vided in the therapeutic environment and the therapist’s creativity in devising experiments with gradually increasing levels of risk afford the possibility of re-owning one’s capacity for action in the world.

Chapter 10

Action and Body Process

With some degree of orientation recovered we can then begin to regain ability to move about and manipulate ourselves and our environment constructively, (Parks et al., 1981, p. 117).

Transformation is a process starting with simple, superficial awareness which energizes us to movement. One way to become transformed is to act, to move one’s body, to be expressive, alive. I learned that awareness cannot remain vital by itself inside of us, that its full vitality is asserted in activity and, later, a sense of completion (Zinker, 1949, p. 89).

THE MOVING SELF

Almost all of our contact functions involve movement in the environment, whether it be the small subtle movements of facial expression, the communication of gestures and body position, or larger motor actions such as reaching out, running, and bending. From the Gestalt perspective, movement occurs not as an isolated mechanical process, but as embedded in the larger cycle of organismic self-regulation. This chapter focuses on movement towards final contact, or movement as it functions to bring the organism into contact with that aspect of the environment.
that is necessary for growth, or into contact with that aspect of oneself that is disowned but seeks completion. In this way movement can be seen as a function of the self that serves to move one towards completion and wholeness. The "self" is not just a concept, idea, or psychic structure, but is a muscular self, a molotile self, and an expressive self—self of bones and joints, of feet, hands, spine, and jaw.

In Chapter 2 I described the significance of emotion and self-expression and the relationship of these to movement. It is in the action phase of the cycle that the therapist becomes most concerned with the use of expressive movement and emotional release. The initiation of action signals the discharge of mobilized energy into the environment through the expression of feeling, movement towards the contact object, and manipulation of the environment. Body-oriented psychotherapies have been particularly noted for their use of expressive movement and the release of powerful emotions. However, frequently it is emotional expression per se that is valued so that the fullness of expression is encouraged apart from any other considerations. Expressive movement is extremely useful as a therapeutic tool, but is not an end in itself. It is a tool for discovery and for increasing the range of self-functioning and must be seen within the whole context of organismic functioning and contact with the environment as fully assimilated as one's own. Action separated from one's functioning as a person remains split from the "I" or sense of self. Action separated from the "other" in which one is acting in relation splits the self from the environment in which needs can be completed.

The energy and support we generate in the mobilization phase find fruition when we express some kind of relevant action in our environment. Action is the discharge and utilization of mobilized energy and musculature in movement. Through action we expand ourselves into and propel ourselves through our environment, and thereby make contact within the organism/environment field.

The value that Gestalt therapists place on action and movement is one of the things that distinguishes Gestalt therapy from other insight-oriented therapies. Awareness remains lifelong unless the blocks to the transition of that awareness into action are freed. This is what makes Gestalt therapy an expressive therapy as well as an insight and existential therapy. The intensive approach to the body represented in this book brings to the Gestalt approach an even greater emphasis on the use of physical expression and movement.

What distinguishes Gestalt therapy from some expressive therapies is that we look at movement within the context of the completion of organismic needs. We are not interested in movement only for its own sake. Movement must be grounded in sensation and feeling and bring us into appropriate contact (completion of needs) with our environment. Thus action can be defined as movement in the service of contact (completion) or movement towards final contact. The inability to act in a full, direct, and accurate way means that essential organismic needs will remain incomplete and unfinished. Table 10-1 gives some representative examples of possible needs, actions to serve those needs, and the resulting experience of contact.

Healthy action must be related not only to one's needs and feelings, but also to the present environment, that is, in contact with a here and now context. To reach out to others in response to one's own need for comfort will result in frustration and failure if the person you are reaching out to is unable to give to you at that moment. Similarly there is no virtue in acting on one's feelings of anger if one's actions will bring a harmful response from others, or if one's anger is based on projection rather than what is truly present.
THE ORGANISMIC IMPORTANCE OF ACTION

It is through action that we move what is inside of us—our energy, liveliness, vitality, needs, feelings—across the organism/environment boundary. It is our capacity to act fully and meaningfully in the world through which we create ourselves as powerful, able to cope, expressive of our true nature and the integrity of our boundaries. We express our commitment and courage to be fully in the world when we carry our feelings and needs into the environment; when we express our caring or sadness, protect our integrity, move with grace and endurance, voice what is unsaid, reach out for comfort or contact. If we feel incapable of or inhibit essential actions, then we create ourselves as weak and wanting or as stuffed with needs we cannot supply and tensions we cannot discharge. An adequate capacity for acting on the environment through motoric behavior and emotional expression is essential if we are to have impact on our environment.

Motoric action is one of the pivotal points in the cycle of organismic functioning, and as such has critical importance to one’s expression and experience of self. Two broad areas demonstrate the importance of motoric functioning in the healthy organism in terms of contact with the environment and sense of self. It is in these areas that psychotherapy has the most concern with movement: (1) the manipulation of the environment, and (2) the expression of self.

Manipulation of the Environment

The term “manipulation” is frequently seen, particularly in psychological circles, in light of its pejorative connotation—to control in an unfair or fraudulent way. The Latin root manipulus (handful) certainly implies this sense of grasping and filling one’s hands. But the first dictionary definitions in Webster’s (1975) defines manipulation as “to work, operate or treat with or as with the hands, especially with skill” (p. 455). It is our capacity to act on our environment with skill that is so crucial to healthy functioning.

In observing young children, one is impressed (and parents exhausted) by their constant expression and activity: touching, tasting, exploring, experimenting, reacting, noise-making. By acting in and on their environment, children meet many important needs: contact with novelty, which results in growth; the ability to affect and influence their environment to their own ends; the seeking of emotional contact and biological maintenance. These things cannot be obtained without movement: reaching, grasping, running, walking, vocalizing.

