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Embodying Creativity; Developing Experience The Therapy Process and Its Developmental Foundation

Introduction

It is the intention of human organisms to seek relationship within their environment. Through this dynamic interaction, the organism changes and grows

“... assimilating from the environment what it needs for its very growth” (PHG, 1951, p. viii). And *how* the organism incorporates what is vital to its developing is through the creativity of adjusting or the spontaneous interacting of one with another to create something different and new. Any adjusting is creative insofar as it leads to integration: the unification of two unlike essences that are now made into a more inclusive whole. This is the experience of contacting; the quality of connecting with oneself and within the environment.

To understand the nature of the human organism's relationships, the work of psychology, we must locate organism always as part of environment. And, *how* relationships function becomes most apparent through experiences of adjusting. It is here that organism and environment meet and form the experience that is self.

The self is fluid and relational. For the baby, the mother affords a secure environment from which he can garner nourishment and support, while simultaneously, the baby offers the mother an environment in which she can express her love. One adjusts *along with* an other and creates a whole of experience. The self is not some “thing” that exists as independent of the other, nor does it exist a priori to relationship. The self is process and comes into being through those contactful experiences of creating and adjusting.

In a process oriented therapy, such as Gestalt, we therapists investigate the processes of adjusting and analyze the means by which our clients experience themselves within the relational field. Diagnosing phenomenologically, we attend to what our clients (and ourselves) sense, perceive, and therefore, know. And, *how* one knows is, first and foremost, through movement. The movement explorations of one's own body within a particular environment creates dynamic input in the form of proprioceptive feedback. Proprioception, the sensing of one's movements, allows us to know *that, where* and *how* we experience ourselves within or as part of that specific environment.

When our environment changes, we sense the difference in our bodies. Similarly, when we experience some difference in our bodies, however subtle, we feel a shift in our relationship within the environment. It is not possible to know ourselves apart from the surroundings in which we live. Experiencing movement, we sense the other existing within our own aware response.

Input from proprioceptive awareness supports our ability to explore freely, which allows the differentiation of one part of our body from the other *and* from the surrounding environment (Frank, 2001). The more clearly parts of the field can be differentiated, the greater the clarity of our interest and the greater the precision with which we can select that which is of concern to us and that which is not. What is found and selected is then assimilated through spontaneous adjusting. Assimilating, making what was *unlike, like*, allows the person to grow and change as more relevant aspects of field are embodied.

Our ability to sharply perceive differences within the field -- to create bright figures as they emerge from the background -- is reliant upon fluid, creative adjusting. As our body -- *that part of the environment which also proprioceives* (Kitzler, personal communication 2001.) -- moves unrestrained and uninhibited within the field, it readily contributes to the processes of contacting or the fluid forming of self. In the process of spontaneous and creative adjusting, we sense what was *external* as, now, *inside* ourselves -- a harmonious part of experience.

This chapter explores the fundamental role of proprioception in all creative adjustments, first in the infant and then the adult therapy client. It further identifies and examines several necessary contexts, or attributes of field, that are always part of adjusting processes for the infant throughout the time-span of traditional development, as well as for the adult in the here and now of therapy. Later in the chapter, two clinical case vignettes illustrate and illuminate the usefulness of these contexts within psychotherapy.

The Creativity of Infancy

Nowhere are the processes of creative adjusting seen more clearly than in the developing explorations of infants. Throughout, we see continuous experimenting for seeking, finding, and incorporating the other as part of experience. Movement towards the object of interest is, in general, definite in its intention and clear in its meaning. In their lively responses to an other, infants create a progressive differentiation of me from not me, and organize the ability to *separate from while including the other* in experience; the essence of contacting. The self evolves through a series of these ongoing coordinated interactions within the field.

The following is an analysis of the movement patterns of a four-and-a-half-month-old infant captured on video tape. The reader will realize how the infant, experimenting with a variety of alternatives, continuously discovers the best choice possible to solve her problem. Each meeting of infant/environment offers her precise and necessary proprioceptive information regarding her relationships within the field. In this playful process, the infant's manipulation of her toy reveals and even clarifies her intention towards it. In the here and now of exploration, experiences in creative adjusting change this infant to be something more than she was before. Moreover, it will become obvious how the prior sequence of creative adjustments forms the ground for the next sequence to unfold. The reader will see a series of creative adjustments that build, one upon the next, as the infant grows in her ability to forge more and more flexible relations, developing ever greater fluidity of self.

