

Authentic Movement and Dance Therapy

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The discipline of authentic movement adds an important dimension to the field of dance therapy. In this paper, authentic movement is described, and three aspects are discussed and related to the theory and practice of dance therapy: inner listening, witnessing and process orientation. This work is based on fifteen years of experience with authentic movement in the Santa Barbara authentic movement group. Clinical examples are drawn from Cottage Hospital's psychiatric unit, Sanctuary House (a residential treatment program), and the author's private practice. It is concluded that the study of authentic movement can make a meaningful contribution to the training and continuing education of dance therapists.

This paper highlights some aspects of authentic movement that have particular significance for dance therapy and have informed my dance therapy practice: inner listening, witnessing and process orientation. A brief description of authentic movement and my experience with authentic movement follows.

I have drawn extensively from my experience as a member of the Santa Barbara authentic movement group, and from my clinical experience.

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Authentic movement has been extensively described in the Dance Therapy literature (Adler 1987, Chodorow 1986, Whitehouse 1963). Authentic movement is a discrete discipline or practice that involves a mover and a witness. For the mover, it also involves the intent to be in relationship to one's self—to open a dialogue with the unconscious by giving bodily form to the stream of material which is available to us as sensation, feeling and image. This relationship with one's own unconscious stream of material calls for an "other" to see and contain the experience of immersion. This is the witness. Adler (1985) says that

while the mover is developing an internal witness, the presence of an external witness is critical. As long as the unknown is being explored through the arrival and encounter with unconscious activity there is the element of fear and/or awe. The presence of another in either case is a response to the human need for safety, containment, balance, and/or the objective mind. (p. 15)

The witness too enters a relationship with her self. As she attends to the mover(s), she also stays in contact with her own experience, noting her bodily felt sense, feelings, images, sensations and thoughts.

Santa Barbara Authentic Movement Group

For fifteen years our authentic movement group has met on a monthly basis. Some members of the group have left, new people have joined. We have experimented with how we structure our movement and witnessing time and with the use of clay, art materials and writing. The practice of authentic movement has asked us to develop our internal witnesses and to learn about our responses to others through the containment of the witnessing experience.

For some of us, this work has provided a core for our art and our writing. For others, like myself, this group has been a training ground and a laboratory. It has informed my clinical work, teaching me among other things, about being *with* another human being. For all of us, the practice of authentic movement continues to deeply feed our souls.

For a time I felt a tremendous gap between what was able to happen in trainings with my colleagues, and what was possible in a hospital or residential treatment program. I could not transfer what we did in the studio to the hospital, or even to most of my private clients. I have had few clients and fewer groups with whom I could adopt the form in its totality. I began to modify the form, drawing from it basic principles which have become the underpinnings of my dance therapy practice.

I recognize that some of what I offer here may not be new, as dance therapists have been working in these ways for many years, with no training in authentic movement. However, for me, authentic movement has been the vehicle for the understandings I share here. It has greatly enriched and deepened my practice as a therapist.

Inner Listening

At the heart of both dance therapy and authentic movement is a belief in the wisdom of the body. Both in theoretical formulations and in practical applications, dance therapy and authentic movement involve attention to the ongoing stream of bodily felt information. They share the essential feature of inner listening. In the context of authentic movement, inner listening involves an attending to images, sensations and feelings, and giving them movement form. This allows the weaving and interaction of emerging unconscious material with the conscious elements of weight, time and space. Inner listening is often spoken about as “surrender”, because it involves giving in to the unknown and waiting for the bodily-felt sense, rather than making something happen. Adler (1987) describes the inner listening process for the mover:

The mover works with eyes closed in order to expand her experience of listening to the deeper levels of her kinesthetic reality. Her task is to respond to a sensation, to an inner impulse, to energy coming from the personal unconscious, the collective unconscious, or the super-conscious. Her response to this energy creates movement that may be visible or invisible to the witness. (p. 2)