Although as adults our needs are more complex and we frequently use our capacity to “know” the world from our prior experience without directly acting on it, in truth our ability to manipulate our environment motorically is as essential to us as when we were children. As psychotherapists we diagnostically express our belief in its importance by examining such issues as: Does this person express a healthy curiosity in his world or is he afraid to explore? Is this person active in asking for what she wants from others or does she passively wait to be given to? Does this person move towards others actively to seek contact or away from others? Is acting in the world, can this person sustain himself strongly when things are difficult or does he become exhausted and withdraw? Such questions reveal, on the one hand, the capacity to function actively and resourcefully in the world to meet one’s needs, and, on the other hand, the tendency to avoid active engagement with the world, resulting in the frustration of many needs.

Usually we look no further into the manipulative capacity of the client, and in doing so ignore the bodily basis of this capacity. If a person is capable of exploration, curiosity, and manipulation, then this will be noticeable not only in verbal behavior, but also in the capacity for physical movement and the flexibility and responsivity of the musculature: arms reach out, hands grasp, legs move. Such people can shift their posture to orient to the objects of interest and contact, and they can physically support and sustain movement in, and engagement with, the environment. Where such capacity is interfered with, it is visible and palpable in the rigid muscles that restrain movement, the stiffness of the body, the sunken and withdrawn (disengaged) posture and inability to sustain movement, and the lack of movement towards the surroundings and other people. Without these physical capacities, a person’s impact on the environment is diluted or absent and he or she feels weak, ineffectual, and fearful.

The Expression of Self

I have noted earlier that the origin of the term “emotion” is from the Latin for “move outwards.” The process of inner feeling translating into self-expressive movement is one of bringing a part of oneself into the environment, across the organism/environment boundary. This translation process is not something that must be consciously directed, and, if not inhibited, it occurs quite naturally. Feeling flows into expression
automatically, given a reasonably receptive environment—longing be-
comes reaching for contact, anger becomes voicing loudly, sadness
becomes crying. It might be more accurate to say that the feeling and its
expression are part of the same whole. It is only our tendency to break
tings up into stages that fools us into seeing them as separate and dis-
tinct "things" as opposed to a continuous process that appears different
in different parts of time sequence. Feeling becomes expression in the
environment and the whole is emotion.

In expressing our inner life, we accomplish a number of things. First,
we discharge energy and tension built up from mobilization; we dis-
charge our "readiness to act" through action. Second, we communicate
to our environment our inner state so that we can elicit a response.
Third, by our awareness of our action, we shape and support our sense of self.

Mobilized feeling by its very nature moves toward discharge. It has a
"pressure" that must be willfully (although not necessarily consciously)
controlled. If I become sad, my feeling will naturally seek outlet or dis-
charge in the form of crying or sobbing, which involves some push and re-
lease outward through movement—forceful exhalation, sounds, tears.
If I perceive the environment as dangerous or unsupportive of my ex-
pression of sadness, I must muscullarly bend up this flow and will have a
more tense. Chronic binding of expression is easily seen in tense, frozen mus-
culture and overhanded body structure whose tension restricts
movement.

Expression of feeling not only discharges tension, but is a contact
function. It communicates and connects us to others and to our environ-
ment at large. It is only by expressing what I need clearly that others can
respond to me. And unless the quality of my expression is congruent
with the quality of my inner feeling, I am not likely to get an appropriate
response from others. I was presented with this dilemma recently when
I attempted tell a close friend about some emotionally significant events
in my life. His response was low-key and I felt hurt and unheard, emo-
tionally unsupported by him. When we discussed this, it became ap-
parent that I had presented myself to my friend in such an unemotional
way that he had no idea just how important the events were to me. I had
so limited the emotion in my facial expression and tone of voice that all
he could hear was a brief and unemotional statement that had little im-
 pact on him. Accurate communication of feeling requires not only
words, but also facial expression, vocal volume, and gestural and postural
emphases. The limitation or inhibition of self-expression and commu-
nication requires that bodily movement be restricted and inhibited.

For example, a woman was unable to convey a consistent message to
others when she became angry. She smiled and softened her voice while
saying, "I'm angry at what you did," and assumed a plant and submissive
body posture. The nonverbal portion of her message tended to negate
the verbal statement. As we experimented with what it was like to sup-
port her verbal message with a serious facial expression and stronger
stance and voice by pushing against me as she emphasized each word,"I'm angry at what you did," she experienced herself as having more im-
 pact and effect in conveying her feelings.

Finally, through expressive movement we not only make contact in the
"external" environment, but with aspects of our own self. Most psychol-
ological theories tend towards a structural view of the self: the self consists of "things" such as self-image, self-concept, positive and nega-
tive representations. These are seen as defined structures that we have
acquired through experience and, once acquired, we need do nothing
to maintain them. They have object-like status.

The founders of Gestalt therapy (Perls et al., 1951) have emphasized
that the self is not a fixed given so much as it is created through contact-
 ing. That is, I do not have a negative self-image, rather, I experience
myself negatively through something I do—e.g., by criticizing myself or
behaving in ways inconsistent with my values, or by creating visual im-
ages of myself that are unpleasant. Similarly I do not "have" a self-image
as powerful so much as I experience my power through my behavior and
action, that is, by experiencing the power of my feelings and my impact
on the world.

It is only in contact (by experiencing) that we are aware of "self." Action
in the world serves as a major source of experience whereby we are
given a sense of self-reflection. If your movement is weak and inef-
flectual, you will feel yourself to be weak and ineffectual and cannot ex-
perience a sense of power and strength. If you cannot cry from your
diaphragm and belly, your "depths," then you cannot experience the
dee core of your "sad self." If you are muscullarly constricted and con-
strained, then you cannot experience your expansiveness and openness.
One's self is found and made through experience (contact), of which
motor behavior (action) is an essential part.