The Infant and the Interlocking Chains

Propping up on her elbows and forearms, a four-and-a-half-month-old infant rests on the floor as she plays with a chain of four interlocking colored links -- red, yellow, blue, and green. 1) With her left hand, she grasps the red link, at one end of the chain. She grasps the green link, at the other end of the chain, with her right hand. 2) The infant draws her forearms and hands together, making the links into a pile. 3) She lifts her left hand, containing the red link, and brings it to her mouth. All the while, she is gazing at the yellow link resting on the floor, and just near her other hand. 4) Now she pulls both hands apart and the red link drops out of her mouth. 5) Her head drops forward, and she gazes at this same link. 6) Once more, she draws her forearms and hands together and constructs a pile of links. She reaches her head toward the red link in her hand, and grasps onto it with her mouth. 7) After sucking for a few moments, she again pulls her hands apart, stretching the links before her. 8) She now gazes at the yellow link. 9) For several tries, she brings her hands together and apart, while dunking her head up and down, in an attempt to grasp the yellow link with her mouth. 10) Finally, she accomplishes her task. The yellow link is captured and she begins to suck. But, because she is not able to stabilize the yellow link with her hand as well as her mouth (her hands still remain fisted around the red and green links at the ends of the interlocking chain) the yellow link falls out. 11) The infant then lets loose of the red link, which frees her left hand. 12) She extends her left hand to the side and practices pinching movements with her thumb and index finger. 13) The infant now draws her forearms together in

an effort to again gather the links. Quickly, she applies her newly acquired pinching skill to pick up the yellow link with her thumb and forefinger. She then draws it toward her mouth and sucks on it. 14) Happily sucking her yellow link, she looks up and toward her mother, who has been quietly sitting next to her, and smiles. She knows she has achieved something marvelous. (I distilled these steps from close observation of Beverly Stokes "Amazing Babies;" video tape, 1995.)

The above description illustrates lucidly the precision with which the infant purposely explores her toy and, in the process, invents a novel experience of self. With each experiment, the baby creates proprioceptive feedback that is crucial to positioning her body in clear relation to the object of her keen attention. In sequence #1, the links have grabbed hold of the infant's attention and excite her. She responds through a rising level of energy. Tension of her organic, nervous, and muscular tones shift to create a change in her attitude. The baby senses this difference in experience as a readiness to respond. The ongoing changes in her musculature, her newly forming attitude, shapes her movements toward the object, as well as her orientation in space. The stimulating object has beckoned her to action.

In sequence #2, she draws the links together, revealing new and different properties of the object, and further building the relationship. Grasping onto the red link and drawing it into her mouth (Sequence #3), she explores its qualities -- its taste, its texture, and contours. At the same time, her eyes focus on the yellow link which feeds her further information. In sequence #4, she pulls the links apart in a scattering motion, thereby deconstructing what she has just made. The movements of drawing her forearms together and apart, and the proprioceptive feedback that she receives from the condensing and dispersing motions are crucial to the processes of differentiation. The movements are, in fact, the precursors to the more subtle pincher movements, also variations of condensing and dispersing experiences, that she will make with her thumb and index finger later in the experiment (sequence #12). With some practice (sequence #13), these more sharply articulated pincher movements prepare the way for the final experience in this series as she grasps onto the yellow link with her thumb and index finger (#13) and brings it into her mouth to suck.

In this fluid dance, many figures of interest, formed through a variety of creative adjustments, are organized and reorganized, created and destroyed, moving toward integration and assimilation. Here, it is clearly seen how the earlier figure formations become ground for later organizing figures to emerge. The series of emerging adjustments progresses spiral-like as the actions that bring the infant in sharp relation to the object (yellow link) appear to collapse in on themselves, providing the perceptual foundation for the next emerging act (Mead, 1938). The condensing and dispersing that are involved in the first phase of experimenting suddenly consolidate in experience and form the background from which more precise movements can emerge, such as the pincher movements. In addition, all the varied means by which the infant explored the rings through touching/moving which, enhanced the possibilities of tasting, seeing, and, though less obvious, smelling and hearing, were key to the processes of creating new experiences.