The importance of the capacity for inner listening is that it makes available the client’s ongoing experiencing. This experiencing is the “stuff” of an in-depth therapeutic process. In addition, the ability to listen to, differentiate, acknowledge and respond to one’s ongoing experiencing leads to fuller and more meaningful relationships with the self and with others. Hawkins (1991) says that wholeness as a human being involves the ability to listen to what she calls the inner voice, and that

when one discovers that inner spirit and the inner voice is free to make its own unique statement, then something magical happens to the creator. Suddenly there is a new sense of trust, a confidence in self, and willingness to take greater risk as one reaches toward new goals. (p. 115)

Hawkins believes that an ultimate goal of dance therapy is helping clients discover their own “intuitive process as a way of ordering . . . inner experiencing in a meaningful way” (p. 109).

Dosamantes-Alperson (1983) posits a relationship between experiencing and self-actualization. She notes that "successful therapy clients move in direction towards increased access and use of their experiencing in relation to themselves and others" (p. 151). She describes abilities she believes are related to experiencing and suggests teaching clients the skills necessary for inner listening.

The capacity to tune into one's experiencing is a capacity that I continually look for and strive to develop in both my group work and with individual clients. The structure provided for inner listening in the hospital may look very different from the structure provided for a high functioning client or a group of authentic movement students, but its purpose is the same: to provide the safety necessary to attend to the ongoing flow of experience.

The following is a description of a hospital group which I felt could tolerate and benefit from some inner listening. All six people, ranging in age from 30 to 60, had been in at least one of my previous groups. Most were depressed and two had substance abuse issues.

We began sitting; Liz, Jean, Bonnie, Karen, Rick and Alex. Our bending and stretching eventually led us to throwing. We stood so that our entire body could participate as we threw off what we didn't want from the day, the week, the year, and the decade! It was clear during this warm-up that the group had some cohesiveness from the hospital milieu; that there were also some tensions and differing movement needs; and that most group members were able to self direct, tending not to follow me unless I gave a verbal cue. Jean, an overweight woman in her late thirties who was withdrawing from cocaine was the exception. Jean tended to reproduce my movement as we continued an exploration of throwing, gathering, holding and releasing. We came to a stopping place, most people still holding their own arms or shoulders. As the ending had seemed to come organically, I asked people to notice if there was a feeling quality to their physical position and to say a few words about it, either to themselves or out loud. Rick said "lonely"; Bonnie said "protected"; Karen said "taking care of myself"; Jean said she remembered a time when she did take care of herself.

Although we were resting, the themes felt very alive and so I suggested that we each move on our own to continue exploring the theme that had emerged. At this point I did a little educating about focusing inwardly and there being no right or wrong movements. There was some nervousness and so I gave further structure: folding and unfolding (closing and opening) in arms, bodies, hands, etc. (Most were still standing with arms folded around themselves). This seemed to address the nervousness as people found their place in the room and began to turn inwardly. I witnessed as they moved for about 4 minutes. Bonnie, Rick, and Karen were highly involved and I felt could have gone on longer. Jean left the room to get a drink of water (attending to her experience, taking care of herself and defending herself all at once!) and Liz and Alex opened eyes, peeked around, and

seemed to wait it out. We talked after taking some time to reflect and to transition back to the group. Rick spoke of flying and the feeling of being able to leave something behind. He had the experience of distance from his grown son's problems—an experience he needs to cultivate for himself. Bonnie found that she couldn't "open", that she needed to keep a wall up and some protection. It became clear for her that there were some important ways she did not yet feel safe in her marriage. Alex said the only way he felt safe was in holding himself. Karen described a fantasy that she had danced with her hands: wild ducks that she used to feed as a child, flying away, returning. She could feed them but she couldn't own them. She made sense of this in terms of an injury she had sustained and her feeling of life being out of control. Liz chose not to talk. And Jean reported that she had some difficulty concentrating but that she's better able to each day.