Requirements of Healthy Action

Healthy action requires a number of conditions for the organism.

The musculature must be capable of flexible movement and have ade-
quate tension and the tender understood that by highlighting what we are capable of
in terms of movement and action we are not setting standards to which either therapist or
patient should conform. By knowing what is required for full action, we are in a better posi-
tion to perceive the nature of blocks to full action, and to bring these into the realm of
awareness and experience. This allows us to appreciate the resistance to full action (how
inhibition of full action is a part of organismic self-regulation) and choose to try fully ac-
tion, or legitimately remain at some point in the action.
quate strength. Whether in the form of gross movement such as running or hitting, or the fine muscular patterns of facial expression, gesture, or manipulation, all actions involve movement and muscular activity. If movement is restrained, structurally limited in range, or painful, or one’s muscular strength and capacity are not adequate to the task, then the actions taken will be limited or inadequate. For example, if you want to reach out to others but restrain your arms at your side, you will have difficulty completing your need. If you wish to express your joy in movement but are structurally bound up and muscloskelially inflexible in your movements, you cannot fully express your internal feeling. Similarly, if you communicate your love, anger, or other feelings are difficult if your muscularity is immobile or if you inhibit your words by choking off your voice.

A second organicistic requirement is the exhalation phase of breathing, particularly in more vigorous movements, and the release of energy and tension. Whereas full and complete inhalation seems to mobilize and energize the organism, full and complete exhalation allows for the discharge of energy and gives focus and strength to one’s movement. You can explore this yourself through a simple experiment.

Exhale and hold your breath, then try punching the air with your fist a couple of times. Then try the same punching motion inhaling with each punch. What does this feel like? How powerful or strong were these punches? Now try vigorously exhaling on the outward thrust of each punch. Do you feel any difference in your focus or sense of strength of your punch?

Most people find that punching with the exhalation gives them a greater sense of power and focus, and results in a greater degree of discharge of mobilized energy. Inhibition of your exhalation, particularly when you are charged and mobilized for action, not only weakens the action, but also leaves you pent up with energy, which must be muscloskelically bound through chronic tension.

RETROFLECTION: ACTING ON THE SELF RATHER THAN IN THE ENVIRONMENT

When action can find completion in the environment, there is little inhibition of movement. A need emerges, action is engaged in to bring the need to fruition, and contact is made in the environment to achieve satisfaction. I require comfort. I seek out those who care about me and ask to be comforted, and we sit together or talk or hold each other. Or I feel intruded on, and speak up, telling the other to back off, I obtain some space and therefore some relief. Of course, not all transactions go so smoothly. Those from whom I seek comfort may not be able to give me that comfort at the time I feel I need it or in quite the way I desire. Those intruding on my territory may feel they have as much right to the space as I. More extended negotiation of needs is required in the real world, and this requires that we have some way of modulating and containing impulses and the movements that express them until the balance of the organism/environment field can be achieved. The need must be contained and the actions restrained to varying degrees. This is an aspect of maturity and a hallmark of civilization—the modulating of raw needs and self-centered behavior through inhibition of movement, impulse, and action.

The world in which we live has stumbling blocks to easy action on the basis of our needs. But often the environment, particularly the human environment, goes beyond this and acts with destructiveness toward the expression of self in the environment. Action, rather than merely being problematic, is negated by others, and even the desire for action becomes punished. If, when I reach out for comfort, I am criticized for being needy or called a leech or always refused, then I learn not just to modulate my action, but to stop the act of reaching out. I may even come to identify with the implication that I am not worthy of receiving comfort from anyone. If, when I act out of my want for independence, standing on my own two feet and exploring the world on my own, I am rejected because “Don’t you like Mummy any more?” or “How can you do this to me?” then I come to inhibit my movements of exploration and restrain the support of my legs.

The authors of Gestalt Therapy note, “It is, rather, in the big, overt movements which we make in our environment that we run our greatest risks of incurring humiliation, suffering embarrassment, or in various ways bringing down punishment on ourselves” (Perls et al., 1951, p. 117).

If expressions of anger, sadness, disgust, love, desire, or fear are regularly met with punishment, criticism, or rejection, one learns to stop the bodily expressions of these feelings by inhibiting the movements that form them—the vocalizations in the throat, the expelling of breath in sobbing, the angry flash of the eyes or the sad face, the movements of pushing away, grasping, or striking out, of reaching out or escaping.

Forms of Retroflection

The process by which movement is inhibited or distorted is called retroflection in Gestalt therapy. Retroflection means to turn back onto
one's body and is thought of as doing to oneself what was originally directed toward the environment. Many retractions are the literal reversal onto oneself of the action one wants to do to the environment. Many psychosomatic symptoms fall within this category of literal reversal of movement. When a child asks a woman with globus hystericus (sensations of choking and strangling in her throat) to show her with her hands what her throat felt like, she becomes suddenly aware of her fury at her mother whose throat she wanted to have in her hands to strangle. This woman quite literally choked herself rather than allowing herself to feel her desire to choke her mother. Lost to her awareness, the act of choking remained in operation as a seemingly isolated physical symptom.

Another form of reflective behavior occurs when movement towards the environment is physically inhibited, usually just as it begins. Rather than having been actually reversed and performed on oneself, movement is counteracted by equal muscular force in the opposing muscle groups. An example is the inhibition of hitting. In a reversal the hitting would be directed toward oneself (suicide, self-mutilation, smacking one's knee, pinching oneself). If the movement is stopped in its early phases, it is much less obvious and may appear only as a tension (force and counterforce) of the shoulders and biceps or a clenched but immobile fist. Muscles are mobilized but withheld from movement; there is a balance of tension between the muscles involved in the desired action and muscles antagonistic to the action. Where this kind of retraction is persistent, there is a characteristic bunching and overdevelopment of muscle groups from the resulting isometric forces, as well as the pain of constantly compressed joints, such as disc problems, bursitis, or soreness of muscles and joints.