Finally, a further consolidating of experience occurred as the accomplished infant looked toward her mother for confirmation and support. The experiments were, after all, conducted within a larger social field. It is the mother who gave the infant the links to begin with, thereby, affording the baby the opportunity to practice her skills. And, the varied possibilities that the links held emerged only in relation to the infant's developing potentialities.

In the above scenario, *how* the movement patterns took shape -- what the infant's body could and could not do -- was relative to the conditions presented by the object (the environment). And, what the environment could and could not offer the infant, was created by and with the structure of the organism. In other words, both infant and object were constructed in experience. It could be easily seen that with her greater differentiated movements, the infant's proprioceptive awareness heightened, and the clarity of figure grew stronger.

Five Necessary Contexts for Assimilating the Novel in Infant Development*

The following contexts are part of the organic explorations within the infant/environment field, enabling and simplifying the process of dynamic and creative adjustments. Each of these contexts interacts with the others to provide the infant flexibility and stability within the continually changing field. The property of flexibility allows fluidity of adjustment -- the infant's ability to easily move in a variety of ways in relation to the other -- while at the same time, the property of stability -- the capacity to find and experience equilibrium -- allows the infant to assimilate what has just occurred.

These same contexts are significant in understanding and guiding the adult psychotherapy process. They are of particular value in the organizing of experiments within the therapy session and toward the greater integration and, therefore, growth within the client/therapist field.

The Caregiving Presence

First and foremost, is the social context, or the caregiving presence. The primary caregiver is generally experienced as a consistent, available and predictable enough

* These contexts have been inspired by Feldenkrais practitioner and teacher, Mark Reese, Ph.D., whose article, "Notes on Lines of Convergence between the Feldenkrais Method and Dynamic Systems Principles," discusses the techniques Moshe Feldenkrais used in order to heighten his student's learning potential. They include: novel tasks, novel environments, novel spatial orientation, and effort substitutions.

presence from which the infant can take support. The caregiver's presence is active and foreground so that the infant is not left to deal with a frustration that is beyond her developmental scope. The caregiver's presence also provides a near-background stability, which permits the infant to exercise her faculties independently in order to accomplish the task at hand. Often times, the caregiver joins the infant, spontaneously supporting her emerging capabilities as well as making the new task a social event. In each case, and unless thwarted or perverted, the caregiving presence serves to provide a *safe enough* environment so that the infant can take risks and gradually move beyond what she already knows. The relational field is mutual, but not necessarily equal. (Kitzler, personal communication 2002).

When the presence of the caregiver is such that the infant feels sufficiently secure in her explorations, the input from proprioceptive feedback is experienced as clear and becomes a useful guide to further adventures within the field. When the caregiving presence is chronically inconsistent, unavailable and unpredictable, the infant is reticent to fully explore, proprioceptive feedback is muted, and further investigations and information gathering within the field are limited.

The Supporting Surface

Though frequently not part of awareness, the very ground upon which infants sit, crawl, roll, or walk provides a solidity of surface and continuity of support. From here, all movements and affective interactions emerge. Stimulation from the underlying surface (the earth) presses into the tissues of the infant's body, and the infant senses that which *is* her periphery. She feels bounded by something that is other than herself -- something that is separate from, yet included in her experience. The degree to which this underlying support is felt by each infant varies according to the shifting conditions of the field. If, for example, the caregiving presence is sufficiently distressed, angry, or anxious, the infant will react by either a heightening or diminishing of her overall muscle tone. The level of

tension within the muscles at any given moment affects how infants rest upon the earth, as well as move up and away from it. In other words, how they respond and relate within the field. Any shift, however momentary, in the caregiver's ability to provide a supportive environment, influences the infant's muscle tone and, thereby, her capacity to experience the support of the underlying surface. Where the support surface does not feel sufficiently stable, the infant's fluid explorations within the field are impeded. Where the caregiving environment affords ample psychological and emotional support, the infant experiences the surface support as constant, and gracefully moves through the world. The experience of an adequate surface support, so necessary for easy explorations and fluid creative adjusting, therefore, is dependent upon the supportive caregiving presence, as well as the *capacity* of the infant to experience that support. This varies from one situation to the next and from one infant to another.