I then asked each person to share a movement or a gesture from their experience and have the group join them in it. Because of the time spent moving alone, it seemed important that some of each person's experience be witnessed by the other members of the community. The community and, in at least three cases, the individuals were strengthened by their own inner journeys and the subsequent sharing.

Not everyone is able to sustain an inner focus, or is able safely to do so, even in this limited and structured manner. For some, the ability to attend inside is limited by illness, pain, chronic use of medication, or personality structure. Often, when the opportunity is presented, the client will simply not participate as did Jean in the session described above, or will do so in a very limited manner as did Alex and Liz. The capacity to sustain an inner focus seems to require a certain amount of inner safety.

This safety, I believe, corresponds to what Dosamantes-Alperson (1983) calls the ". . . ability to perceive one's self as the center of one's experience (internal locus of control)" (p. 151). When the unconscious material becomes overwhelming, or particularly frightening or painful memories threaten to intrude, it is simply not safe to go inside. Some clients "know" this and communicate to the therapist a need for a highly structured, outer-directed movement experience. Others don't. Chris, clinically diagnosed with a multiple personality disorder, has taught me a lot about safety. A natural, though untrained, dancer, she was immediately at home in the movement group. Her ability to self-direct led me to try some inner listening work when other group members also seemed ready. Chris wanted to work this way. But, inevitably, Chris would close her eyes, begin to move, and Shelley would emerge: a terrified child hiding in a closet from a parent-abuser. While important material for Chris could be accessed through inner directed movement, the switching signalled to me that Chris did not have the ego strength to contain and address the fear. We worked with our eyes open, in a more interpersonal fashion while Chris was in the group.

There are clients for whom safety is not at issue but who have difficulty for a variety of other reasons (some mentioned above) in contacting their bodily-felt sense. Creating opportunities in movement experiences for nurturing the ability to listen inwardly is an ongoing focus of my work. A movement warm-up can be designed to elicit the capacity for inner listening. Questions such as "How is your spine today?" "Can your breath support your stretching?" "What do your feet have to say about things today?" ask clients to pay attention to sensation as they loosen up at the beginning of a group. As we progress into rhythms and movement that have an affective connotation such as shaking, punching, reaching, hiding, withdrawing, expanding and so on, I continue to ask questions and make statements that facilitate inner listening. For example, I might ask a client to notice which movement qualities are especially comfortable today, which aren't, and to notice how they know. Ongoing reference to one's own experience, particularly while moving, usually heightens the ability to focus. When, however, a client is psychotic, or unable to organize inner experience, movement process without the accompanying self reflection is more effective as it allows the client to rely on an outer structure for self organization.

Authentic movement is a possibility that I carry with me into each clinical situation. Thus the question of the appropriateness of authentic movement is continually alive. Sometimes I find we must pay attention to each other, to our environment, or to simply being in a group or relationship. Other times it is possible to explore inner life through some inner listening work for a brief time. And there are times when group members or individuals are ready for some variation of the authentic movement form and the depth it has to offer. Authentic movement has highlighted for me the importance of inner listening in the therapeutic process. In my practice, it has become important to find ways to develop each person's capacity to listen deeply to his or her experiencing.

Witnessing

The witness is an essential component of authentic movement, and I believe offers meaningful contributions to the practice of dance therapy. As therapists, we also witness. In witnessing, it is hoped that our relationship with a client helps transform the client's relationship to his/her self. The following discussion focuses on the development of the internal witness and the use of witnessing in dance therapy groups, and how witnessing transforms the relationship to the self.

Adler (1985) describes the process of developing the internal witness. It begins with being seen by another, just as the development of a healthy

self begins with being “held” by another. After being seen by another, one begins to see oneself. The internal witness is developing. It is at this point in Adler’s model that one is able to witness another. And from this witnessing of another comes a new ability to see oneself. “The deepest longing now has shifted from being seen as I am by another, to seeing another as she is, to seeing myself as I am” (p. 16). This model describes a growth process. It also suggests a format for exploring authentic movement: that one be witnessed before one witnesses.