Retraction is also seen in doing to oneself what one wants from the environment, such as holding oneself. Instead of asking to be held by others or complimenting oneself when what is sought is approval from others. Again the self is substituted for the environment. In this form of retraction, what is inhibited is the actions involved in reaching out, in asking for help and comfort, in showing the feeling that wants communication and contact. People who cannot move themselves physically into contact with others or reach out with their arms and facial expression or use their voice to ask for support become insular and isolated. They complain of loneliness and frequently project the blame for this on others. Fear of rejection and criticism seems to form the basis for such retraction. The body structure may be folded in on itself: rounding one's shoulders over the chest, curling the neck forward, crossing the arms and legs as if to hug oneself, or stroking and patting oneself for comfort.

Implicit in any retraction is a split of the person's functioning into opposing forces, in Gestalt terms, a polarity. For example, when a movement or self-expression is stopped, the polarity includes one part that is acting/expressing and another part that is stopping the action/expression—a part that, kinesthetically, says "move" and a part that says "stop." In the reversion of action, the person takes on the roles of both the actor and the environment. An internal polarity is created in which the person is both the subject and object of the action. With the impulse to act comes a fear of the reaction from the environment so that the expression is redirected back onto oneself. As in the stopping of movement, there is also a "yes" and a "no" to the movement or self-expression, and the bind between these opposing forces (the need to act and the fear of the consequences) results in muscular tension and immobility.

Simple relaxation or manual release of tension, say, through exercises or deep massage, is not sufficient to undo retrospective tension. If the conflict between the parts of the self or of the expressive act and the negating environment (now internalized) is not resolved, the tension will recreate itself. We can neither eliminate the impulse to act nor eliminate the need to stop or deflect that impulse simply by releasing the tension or urging the person to let go. This only pushes one or the other further out of awareness, where it continues to function nonetheless.

For example, the musculature of the chest and diaphragm are the foundation of the expression of sadness in the act of crying or sobbing. Tensions in these areas are frequently the retraction of crying and sadness. To teach a person to relax these muscles by an act of will may certainly release the holding tension, but it renders the muscles flaccid and demobilized so that the crying remains unexpressed. Both the stopping and the expression are controlled. To "break down the armor" of the holding tensions may release crying, often because of the pain involved in such breaking through of tension, but negates whatever is valid and real about the person's need not to cry. What is required is that both parts be made aware and expressed so that the conflict can be worked through, so that what belongs to the environment can be sorted out from what belongs to oneself, and both the "cry" and the "don't cry" become assimilated.

One child blocked her crying in this way, and in the course of our work she recalled how she had to stifle her sobs as a little girl escaping with her parents from the Nazis in Europe. The part of her that said, "No, I must not cry," was an essential part of her ability to survive danger, and it required some devoted work on her part to acquire
ownership over both her tears and her need to stop them. It was only by honoring the lifegiving nature of stopping her crying that she could test the safety of the present environment for herself so as to experience in all of her being that she could now afford to let down her guard.

For another client, this same process of stopping his crying was rooted in his constant self-criticism for being unmanly. When he felt sad, he would brace and toughen himself, and, since one must soften the body to allow for the pulsation of crying to occur, he could no longer cry. His self-criticism was clearly connected to his father’s disapproval and criticism. Simply to break down his holding against crying might allow him to experience his tears, but would do little to return his self-criticism to the environment. He would have been able to cry, but also would be more vulnerable to his harsh internalized father. Additionally, we do not want him to get rid of his bodily capacity for toughness, but rather to apply it against his father’s criticisms and not against himself. True assimilation requires that the polarities that belong to the environment be returned to the environment. In this case it was necessary to externalize the harsh self-judgment as introjected from his father without losing his capacity for criticalness and discernment or the toughness to defend himself from the criticism. The latter are essential contact functions and belong to him and not the environment.

Clients rarely directly express these polarities—"One part of me wants to cry (or yell, reach out, strike back) but another part won’t allow it." The typical complaint is, "I want to express or act in some way and can’t," with no ownership or awareness of the "can’t" part of the process. There is often even less differentiation—"I feel stuck, or "My wife just left me and I can’t understand why I feel so tense"—or there are isolated somatic symptoms, such as, "I feel so tense in my stomach (shoulder/neck/etc.)."

Therapeutic practice requires that we be able to locate the retroflections as they exist, bring them into awareness, develop ownership over the polarities and expressive movements intrinsic to them, and find a new creative adjustment between self and environment and with one’s own organismic functioning.

Body Structure as Retroflexion

In our normal functioning in the world, all of us utilize retroflexion, more or less by choice, to manage and modulate our contact with others. I may decide not to say everything on my mind, and this will be present in that moment as a tightening of my lips and throat. I may want to reach out and touch a friend to reassure him, but hold back my arm because the setting may not seem appropriate or he may not be receptive to such support in this particular moment. In the moment-to-moment regulation of action and contact, Gestalt therapy sees retroflexion as functional and necessary for self-regulation.

It is when we reflect our actions chronically, pervasively, and without awareness that we distort our functioning and misshape our bodily life. If I characteristically do not say what is "on my mind," or more accurately, what comes to my lips (since "mind" is not understood as separate from the body process in Gestalt therapy), then the counter tensions with which I prevent my mouth and throat from uttering the words as they arise become structured into my body. I become literally tight-lipped and constricted in my throat. If I constantly inhibit my urges to reach out, then I become structurally bound up in my shoulders in order to counter any impulse I have to reach out to others.