The Co-Created Task

The task appears as the stirring environment *and* the infant's exciting *internal* needs dynamically interact. The emerging task must be stimulating enough for the infant such that his attention is held and curiosity maintained while he engages with and completes it. An environmental stimulus of weakened intensity will not captivate the infant, and the level of excitement necessary to respond and relate to the object will not develop. If the stimulus is too intense, the infant's arousal builds too quickly and is not tolerable. The infant cannot support this level of excitation, and must avoid it by averting his gaze and finding something else on which to focus his attention. Averting his eyes and focusing elsewhere gives him time to recuperate, as the level of his excitement diminishes and it is more easily contained and supported. The now freed energy and excitement is used to find and make something else -- the next emerging task. At times, the stimulating environment is so intense that the infant can and must shut out what is intolerable. The infant's excitement now constricts and, anxiously, he contracts away from his surroundings. In these moments, it takes even longer for the infant to recover his curiosity. But if the intensity of stimulation is neither weak, nor overwhelming, the infant becomes transfixed (Stern, 1990). His level of arousal immediately and easily builds, as the object of attention draws him in. As a steady and fluid rhythm rises and diminishes, the stimulating other *and* the excited infant maintain their engaging. The task, in this case, a smooth coordinating of infant and environment, easily organizes, and can be simply completed.

The State of the Nervous System

Just as the infant relies on an adequately stimulating environment to draw her in, so too must her nervous system be in a state of ready response. This means that the infant's level of arousal is able to effortlessly build and attend to the developing task. In fact, an infant's level of arousal will determine *how* her interest in the task develops. The degree to which the infant feels stimulated is the degree to which she is enlivened and energetically available to create and tackle the task at hand.

The state of the nervous system is reflected and expressed through the infant's overall muscular tone. If the general state of the nervous system is overly active, the infant will appear *high in tone*. This means that she will startle easily, quickly react to stimulating events, and use more effort to explore her environment than is necessary. Her movements may seem excessive and she may look agitated. The hyper-state of the nervous system and hyper-tone of the muscular system do not encourage an easy articulation of one part of the infant's body with another, and proprioception is inhibited. Important parts of the environment that facilitate spontaneous and creative adjusting, therefore, are not clearly differentiated and perceived.

If the general state of the infant's nervous system is overly passive, she will be *low in tone*, require more stimulation before she responds, and more time in which to respond. Applying little effort to explore her surrounding environment, her movements will appear slowed and even lethargic. The impressions from the environment are not easily absorbed by the infant's body, nor readily used in the service of adjusting. Again, proprioception is dulled and discriminating within the field retarded.

When the state of the nervous system is appropriately active, however, and the infant is alerted to the adequately stimulating environment, she appears *balanced in tone*. In this condition, discrete muscular changes necessary for graceful movement explorations can be clearly sensed against a background of relatively relaxed effort. Here, spontaneous explorations of the field are supported.

While the state of the nervous system may appear *as if* it is purely organismic, and the intensity of the stimulation *as if* it is purely environmental, this is far from true. In reality, they meet in the act of creative adjusting where each influences and co-creates the other. The sensitivity of the infant discovers the stimulating object, while, at the very same time, the possibilities of the stimulating object bring forth those very sensitivities (Mead, 1938) .

Flexibility in Orienting Capacity

For every new task to emerge, the infant must have the flexibility to spontaneously redirect herself in relation to the changing demands of environment. This happens through subtle head movements initiated by the sense organs: mouth, eyes, nose, ears, in reaching towards or moving away from the other. An almost simultaneous shuttling back and forth between sensory input and movement response exists such that *internal* organismic and *external* environmental processes are made one in experience. Flexibility in the infant's orienting capacity, demonstrated by the delicate shifting of the head on the neck, continually changes the spatial relationship of the infant to the object. In this way, perceptions are fluidly organized, disorganized, and re-organized, allowing the infant a variety of responses to either similar or different environmental stimuli. Such variation in response enables fluid and creative adjusting to novel conditions. And, the greater potential for *response-ability* allows a wider range of novel interactions. The possibilities of proprioceptive and exteroceptive (from the sensory organs) feedback are enhanced; there is much more to discover, select, and make one's own. Without the flexibility of the head on the neck, perceiving would clearly be limited in range and depth.