But what if one was never adequately witnessed as a child, and there is not time for the huge amount of witnessing it would take for the child inside to feel seen? We probably all see numerous people with variations of this early wound—not held, protected, honored or seen as infants and children. Can we teach self-witnessing? Can there be relationship, a witnessing of another? I believe in therapy we try to do both: to teach self witnessing and to teach about being in relationship.

So the ability to witness both self and other in a compassionate, nonjudgmental manner is a skill I find myself referring to and teaching both in groups and in individual work. With development of the internal witness as my goal for my client, I must often be satisfied with a little bit of their feeling seen, a little bit of their seeing another. The following example illustrates the integration of witnessing in an on-going movement group.

Alice had difficulty moving. Besides her obesity, her illness was progressing into muscle sheathes causing her a great deal of pain. Eventually she would become blind. Alice was in an ongoing movement group for the members of a residential treatment program. Some of the residents were considered chronically mentally ill. Others were making the transition from hospitalization to independent living. At first Alice could move with us and those sessions were rich and meaningful for her. Gradually, she had to watch and would sometimes skip group because of how emotionally painful it was to see others move. It was at this point that I began to teach witnessing to this group. Because it was ongoing, and a fairly consistent group, I felt I could take time and teach over time. We talked about the differences in watching from a compassionate place and watching from a comparative or judgmental place. We explored the quality of presence and attention, noting how difficult attending is when one is over-medicated. We talked about the mindfulness that supports witnessing—the ability to be with and watch another while also following one’s own feelings, thoughts, fantasies, and sensations. We developed guidelines about speaking from our witnessing. And we used witnesses for all of our movement structures. During this process, Alice blossomed. Mindful attention was, fortunately, not difficult for her (as it was for some others).

Through this process as a witness, Alice became aware of the richness of her own inner life. She had ready access to images and memories which

were often quite relevant to the movers she witnessed. As her feedback to the group became valued, Alice was able to experience her place in the group, and ultimately, her place in the larger collective.

It was during one of these sessions that Tracy, another member of the group described above, gave voice to an important aspect of the witness—the compassionate observer. After a warm up, I usually asked others to witness with Alice. On this day, Tracy was witnessing as we were moving with partners. At one point, Carla and Susan became very focused and involved. Later, as Tracy talked about her witnessing, she described how she felt full of love, how she could never hate someone when she watched them move. She was surprised at this capacity in herself.

Tracy's statement was healing in the context of the group also. Carla had difficulty feeling seen and being accepted in the group. Many of her personal interactions alienated others. Tracy was able to see below the personality level, to the core of the person, and to bring her vision to the group.

In the above examples Alice and Tracy were not witnessing authentic movement as it looks in the studio. But they were witnessing moments and sometimes minutes of inner directed movement. The witnessing for both young women served to deepen their relationship to the group members and, more importantly, to their own internal witness. Alice and Tracy also developed their ability to witness over time. They both had been witnessed by myself and by others in the group.

In a short term setting, I sometimes use the function of the witness to include the non-mover and to create some safety for the movers who are concerned about being watched. The following experience is from a short term psychiatric unit.

We began in a loose circle with a slow warm-up. As we rotated body parts and stretched, Leslie sat on the couch hugging her knees. My thought was to somehow bring the group to holding ourselves as a way of including Leslie and letting her know she was seen. So as we explored "gathering in", I suggested that we gather to different parts of ourself: to our middles, our hearts, our shoulders, our faces. When I suggested that we then hold ourselves after the next gathering in, Leslie immediately dropped her arms from her knees and dropped her feet to the floor. It felt to me like a pretty clear statement: "No! I will not move with you". Yet Leslie did not leave, though she shared her attention to the group with a nearby newspaper. Toward the latter part of the group, I asked that we move in pairs, using a mirroring structure. I set it up so that we needed witnesses, and asked Leslie and another woman (who had sat down, saying she was tired) to be our witnesses. Leslie agreed. I briefly explained the witness role and we proceeded with the mirroring. Leslie's attention was focused throughout. She had feedback for the movers and was clearly at this point a part of the group. In a subsequent group, Leslie chose to be involved through moving.