The force/counterforce of retroflexion becomes static and structural if the retroflexion is habitual because the conflict between acting and not acting remains chronically unresolved and unawake. A pattern of retroflexed tensions develops and is visible in: muscular development, because the chronic isometric tension of agonist and antagonist (opposing muscle groups) builds up the muscles; in postural distribution, as the counteracting tensions pull body parts out of alignment or movement is only partially expressed; and even in the distribution of body fat, as poor circulation and energy flow through chronically bounded-up areas become layered with fat, just as a slow section of a river collects sediment.

In retroflexion each postural disturbance, nexus of muscular tension, or immobilized body area is frozen movement. It is (it does not merely represent) a movement towards contact and the countering of that movement. In this way the polarities of act/stop, of yes/no, of move/stay are always present in the ongoing body process and the unfinished situation is always alive. By paying attention to such body structures, we can bring those polarities into present awareness and discover, rather than interpret, the movements that are being countered, we can then work through the conflicts between parts of the self (or self and environment) that maintain the organism in partial and incomplete expression.

EXPLORING RETROFLEXION IN BODY PROCESS

There are a number of ways to explore and elucidate retroflexions and to gain entry into a unit of work in the domain of action. First and
foremost, is the ability of the practitioner to see and locate variations in body structure and the underlying muscular tensions and postural displacements. This is the basis on which work with body processes rests. What you can’t see, (do not have a framework and set of standards for registering perceptually), you cannot work with. Chapter 4 on body structure introduces this notion, but the reader should understand that work in this area requires more extensive training and an understanding of biomechanical functioning than can be obtained through this text.

When such variations in structure are identified, the next step is to develop awareness of their presence and ownership of their nature. If I notice that my client sits with her chest collapsed and her shoulders curled forward, my identification of this does not necessarily mean that she is aware of her posture or that she experiences it as something she doesn’t do. In addition, she might have no sense of how this posturing has significance for her life and way of being or for her symptoms. The first step is to develop her sensory grounding in how she sits, to locate what is experienced as “I” and what as “it,” and to connect what she is doing physically to her experience of herself and the environment.

This work has already been detailed in Chapters 7 and 8, on sensation and figure formation, and I mention it here to highlight the importance of the cycle as a whole for therapeutic work in any of the specific phases. Too many body-oriented therapists move too quickly to set on and change what they see. The result is that they work assiduously on what they, as therapists, see in a client’s body process but which the client does not own or with which the client has no direct experience. Such work can rarely be assimilated by the client because the awareness is not owned. Work with sensation and figure formation forms the basis for experiment with movement and structure, and will be constantly returned to throughout any unit of work.

Let me continue with the above example. The client has now become conscious of how she is sitting, and how this affects her breathing and sense of space inside, she has located some of the tensions by which she holds herself curled forward and collapsed, and has some sense of how she experiences me as she sits with me in this way. We have experimented with attention, breathing, and touch to enhance her sensation—perhaps I have used my hands to gently exaggerate and emphasize the posture so she can feel herself more clearly. I have suggested some “I” statements to explore the aspects of her structure she identifies as her own and those she experiences as alienated. She has stated, “I am pressing in on myself... I am squeezed in my chest... I am curled forward.”

Understanding that retroflexion and the resulting body structure are a process of polarities, I become interested in differentiating the parts: Who is pressing in and who is being pressed on? Who is squeezing in and who is being squeezed? Who is curling forward and in relation to what? I ask these questions not to determine the answers for the client, but to frame for myself the direction of our experimenting together. How can we emphasize and differentiate each part of the polarity in her behavior and awareness?

One experiment is for the therapist to act as the holding tension so that the client can clearly experience the other side. I might use my hands to press, greatly but firmly, on her chest or to curl her shoulders forward and work with her on what it is like to be the pressed-on polarity. Or I might have her do this to me, playing out the side that presses down and making this polarity clearer. Another possibility would be to have her resist my curling her forward so that we can find the movement or expression that is being stopped by the holding-back tensions. As each polarity becomes physically expressed, we also begin to give them voice and so initiate a dialogue between the split-off parts.

An example of the use of such experiments took place during a meeting with a colleague with whom I work. I was complaining of lower back pain and he offered to work with me on identifying it more clearly. He asked me to describe the tension as I experienced it. I said, “It feels like a pinching tension, pinching my bones together.” We spent some time locating exactly where I experienced the pinching and what was being pinched muscularily. My colleague then suggested that I act as the pinching, and with my asent, he firmly grasped my back in this area. I immediately wanted to lean forward against his “holding me back,” and I expressed this physically by struggling against his pinching me. My statements went something like, “I'm tired of you holding me back. Let me go. I've got to move forward and you won't let me.” The more firmly I tried to move forward, the more he pinched me, and the angrier I became at being held back.

At this point he suggested I switch and act as the pincher. Grasping him, I began to identify with what it is like to hold him back, to prevent him from moving forward. Putting this into words as well as actions, I said, “I won't let you go forward, I'm going to stop you.” Which gradually became, “I can't let you go forward, it's too risky. You'll get into trouble if I don't stop you.” As we continued to play out these polarities and discuss them, the issue became clearer to me. I was at that time struggling with writing the earlier chapters on the use of touch in therapy. I felt...
stuck and unable to move forward with this chapter, and the parallel of the writing process with this emerging polarity became obvious to me. I felt it was essential to the integrity of my work to write frankly about all aspects of working with body process, yet I work in a professionally conservative town and was concerned that I would be seen as an oddball and a "fringe type."

In the course of the dialogue, he worked with me to sort out what was realistic concern from what was self-criticism and self-doubt. I recognized that, while it is true that the professional community was conservative, most of my perception of this was in the limits I place on myself and tactics with which I scare myself (i.e., projections), rather than an accurate description of what would happen if I were "too different." He then asked me, "How is it that you'd pitch those critical professions if you could?" Laughing, I declared, shaking my flats, "I'm not going to restrict myself to your damned narrow definitions of what is legitimate. I know my truth and I won't be pressed into a box trying to act as I don't believe." My colleague and I knew that I was speaking both to my imagined professional critics and to my own self-criticism, finally pinching back instead of pinching myself.

