outward from it.

She asks to talk, so we sit again on the couch. She describes the central image which emerged from her walking.

A ball and chain attached to her ankle connects her to a stake in the middle of the circle. She likes this feeling of being "in harness," she feels purposeful and directed. Almost with regret, she moves onto the second part, where she experiments with loosening the structure. The edge of the platform represents too many possibilities, too many decisions to be made. This briefly brings up the fantasy of being kept by a rich man who would limit her freedom and make decisions for her.

### Two Kinds of Coping Styles

I begin to get a sense of two kinds of coping styles; ways in which she makes a basically random, unpredictable world into one which has structure, definite dimension, and is thus manageable. In the first, she maintains an active, driving ambition which keeps her in harness. It provides her with focus, path, and meaning. It also keeps her from having to deal with other parts of life; being lost, meandering, anxious, exploratory, spontaneous, or existentially free. The other style is more passive. A rich man will keep her in a gilded cage. It is safe inside the cage, and her world is small, defined, and thus manageable. Yet the cage also keeps her from being responsible for her own initiative, her own actions, and her own responsibility. It also keeps her from being open, from feeling anxiety, from feeling lost, and from feeling free. The styles are important for her, for they represent a means of coping which has worked successfully for her. The question is to what extent they are still necessary, and what price she must pay for maintaining them.

How are these styles manifest in the movement? The harness is maintained: *Structurally*; She walks in a prescribed route, over and over. The circle is closed, nothing new comes in, and she could walk like this indefinitely. The length of the chain determines how far she can stray, and keeps her anchored. The use of symmetry means round and round, right foot, left foot, direct forward. This leaves out the asymmetry, or the possibility for change. We do not see other body parts introduced, the route varied, indirectness, walking backward, risking going off balance, varying the rhythmical steadiness, etc. *Spatially*; This is the direct route forward, with no route or directional change. She is focused and not risking being lost. Keeping oriented primarily to a spatial route keeps her from focusing on the body sensations; it keeps her focused "out there" to a goal, and not focused inward on her feelings.

*Qualities of movement;* She is most often strong, quick, direct, and bound. She minimized lightness, slowness, indirectness, and free-flow. This represents a concentration of "fighting" qualities, a kind of aggression. Other moods are less apparent in this particular style. *Phrasing;* If a musical score were written from her movement phrases, it would be of sustained high intensity, with a collapsing in order to rest. It does not show a lyrical alternation of effort and of rest, of up and of down. Such an alternation would be easier to maintain, and would not require her to collapse in order to rest.

In the world of the gilded cage she is passive. She does not keep herself in harness, but someone else limits her world, makes decisions, and provides definitions for her.

Karen's body attitude suggests ambivalence. Her body parts do not work as a complete unit, so her actions stop short of completion. When pushing, she keeps her pelvic weight (center of gravity) out of the push, and does not use all her potential strength. When she swings her arms up off the ground, her feet remain rooted. Although she wants to "fly," she is ambivalent. Her head leads the way as she walks, and is not fully supported by her body. Anger is expressed mostly through teeth-clenching; this reminds her of her withholding, cold way of expressing anger in relationships.

Karen stops herself from feeling, and so experiences things unsaid, "incomplete gestalts." Completing these situations in her mind becomes a compulsive activity which keeps her awake at night.

I wonder what might happen if she were to complete her actions, let herself succeed? I think that responsibility is associated with the compulsive driving forward. It is painful, and she wants to avoid growing up. She literally goes on short trips which are related to fantasies of escape. Where is the middle, where she can be responsible, spontaneous, and not exhaust herself?

She does show marvelous sensitivity and strength. Her responsiveness is especially apparent on a body level, as she responds to the direct touch of one palm pressed to another.

What is important about these styles? Is it important that the issue of the harness might relate to her job, or that the gilded cage might relate to her protective father? I believe that it is less important to label the individual parts than it is to let these styles begin to emerge. They can suggest strengths or limitations. However she uses them, they represent existential styles which may run as leit-motifs through Karen's life.

### **The Styles Are Not Choreographed Beforehand**

And how are they Gestalt-Phenomenological? The styles are not choreographed beforehand; neither of us could have predicted the forms which they took. Forms emerge over time, with a life and a logic all their own. I believe that the world is a series of open moments, potentially free of interpretation, free of form and concept. Style exists as an abstraction, a crystallized way of relating to the open space. Openness tends to bring on anxiety, and form fixes the world and reduces anxiety. Form is also personality, personal ritual, or personal mythology.

So the beginning of therapy consists of dancing a "Portrait of Karen." All parts.

The inner voices judging the parts. Making it explicit, intensifying her experience of herself. Bringing it into awareness. Only as Karen becomes fully aware of *how* she creates her personality might she even change. Only as she might accept herself as she actually is, not in terms of an ideal, will she be able to befriend herself. Only then will she relax and be able to let go, to be open to new possibilities and to continue to grow.

What else is Gestalt about our session? The therapeutic form itself is not prestructured. I often worry: "How do I start, what do I *do*? Should I begin with a case history? If I do, what happens between verbal and movement therapy? How do we make the transitions between the two. . ."

But I am aware that if she sits next to me or in a corner across the room, if she becomes aware that she wants to stop the movement and to talk, it is all part of our relationship. It is not *what* we decide to do, *what* we do to begin, it is more a question of *how* we do it. With Karen, our ritual of having a certain area of the room be used for talking and another for moving grew organically from our being together and suited our needs.

*It is so difficult for both client and therapist to live with their anxiety about uncertainty and not to deaden the situation by predetermining it.*

I am also aware of a pitfall. Being neurotic is connected with being perfectionistic: i.e., living according to ideal concepts and arbitrary structures rather than allowing oneself and one's environment simply to be what they are. If a client comes to me asking to achieve an ideal such as relaxation or a straighter back, then I must ask myself; "What is she really telling me?" If the message is one of disliking herself, then I feel it most important that we deal with this. I do not think that I can help her by colluding with her perfectionistic side as we both work to help her be a new and improved person. It is so easy for me as a movement therapist to call upon a whole battery of techniques which promote relaxation and fluidity to "help" someone. I wondered about this in doing relaxation with Karen. It is often much harder to suspend ideas and instead to allow both of us to experience the actual feelings in the present. Instead of learning to be relaxed or free, it might be more useful to experience what might be actual feelings of boredom with who we really are, personal ambition, restlessness, etc. If we pretend that these do not exist, then we risk indulging in more fantasy of what "should" be. If we try to change style before first allowing ourselves to see it, then we are simply repressing it. The possibility of real excitement, authentic feelings, and growth is blocked.

Karen began, with a great deal of courage, to discover her dance of herself. And as time went on, she began to show in her dance more use of her body, more movement relationships with me and with those who joined the group, and she moved from walking to dancing.

The process of therapy presented in this paper is about using movement to intensify awareness and style. All parts of the person are brought out, until she is able to identify with her personal mythology. Awareness moves toward self-acceptance, self-acceptance moves toward greater freedom and excitement in living.

Awareness, then, is the "cure." The route is the same as the goal. With awareness can come further opening out and continued growth.