Witnessing was used here to draw a big enough circle around us to include Leslie. In effect, the witness position allows a “no” to moving, values that “no”, and affirms that there is a time and place for saying “no”. It also affirms a place in the group for the observer. In a larger sense, as in the example of Alice, this way of activating the witness communicates to the group that there is room for our differences.

The delineation of the role of the witness also makes it safe for the movers. The movers hear me describe to the witnesses how they are to watch from their hearts, watch their own experience, and be with the movers. Describing the witness function to the non-movers makes some safety explicit for the mover: the witness is not there to judge the mover. This safety is essential if the mover is to stay present with his or her own experience.

In the example above, Leslie witnessed a fairly long (about 8 minutes) mirroring structure. I also use witnessing for very brief structures when we are taking turns moving in some way. For example, when exploring a quality (timidity, assertion, single mindedness, ambivalence, etc.), one person at a time might move across the space and back while the other people witness. The safety provided by the witnessing function—as best as it can be held by the witnesses and as best as it can be “taken in” by the mover—supports the mover’s journey across the room and back.

The following description of a short term psychiatric group illustrates for me the transforming power of seeing another and being seen by another when one moves.

Seven of the nine members were in their twenties or thirties: Terri, Anna, Wendy, Lindy, David, Susan, and Steve. Virginia and Lorraine were in their late sixties. Most were diagnosed with depression or anxiety, though Anna was bulimic and Terri had a substance abuse diagnosis. We began with a warm-up, as I followed their movement and energy cues. In the movement process the structure emerged of passing an imaginary object from one person to the next. There was a high level of involvement as we each received something, moved briefly with it, then passed it on. This went around the circle twice and when it came back to me the second time, the group suggested I “let it go” and “it” “flew” away. I started us moving again following some little bounce impulses I saw and then realized (the group’s lack of involvement helped me here!) that we needed to talk—that there were some important images that had surfaced in that use of our imaginations.

Wendy had had an image of a rams horn. Terri had a little elf that had been her imaginary companion in childhood. Susan had her baby in her arms. Others shared their images. Then Mary (a psychiatric nurse) shared how it felt when Steve flattened her lady bug and Libby shared surprise that her kitten had turned into a lady bug. We began to look at the letting go involved in passing our image to the next person. A discussion followed about our projections, imaginings, and

the feelings we had as we watched someone else move with their image. The group members appeared ready to witness each other.

I chose to continue by working in dyads, mirroring. One dyad would move at a time while the rest of the group witnessed. I suggested that in the mirroring, we allow our imaginations to speak and that the partner be “with” the mover rather than feeling they had to follow exactly. Lindy and Wendy mirrored first. Wendy found a soft spiraling shape with some free flow. She later described movements of “letting go”. She also said she found a part of herself that was okay and that she liked, and she hadn’t been with that part of herself in a long time. It seemed important that this part of her was witnessed by the group and, through the movement, by her movement partner. Then Terri, who had moved back outside the group, said she would mirror even though she felt very alone. She asked Lorraine to be her partner. Lorraine had come in late and was wishing she could be as expressive as everyone else, but she couldn’t “let go”, felt “out of place” and felt she had no place anywhere. She did agree to stay and witness. Terri then asked Virginia, who doubted her ability, but agreed to do it. They moved together in chairs with a lot of physical contact. There was laughter and playfulness and a high degree of involvement on the part of those watching. Virginia described her experience as reaching out to have someone touch her so she could relax. Terri’s experience was of being the helper and being accepted. One witness saw a bridging of the generations, a way that we are alike even though we may be years and lifestyles apart. David saw the accepting of another and how this helps one feel okay about oneself. We discussed how having another see/accept us may be a way to see and accept ourselves and how that was what was happening in this group! Then David and Steve mirrored. Again there was physical contact initiated by David: handshakes and back pats. Then Steve initiated the movement. There was a very powerful sense of isolation and frustration which transformed as he began to bring his breathing and his movement together in large openings and closings of his chest and arms. He ended by looking at each of his witnesses in turn. He had gone through a story of his depression in that brief movement sequence, and in the act of sharing it with David and his witnesses, he looked and felt very different. We came together in a circle and this time Lorraine joined us. She commented on how beautiful Virginia and Steve looked (which they did!) and then it was pointed out how she looked! She had taken the blanket off her shoulders and was quite animated. She was not comparing herself to others but rather sharing of herself as she spoke. We were transformed as a group and, in some cases, as individuals—by our moving together, by being seen and by seeing each other move.