I said to my colleague, "I don't believe I need to scare myself any longer. I can cope with being seen as different and unusual and with seeing myself this way as well." My back tension eased considerably from this work, although I would discover myself tensing again whenever I faced a point in my writing that aroused my old fears of being different. These occasions required me to stop and attend to how I was becoming self-critical and scared of being honest about my work, to examine what was realistic about that fear, and to mobilize some of the aggression directed towards myself back to the environment.

This work illustrates some of the possible components in developing work with reification. We started with a current awareness (back pain) and developed a more differentiated sensation (pinching). Ownership for each side came through taking on different parts of the resistance, with the therapist acting as if he were the other side. The polarity became apparent and the work began to sort out my introjected and projected criticalness from my caution and self-integrity. Finally, the aggression that had been turned on myself could be redirected towards the environment.

The easy description of this work, as in any condensed case description, conceals the amount of background and preparation that went into it. I have had much experience in attending to my body process and verbalizing my polarities. I am also very familiar with my self-criticalness and had already worked through much about this life theme in prior therapy. With many clients, working simply to experience each side physically and verbally may be sufficient. Expression cannot outpace differentiation, and until each part is clear, as well as what separates them into parts, they cannot be integrated through contact into the resolved whole.

This is illustrated by a client who experienced tension in his chest muscles. We had been exploring this tension as "armoring and protecting." I asked him if he would allow me to use my hand to act as protection for him so that he could experience what it was like not to have to work so hard to protect himself. Sitting at his side, I placed my hand on his chest at the nexus of the tension and, as he felt the protection of my hand, he began to soften and release some of this tension. Eventually his softening brought on deep sobbing, and he grasped my hand to his body to make sure I would not leave him unprotected. It was more than enough for him to assimilate the experience of allowing himself to be protected by another person, and to experience the deep sadness in him that moved to be released. This was a sufficient unit of work, additional development of polarities would occur in future therapy as he came to experience more clearly the parts involved and his relationship to others.

**WORKING WITH EXPRESSIVE MOVEMENT**

The use of movements that are emotionally expressive has been frequently associated with body-oriented therapies. Hitting a cushion and other forms of physical acting out have even become stereotypes of Gestalt therapy and, indeed, unshackled and poorly trained therapists frequently take the use of therapeutic expression of emotion out of context and claim they are practicing "Gestalt." Yet expressive movement and vocalization can be extraordinarily useful in therapy; they have the ability to expand and recover the full range of organismic functioning and to reverse the direction of repressive muscular effort from the self back onto the environment. To use expressive movement accurately, the therapist must have an idea of the therapeutic context within which such movement is used and the aims toward which it is directed.

Lowen and Lowen (1977) give an excellent compendium of expressive physical exercises and movements in their manual of bio-energetic exercises. These include hitting or kicking a pad, vocalizing emotionally laden phrases or sounds, imitating movements involved in a
temper tantrum, hitting a pad with an object such as a tennis racket, twisting and "strangling" a towel, rhythmically and sexually or aggressively moving the pelvis, reaching out with the lips and arms, and using various stretches and positions to induce muscular vibration. In accordance with the aims of a Reichian approach, these movements are to break down the constricting body armor that prevents full expression; developmental conflicts can then be worked through and the spontaneous and vibrant natural characters (called the "gestalts" by Reich (1945/1975)) can be restored. In the bioenergetics approach, these movements are practiced as deliberate exercises at first, with the idea that as one lets go with the movement, one will spontaneously evoke or stimulate the release of repressed (that is, blocked by muscular tension) feelings.

Although Gestalt body-oriented therapists may use similar expressive movements in the course of therapy, they are seen in a slightly different context and philosophy, which, in turn, modify how they are applied. One difference has already been described as that of the understanding of resistance—in this case the resistance to expression through retroprojection. Because of our view of resistance, we prefer not to use movements to break down tension so much as to explore both sides of the polarity, so that energy directed towards the self can eventually be redirected towards the environment.

In the Gestalt approach, movement is seen as part of a whole cycle of organismic functioning and does not occur separate from sensation, awareness, and contact. That is, expression occurs from organismic need and is directed towards contact with the environment or one’s self. Our concern is not with the movement per se, but with its relation to overall organismic functioning: Where does it come from in one’s aware-ness and experience? What is the nature of the movement itself and how is it prevented? What object is it directed towards?

Because of our emphasis on experience in the present, we tend to develop expressive movement out of what occurs in the here and now—for example, from an apparent theme of work or from the present experience of body process or body structure. There is much less emphasis on doing an expressive movement to evoke or stimulate a theme for work because this is usually more root in the therapist’s awareness of the client than in the client’s experience of himself or herself. This brings us to the concern in Gestalt therapy with ownership and assimila-tion. Movement that is "given" by the therapist, or where the emphasis is on doing it fully or correctly, frequently results in imitation, and often in little ownership of the expression. The client does not experience the feeling as originating from the self and the movement remains an initiative exercise.

Because of these concerns, the use of expressive movement in a Ges-talt approach to body process uses the form of experiment rather than ex-ercise. Movements evolve out of what is occurring in the here and now and so may vary in form depending on the experience from which they evolve. The emphasis is not on doing the movement as fully as possible, but rather on doing it fully enough for the movement to be experienced clearly and ownership to be acquired. The emphasis is not on making something happen, but on discovering what does happen, and so takes into account the critical phenomenon of ownership, or its absence, and resistance.

Expressive movement in therapy can be developed from a number of starting points and along many different avenues. That the starting point can be either body-oriented or purely verbal will illustrate the con-struct that is possible in therapeutic work and the holistic view of human functioning.