These five interrelating contexts -- caregiving presence, supporting surface, co-created task, state of the nervous system, and flexibility in orienting capacity -- always exist as part of the organism/environment field and play a critical role, either as foreground or background, in the processes of creative adjusting. We will now examine the psychotherapy session from the perspective of these contexts.

Experimenting in Creativity: The Adult Therapy Session

Gestalt therapy is best differentiated from other therapies by its understanding and use of the experimental process. In fact, the whole of the Gestalt session can be thought of as an experiment in that the process itself enhances awareness. There is no specific outcome of the therapy experiment, only a moment-to-moment heightening of what is real and what is true. The "actual living through" of a situation allows the client to experience him or herself in relation to the world and, therefore, to realize his or her own authenticity. As the experiment continues, clients are encouraged to become more and more themselves (PHG, 1951). This is seen as an uninterrupted completing of the act; the result of which leaves each client with a personally validated experience of self in the world. The experiential validation is the experimental proof. With the fluid completion of an action, sensing, moving, perceiving, feeling, and the meaning that is constructed from these interrelated structures, are assimilated as a whole of experience and can serve now as background support. That is, the assimilated action (a smooth coordinating of organism and environment) is integrated in a way that provides balance and equilibrium. From here, further experiments in creative and spontaneous living, both within and outside of the therapy relationship, emerge. The validating of any experience is proven in this unobstructed living through or completing of the act. (Kitzler,

2002). It is the process of creative adjusting; or contacting.

Within the whole of the experiment that is therapy, many smaller experiments are created by both client and therapist. These **co-created tasks** are offered to the client for the purpose of discovering his or her essential truth. The tasks allow clients to move from their rigidified positions, such that they are better able to see themselves with improving clarity and to bear responsibility for their behaviors. (Perls, 1993). The experimental task must be of sufficient interest to the client as to warrant attention. "The experiment allows the explorations of difference" (Perls, 1993, p. 3). It must be different enough, therefore, from the client's habitual behaviors to maintain attention and allow awareness to develop incrementally. The task brings what was formerly background and unaware into the foreground as aware response.

Observing the client, the therapist creates a task inspired from the most obvious phenomena -- tilting of the client's head, holding of his or her breath, tensing of shoulders, or shifting of position. The therapist knows that in staying with what is obvious, the client's most relevant, existential concern, the unfelt predicament, will easily emerge. Because any aware exploration enables some release of the client's former muscular holding, to an extent, the habitual experience already is interrupted. During the experimental task, it becomes apparent (for both therapist and client) how the client returns to his former habit of fixing, revealing the organizing of his or her behaviors in the here and the now. In addition, the experiment can also enhance the client's recent successes and further validate what already functions well.

The experiment has only two goals: to heighten aware response to whatever exists here and now and, while doing so, to free up the client's vitality or healthy aggressive energy. The level of the client's healthy aggression can be measured by the amount of effort needed to complete the task; no more and no less. In general, the therapist invites her client to stay with the task; "... to inspect it, try it for fit, work it over, and to some extent work oneself over. In this way, the already known and the new knowledge are *actually assimilated to each other*" (PHG, 1951). The experiment, then, is itself an exploration in creative adjustment

Every therapy experiment is tailored to the needs of each client. To do this well, the therapist must take into consideration the client's organizing capacity; or the **state of the nervous system**. This is reflected most clearly by the client's overall muscular tension as it is expressed in the quality of his or her movements. Sometimes the experiment encourages a reduction in the client's tension by releasing the fixations of the neuromuscular system so that the client can experience *how* he fixes himself, and thereby, *how* he blocks, unaware, a fluid completing of the act. At other times, the experimental task encourages an increase in overall neuromuscular tension for similar purposes. In either case, the task will hold the client's attention only insofar as he or she is available and can attend to it.