I continue to explore how to bring witnessing to people who have not been adequately witnessed themselves. It sometimes seems to have limited significance, as in the earlier example, allowing Leslie to be included in the group. In other cases, the significance is greater: Alice not only found a valued place in the group, but was also able to develop a relationship to her own internal witness that was to prepare her for her coming

blindness and a different relationship to the world. Sometimes the use of witnessing seems transformative, as in the session I described above. But because of the nature of the short term psychiatric unit, I often have no follow-up. I don't know if the "part of herself that she liked" was able to help Terri deal with her cocaine addiction. Nor do I know if David was able to take that self-acceptance with him, or if Steve was able to know in himself the transformation the group was able to see in him. But I do believe that one such experience makes others possible. Perhaps Lorraine can again find "her place".

A Process Orientation

I am enriched and deepened personally by my years of working in authentic movement. This is true for me as therapist also. I am learning about being and doing, about waiting, about trusting a process, about being with another in a non-interfering way as they experience pain and joy. I am also learning about intervening, and setting boundaries and limits. I would like to articulate these dimensions further as I believe they are inherent in dance therapy theory and methodology. Training in authentic movement has made a direct contribution to these dimensions in my therapy practice.

Waiting

Both as a mover and as a witness, I have become familiar with waiting. As a mover I have waited for an impulse to move. And waited. It is of continual amazement to me that when I do not know what is to come next, I can wait, and something will come. As a witness, I wait with my mover. Another aspect to waiting is participation in the unknown. I am familiar with this experience also, and yet am continually surprised by it. I know it especially as a mover, when I am immersed in my inner world. The movement, the memories, the images, the sensations, the feelings are not what I had planned—and are often not what I would have designed for myself from my conscious standpoint! Afterward there may or may not be new clarity. But there is the experience of having journeyed into the unknown.

As a therapist I want to communicate to my clients that it is okay to not know what is next, to wait in and with the unknown. Our work is often about coming to new understandings with what was previously unknown. And we must go "there" to do that. Moreover, I—the therapist—do not know for my client, just as I—the witness—do not know for my mover.

Waiting can sometimes bring enormous fruits. I think of John, a very depressed elderly man, who appeared almost catatonic. He sat in an armchair in the day room of the hospital as we began group.

Each person in the circle was contributing a movement statement about him or her self. After the person in the circle nearest John had completed her movement, I asked John if he would like to say something in movement about who he was today or how he felt. There was no answer. Then slowly, very slowly, John began to push himself up from the chair. As he began, a piece of paper floated off the arm of the chair to the floor. John sank back in the chair and slowly bent over to retrieve that paper. Then he stuffed it back into the pillows of the chair. He was unable to stuff effectively, however, and, as he rose again, the piece of paper again floated to the floor. This time I retrieved it and made sure that it wouldn't fall again. I was conscious that the flow of movement around the circle had definitely been broken. I was also aware that John had indicated he wanted to take his turn in the circle. This time John stood all the way up and began—very slowly—a feet shuffling dance. After a minute he stopped and then smiled. Then he slowly sat down. It was the most expression, movement and relatedness that anyone had seen from John during his several days on the unit. The group members spontaneously broke into applause. An infectious good feeling pervaded the rest of the group.