Movement and Expression from Theme

One starting point for developing expressive movement is the theme of a therapy session as it is verbalized by the client or therapist. For ex-ample, a client may be discussing how he can’t seem to speak up with his wife and tell her what he feels. As a Gestalt therapist, I am most inter-ested in how (as opposed to why) his speaking up is interfered with, and as a body-oriented therapist, I am particularly interested in the physical process of his literally voicing what he feels. So I might ask him if he would pick two or three of the important feelings he wishes to convey to his wife and voice these in a series of statements while I pay attention to the quality of his expression.

As he experiments with statements such as, "I feel very hurt when you snap at me," and "I love you very much and I don’t know how to tell you that sometimes," I notice how he constricts his throat and tightens his diaphragm as he speaks, diminishing his voice. I point this out to him and demonstrate, through touch, the areas he constricts. Then I ask him to try the experiment again, paying attention to what these tensions feel like. He comments, "It seems that I’m trying to cut down the volume of my voice by tightening these muscles." I ask him to emphasize that process more by following each statement of feeling with "but I must keep quiet" while he tightens further in his throat and diaphragm.

He smiles at this notion, and then repeats the statements over and over with my encouragement. Eventually he virtually shouts his feeling statement, while following it with a rushed and constricted "but I must keep quiet." I support both the naturally evolving release of his voice and the alternating constriction of his voice by using my hands as
phasis and encouraging appropriate breathing with each mode. As the experiment winds down, we discuss and sort through the old beliefs (interjects) he has acquired that mandate his silence about his feelings. One must keep one's feelings to oneself because no one wants to hear them. There is no justification for "burdening" another with your own concerns. You'll just be rejected if you reveal what you feel.

The physical underpinnings for a theme that was arrived at through verbal description were explored and extended in the form of an exercise. We elucidated the resistance to voicing physically and, in this particular piece of work, even arrived at some spontaneous release of constriction by giving room to both the resistance and the expression. Other verbalized themes could be treated the same way.

For example, a client complains of freezing difficulty withstanding the barrage of questions and criticism tossed at her by her family whenever she visits home. Interested again in how she physically organizes herself to cope with such a barrage, we experiment with my tossing pillows at her "as if they are comments from your family," and we explore various approaches to coping with such a barrage. Does she feel better when she ban them back at me? Would she rather dodge them, step on them, or kick them? Which responses work for her and which do not? By grounding the possible choices in her physical process, she now has an immediately apprehensible physical "sense" of what works and what does not in this situation. It is a simple matter to translate her physical responses to the tossed pillows into more specific verbal or nonverbal responses to her family's pressures, although perhaps not so simple for her to use them with her family.

Expression and Movement from Metaphor

Similar to developing movement from theme, such work can also be developed from a metaphor or figure of speech. Many figures of speech have an explicit body orientation—"to stand on one's own two feet" or "to have backbone"—and these can be readily expanded into physical expressions. We can explore the physical dimensions of standing on one's own two feet: how you feel strong and how you feel weak when standing, how your self-support is undermined (the resistance), what you have to do to mobilize to withstand outside pressures or burdens (by my acting as the outside force through pushing or loading you down).

The same is true for metaphors that arise during therapy. One woman complained of her promiscuity, describing herself as "a mat..."
Development of Expressive Work from Body Structure

The previous three avenues along which to develop expressive or movement-oriented work involved some emphasis on verbalization. Formulating ways of representing a theme or metaphor in physical terms are two of the most obvious departure points for most therapists. The third departure point, that of attending to the ongoing interaction, is the first departure point that blends what the person is doing with what the person is saying; and is common to the traditional practice of Gestalt therapy. The expressive movement evolves directly out of present body process and is exaggerated as opposed to prescribed (as with rote exercises).

The fourth starting point for developing expressive movement is from the existing body structure as opposed to an ongoing movement, i.e., from the particular way in which the person has shaped his or her posture, breathing, muscular development, body armor (braced or rigid areas), and so on. Much about the body which seems static and structural is, when converted into process, really inhabitated movement. By attending to the pattern of body structure, this movement can be discovered and then recovered for expressive functioning.

For example, I had been working with a man on developing his awareness of the way he was structured to habitually "narrow" himself. Working from a standing position, we noted how he held his arms close to his sides, stiffening the sides of his rib cage so that his breathing did not expand sideways, raising his shoulders up, and otherwise drawing himself into a narrow space. He posturally appeared as if he were squeezing himself between confines on either side which provided him no room to expand himself. Through our work he had come to experience how little room he allowed himself to take up.

We first developed his awareness of his body structure as it existed through exaggeration, i-statements, and through my acting as the resistance for him by using my hands to narrow and restrict him further. Then began to explore how he could widen himself—the opposite polarity. I worked with him to discover how to breathe into the sides of his rib cage and find out what expanding himself in this direction could be like. I used deep tissue work to give more range to the constricted musculature by which he pinned his arms to his sides and raised his shoulders towards his ears.

On one occasion I asked him to go back to exaggerating his narrow structure, to hold it for a moment, and then to gradually move into a more expansive stance. Starting in his constricted posture, with his arms pinned to his sides, he began to inhale, allowing his torso and rib cage to expand. As he exhaled, his arms gradually rose in front of him and then spread and moved out to each side. I asked him to repeat this sequence—drawing himself up into a narrow stance while inhaling, and then pushing outwards while exhaling—and to add more of his body to each movement.

When I asked him to tell me his experience of this movement sequence he described it as "recollecting and then pushing away." I then asked him to think about what he had had to recollect from as a little boy. In repeating the movement he recalled how he had witnessed his father's drunken rages against his mother. Caught between his desire to protect her and his fear of being himself beaten by his crazed father, he had often drawn himself into a corner of the room behind some furniture. There he would remain, trying to hide while witnessing the ensuing violence.