Thus, in the broadest sense, the therapy task is created by the therapist and offered to the client to enhance proprioceptive awareness. The client then returns the experiment to the therapist in the form of feedback (Bloom, personal communication, 2002). The feedback may be expressed verbally, or through the sometimes elusive, yet obvious language of the body; shifts in muscular tension, gestural, breathing or postural pattern. The therapist, in turn, may feed back her response to the client by sharing the client's postural pattern as well as sharing changes in muscular tension and breathing rhythm -- basic kinesthetic attuning. For example, if the client is excited and at the edge of his seat, the therapist's vocal, breathing, muscular tension, and movement patterns will kinesthetically and empathetically adjust to the client's experience. The process is felt and shared.

The experimental task graduates so that both client and therapist keenly notice when an aware interrupting or healthy checking of experience moves out of awareness. This can be observed, again, through the client's breathing, postural and gestural patterns. For example, the client may be freely moving with his excitement and, in the next

moment, begin to hold his breath and tense his neck and throat. If the client does not notice this interruption of experience, the therapist will likely bring it forward for further exploration.

Both the task and the **therapist's presence** are modulated in relation to the reciprocal processes of feedback. Attuned to this primary level of experience, the therapist builds the experiment step-by-step so that the client can maintain his position at the boundary -- “. . . a temporary lack of balance . . . at the growing edge where we have one foot on familiar and one foot on unfamiliar ground, the very boundary experience itself.” (Perls, 1993, p. 155). The therapist moves from an active and foreground position -- one taken in order to structure and guide the experiment -- and then sits back and waits to see what happens. The novelty of experience generally elicits discomfort from the client, as the creativity and spontaneity of adjusting requires a de-structuring of previously held notions and their accompanying muscular fixations. As the experiment advances, and sensitive to her client's emerging levels of anxious embarrassment and awkward excitement, the therapist offers her active support judiciously; and only insofar as the client cannot tolerate his or her uncertainty. When the experiment moves along without interruption, the therapist takes a background position, allowing the client to fully exercise his growing faculties.

The experimental task invites and encourages the client to creatively adjust and, in the process, the client's **flexibility in orienting capacity** develops. That is, the client, more alive to himself and his surrounds, now demonstrates a wider range of responses. No longer dulled to his senses, his ability to spontaneously orient himself to the demands of the environment expands, promising even more novel experiences. The therapist monitors her client's growing flexibility by observing the highly subtle changes in the client's relationship of eyes to head, head to neck, and neck to torso. Knowing that fixed patterns in these particular areas of the body indicate the petrification of orienting capability, any freedom of these habitual fixations immediately restores the client's creativity and vitality.

To maximize the potential for creative adjusting within the therapy session, the therapist must be a consistent, available and predictable presence so that the client feels supported enough to experiment with behaviors that are new and different; sometimes surprisingly so. As the client perceives the **therapist's presence**, the client's capacity to experience the underlying and **supporting surface** of the earth changes. This can be observed by the therapist and experienced by the client as a change in breathing (deeper and fuller breaths), a change in muscular tone (shoulders once held tight are now relaxed), and a change in gestural patterns (from jerky or twitching to smooth). The client's relation to the underlying surface upon which he rests is a primary diagnosis of the relations within the field and indicates how the therapy experiment is unfolding.

By the nature of the experiment, the client is encouraged to disengage from what has become customary and banal to create something new. The novelty now challenges what was formerly believed impossible. This is elucidated in the following clinical case vignettes. Every therapy experiment necessarily reflects and relies upon the contexts for assimilating the novel that have been presented above. By being aware of these contexts, the therapist is equipped to tailor experiments toward each client's unique needs.

For Michele, the earlier experiments diagnose her difficulty in proprioceptive awareness, while the latter ones enhance her growing sense of self. The experiments for Lara are designed to hold her attention, thereby enabling her to bypass her deeply routine and neurotic behaviors. At the end of the session, she is able to validate her experience of self in the world with clarity; if only for a moment.

Michele

Michele bounces into the therapy room wearing a brightly colored, over-sized and long-sleeved T-shirt and baggy sweat pants. She “flops” onto the large, soft arm-chair, pulls her legs up onto the seat, and crosses her bared-feet, yoga-style. Michele is petite with a full face and round body. This morning her hair is swept back in a long, curly

pony tail which makes her look younger than her twenty-five years. Because of her generally good humor and infectious laugh, at times, Michele looks cherubic. Having worked together weekly for almost three years, Michele and I have developed a warm affection for one another.