It would have been easier to ignore John. He was sitting outside the circle and appeared to be oblivious to us. It is important, however, that each person in a group be acknowledged and seen. By asking for John's contribution, I try to convey to the group that each person has something to offer. By waiting for John, I try to convey that it is okay to take time for what you have to say and to wait for the inner voice to emerge. This is often a new experience for people. And if we are to listen to our bodily-felt sense, we need, among other things, a feeling that we can take our time. When structuring movement experiences, I have found it useful to explicitly include waiting. When we are moving through the space one at a time, I often ask us to include a waiting time at the beginning. When using mirroring, I often ask that when we get to those places where we don't know what comes next, we simply wait, and our mirroring partner will wait with us. Stillness and listening are valuable and valued parts of ourselves.

The session described below illustrates the unfolding of a process, a waiting on both my part and the client's part, and an entering into the unknown. The client is a 55 year old woman with a childhood history of physical, sexual and emotional abuse. We had been working together privately for about a year at the time of this session. Pat had been talking about how important it was for her not to show any vulnerability when a familiar, but uncomfortable sensation and feeling emerged.

I suggested she let herself pay attention to the feeling and just sort of stay with it. She closed her eyes. Sometimes we were silent, sometimes I asked a question to deepen her connection to her experience. She described a grey fog in her chest, its boundaries, its rubbery quality. As she stayed with her felt experience she began to shudder periodically with an emphasis on her exhale. It seemed to me as if her breaths were aborted sobs. After a minute or so she had an image of herself at about 7 years old standing outside and crying. As we paid attention to that memory, what came clearest for her was that she was crying and that she was alone. When I asked about the quality of that crying, the word "futile" just popped out and Pat began to sob. She sobbed for several minutes. As the sobs gradually diminished, Pat continued to periodically shudder and breath out, this time as if she was very tired. I wanted to validate the reality of her childhood experience, so I said, "I just want to tell you that I see how hopeless you felt as a child." And after a pause, "and how nobody probably even knew that you were feeling so badly". At this statement she opened her eyes, put both hands out in front of her as if to say "whoa" and said very strongly, "And nobody is going to know how I feel! I'm not going to let my mother know!" Then she shifted in her posture and looked at me. "That's when I decided," she said. "That feels like the time when I knew I couldn't let any of the pain show". As she said this and as we sat quietly with that information, Pat continued to shudder slightly and to exhale with a little force. She said that it felt like wanting to get rid of something. Pat and I moved together for a few minutes, getting rid of, throwing, flinging and brushing off. I began to witness as she continued with more involvement. At one point she said with a laugh. "I'm glad I'm doing this in the right company! I couldn't have done this at the dinner table. I couldn't have done this in front of my mother." She continued to brush her chest and make expelling noises. When she sat down she said that the memory of the dinner table kept coming to her. She showed me where everyone sat. She sat across from her mother and next to the brother that molested her. As we sat in the presence of Pat's family at dinner, she began to remember her mother's insistence on proper decorum at the table; how everyone, including herself, joined her mother's lie that everything was okay; her own proximity to her abusive brother; and her resolve to hide her pain. She began to understand the meaning of the feeling that she had as a child and still sometimes experiences—that grey fog in her chest. She associated it with the anger and hurt she felt toward her mother, and the confusion and aloneness she experienced in having to keep these feelings buried. As she processed this, she also made some connections to her history of bronchial problems. She expressed a kind of satisfaction at the end of the session, of something coming to new clarity.

Pat has the emotional resources and motivation to listen deeply to herself and to explore what is unknown. Her willingness to wait, to "hang out" at the edge of a feeling, image or sensation, allowed the emergence of another level of understandings. Also in this session, Pat had new experiences on which to build new ways of seeing herself and her world. She

again allowed her pain, confusion and anger to be seen by me; she was aware that she did not feel judged for that. She also became aware that she had obtained this new information from herself. She was beginning to find herself reliable as a source for deep inner knowledge; she was beginning to trust herself as a center of knowing.