While his recollecting and fear had become part of his narrow body structure and habitual fearful approach to life, what had never been expressed was his physical impulse to protect his mother and push his father away from her. I worked with him to bring this into full expression, having him push me away and make the statements "as if to your father" that he had wanted to say as a child but could not because of the danger of acting. This movement work initiated a process of re-owning his capacity to act strongly in the world, being able to risk expanding himself and "standing out," and putting him in a position where he could truly mourn his helplessness as a child.

This work, starting from his existing stance in the world, moved from finding the polarity or "counter stance" to his constricting body structure to evoking the movement between the positions. This movement could then be readily identified as two kinds of active expressions—one of recollecting and the other of pushing back—and the previously unexpressed impulse could finally be expressed in the environment and worked through.

Development of Expressive Work from Spontaneous Body Process

The fifth point of departure for developing expressive movement is entirely nonverbal in origin, and usually only occurs within the context of ongoing physical intervention, such as work with touch, breathing, muscular release, and certain exercises. During the course of such body work, spontaneous changes often take place in body structure or muscular organization, which, with proper support and encouragement
through the therapist’s verbal and nonverbal communications, can be developed into expressive movements or emotional release.

Such work is illustrated by a session during which I was using touch to encourage a client to find how to release his hyperinflated chest. We had been working with his breathing using guided awareness and touch, then began to focus on his difficulty with dropping his chest as he exhaled. Instead of exploring the process of resistance to letting down his chest, which we had done at other times in our work, we simply continued to attend to his breathing. As he exhaled I gently pushed on his chest so that he could experience how much more drop was possible in his chest. Eventually I noticed a spontaneous spasmodic movement taking place as he exhaled, which I simply emphasized by imitating it with my hands as I pressed on his exhalation. As we continued, tensions began to appear in his throat and face, which I addressed with soft, feather-like touches to encourage him to let go. As tension appeared in his belly muscles, I placed my other hand on his belly to make supportive contact and he began spontaneously to cry. By my rocking his body along with his crying, the cries enlarged and his previously rigid chest began to join with the natural expulsive movements of crying on his exhalation.

Gradually his crying subsided, and it was only then that we spoke of what had occurred. By finding ways to encourage the emerging body process during the course of body-focused work, this man was able to allow his body structure to “give,” and the complementary action the structure was protecting emerged. This was possible in part because of the extensive support he received through my touch, as well as from the groundwork supplied by our earlier therapeutic explorations. His awareness was of needing no longer to keep his tears hidden from view, and of discovering he could follow the direction encouraged by my touch and let his chest drop into his emerging feeling of sadness.

An example on the other end of the emotional continuum took place while I was working with a client to release tense back muscles. As we worked, with her lying on her stomach on a pad, I noticed her legs were beginning to tense with each movement of her back muscles. I encouraged her to attend to this and allow the movement to expand. Eventually this subtle tension developed into kicking motion and I encouraged her to kick into the pad and vocalize while I continued to work with the tension of her back muscles. As she mobilized her pelvis and back to participate in this action of kicking, her back muscles began to release and a fluid and powerful expression of aggression emerged. After the movement reached a peak, I asked her to wind down, and we began to explore what it was like for her to do this movement. She reported that as she expanded the movement, she began to experience that she was tired of holding back (note the play on words—holding back and holding her back tightly), and her kicking became getting free of her restrictions—“kicking loose.” We continued this work, looking at the things in her life she wanted to “kick loose from” and what required her to hold herself back.

Body techniques of deep breathing and hyperventilation or stress on muscle groups will often cause similar spasmodic muscular vibrations and spasmodic movements (Reich, 1942), which can be similarly encouraged into emotional expression. But my experience with such techniques, both as a practitioner and a participant, is that the release often takes the client by surprise and is experienced as something that happened to me, and not as something of one’s own that is allowed to emerge. Such experiences may remain as interesting and even frightening cathartic events, but they stand apart from oneself and produce little change in perception or behavior. While the neurotic client will simply isolate such an event or become anxious, those clients who are more seriously disturbed or have more tense ego strength may become flooded by such interventions, and even decompensate if too much emotion emerges at once.

GENERAL COMMENTS

It should be apparent from the work described in this chapter that work with expressive movement and undoing retrodicted action can result in the release and expression of powerful emotions and vigorous and often aggressive behaviors. This requires that the therapist be competent in managing and guiding such work, and not be anxious about the presence of strong feeling. This is not work for therapeutic novices, despite the fact that novice therapists frequently are attracted to such expressive work because they see it as more significant and “real” than the basic work of awareness. Expert training and supervision are essential for proper use of such therapeutic technique, and one’s own therapy is mandatory to develop the capacity to tolerate strong feelings.

Catharsis is not significant in and of itself, even though it is often dramatic. Work with developing expressive movement requires a base of awareness, relationship to the therapist, and a well-managed therapeutic context to be useful. The emotional expression or expressive actions that occur in the therapy room need to be linked to their appro-
Contact, Final Contact and Body Process

The word "contact" is frequently spoken in almost mystical terms. When we "make contact" with one another, we often refer to an intangible sense of connection, presence, or awareness of the other person in a way that is close and personal. A situation of "high contact" has a sense of immediacy and presence and charge, whether it is warm and positive in nature, such as having a heart-to-heart talk, or unsettling and difficult, such as participating in an argument.

In Gestalt therapy we refer to contact as that which occurs "at the boundary between organism and environment," at the meeting of self and other. The opening quotation refers to contact as the assimilation of novelty by which growth and change take place. When we are "in contact," we are experiencing that meeting at the boundary that separates and defines our self and that of the other (or the object) we are contacting.

If action is the extension of our organismic self into the environment, then the stage of contact is the meeting of one's self with the other: "The point at which one experiences the 'me' in relation to that which is not 'me' and through this contact, both are more clearly experienced..."