Intervening

In authentic movement, the witness contains her own impulses to move. In doing so, she has a unique opportunity to know something about herself, perhaps something about what calls her to action, what motivates her. With the mindful attention that is asked of the witness for both her mover and her own internal process, the witness can watch her own impulse to comfort, to join, to withdraw, to stop, or to hide. She can get to know the tension that must be borne in such containment. It is a tension we are all familiar with in a therapeutic context when we become aware of our own countertransference. Here we stop in ourselves or slow down an action or a statement that is essentially about ourselves. When we do have an immediate strong reaction to a client's behavior or words, we often take some time to sort the countertransferential material from a useful piece of information about the client.

The process of witnessing is teaching me about doing less, intervening less and waiting more. So I wonder about the less visible aspects of countertransference. When do we intervene in order to *do* something, simply because we are the therapist and we are supposed to do something? The model of the silent, observing witness asks me to question when and for what reasons I do intervene. When do I act on what I know, see, feel, sense, intuit? In the therapy process, I sometimes contract with a client (or group) that they will move for a period of time and I will be witness and timekeeper. In this way of working, it is set up that I not intervene until the time we agreed upon is up. But because my ultimate responsibility is to my client, I must keep alive the question of whether or not to intervene based on what I see and understand about the process.

Christine helped me clarify the question of when to intervene. She had been in my group in the hospital and had then come to work with me privately. What I hadn't seen in the hospital, and what took me awhile to recognize, was that Christine could use the movement process not only to express her pain, but to give herself pain. A stretch could be extended much past the point of comfort, a body part could be held in a way it wasn't meant to go, an angry punch could suddenly become a self-angry punch as the pillow got flat and her hand began to bruise. I intervened constantly at first, often calling a halt to the movement process as I saw this woman inflict on herself the pain that had been inflicted on her. It

became clear that Christine was incapable of directing her own healing. Her need for my frequent intervention signalled a new place of attention for us and became the grist of our work for some time as Christine began to learn to respect and honor her own bodily experiences.

Sometimes the need for intervention has been much less clear and difficult to sort out from my need to intervene. When I see someone stuck, or in deep grief, I am “on edge” but much more able to be “with”. When I see pain or deep grief that doesn’t find resolution on its own, or that seems to feed itself, perhaps with a repetitive or trance-like quality, I am much more likely to intervene. Occasionally movement leads to involuntary spasms in the body and I do become active in working with these. I have found, in general, that I intervene more and wait less with clients with more borderline features.

The question of when and why to intervene is, I believe, a useful one for all therapists. It remains an important question for me as my trust in the organic unfolding of a process grows. The authentic movement laboratory has been a place where I could explore my own impulses to move through containment or through action. In this way I know a little more about why I intervene.

Concluding Remarks

Dance therapy and authentic movement have a shared theoretical and methodological attention to the ongoing stream of bodily-felt information. Inner listening, the ability to tune in to that information, can be nurtured and developed within the movement therapy process. Although the movement structure in hospital group therapy may look unlike an authentic movement group, its purpose is nonetheless to provide the necessary safety for attending to the ongoing flow of felt experience, to whatever extent possible.

The concepts of the witness and the internal witness which are central to authentic movement have much to offer the practice of dance therapy. In my group and individual work, I teach the ability to witness both other and self in a compassionate, nonjudgmental manner. This can be transformative as group members come to see each other, and as individuals learn to turn their capacity for compassion on themselves. At the very least, group members who choose not to move find inclusion in the group through witnessing; while moving group members have safety needs about being seen addressed, if not met.

My own experience as witness profoundly informs me as a therapist. The model of the silent, observing witness asks me to question when and for what reasons I make any intervention. Witnessing has deepened my

own personal comfort with waiting, with being *with* another. It has also sharpened my clarity on intervening in processes that have self destructive elements. Most importantly, my experience as a witness keeps alive the question of how I intervene as a therapist. It is my belief that the discipline of authentic movement can provide a valuable component in the training of future dance therapists, and in the continuing education and enrichment of those already in the field.

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