A talented performer, Michele, has just come from an audition and is eager to fill me in on all the details. Her story, as usual, is funny and entertaining. As she tells me what happened, Michele begins moving restlessly from one position to another; she places her legs up and under her, next she tucks them to one side, then she plants her feet on the seat of the chair, while her knees are pressed onto her chest. Watching her fidget, I discover my breathing becoming slower and deeper and surmise it is my attempt to counteract her agitated and breathless pace.

With her story finished, I ask Michele what she notices about herself in the moment. "I feel pretty 'hyper,'" she says. "Yes," I add, "You seem to be very excited. Your speaking became faster and faster as your story continued." "Oh really," she says, "I never noticed that." I suggest an experiment and invite Michele to talk to me as fast as she can. This is an easy task for her and when she does so, she says, "This isn't too different than my normal pace," and I agree. Her self-revelation interests her and she confesses that although her friends have brought this to her attention, she never really knows that she is "talking too fast."

I propose a different experiment for her. I ask her to pay close attention to how her body rests onto the chair and to tell me any sensations that she might feel. After a few seconds, Michele reports, "My stomach is so fat! When I notice myself I notice my fat . . . UGH!" I remind her that to make an evaluation is far different than to notice a sensation. At the same time, we both realize how difficult it is for Michele to notice her body without hating herself. I tell her that I have another plan in mind.

I ask Michele to press her spine into the back of the chair and to wiggle around until she is sure that her spine and the back cushion are connected. Then I ask her to lift and drop her arms and hands, one at a time, onto the chair's arm rests. Once done, I ask Michele what she notices. "I feel my spine against the back cushion of the chair, but I don't feel my arms or hands," she says.

I give Michele two soft, round, small balls and ask her to squeeze them in her hands. But when she tries this, she says that her hands and fingers are weak and that she can hardly squeeze the balls. Explaining my next experiment to her, and having received her permission, I now take a soft, bristle brush and slowly begin to stroke downward on both sides of her arms, from elbow to hand. She enjoys the feeling of the brush on her skin, and I notice that her breathing has deepened as has mine. When I have finished she says, "Now, I can feel my arms and hands." More aware of these areas of her body, I give Michele another ball and ask her to explore it with her hands and fingers in order to sense its texture, weight, and volume. From here, she experiments with a series of balls of different shapes, sizes, and textures -- hard, heavy, soft, light, coarse, quilted, squishy, etc. With apparent interest and dedication, Michele explores them: poking some with her fingers, rolling or squashing others between the palms of her hands, bouncing one on the floor and then tossing it up in the air and catching it. Watching her playful actions, I pick up a ball, one that changes its shape when it is squeezed, and I toss it to her. Soon, we are engaged in a game of catch; first squeezing the ball, then tossing it back and forth.

"I don't use my hands very much," Michele discloses, "I constantly worry about germs and I wash my hands a lot, so I don't touch many things. Except boys . . . does that count? I love touching boys." I tell her that if she limits and restricts what she touches, she will lose touch with herself. A moment later I add, "Yes! Touching boys absolutely counts."

When we are finished, Michele tells me that she can feel her arms and hands and that they now seem attached to her body. I ask her to notice the weight of her body resting on the chair, as well as to notice her breathing. This time,

she allows herself to remain still and she appears able to focus on her body for a longer period of time -- approximately one minute. "I feel really calm now," she says. After a few more moments of sitting quietly, "Now I'm worried that I'll be so different, I won't recognize myself." I ask Michele what sensations she notices, now that she's worried, and she reports a mild tension in her shoulders and belly. I respond, "Sometimes being different makes us anxious and we hold some where in our body, and sometimes being different makes us curious, and we open." We continue in silence for a few more moments, and I watch Michele taking deeper and deeper breathes. We have ten minutes remaining in the session, and I realize, aloud, that Michele will probably want to wash her hands after touching the balls, so I ask if we can make her hand washing an experiment. She smiles and says, "Sure!"

In the bathroom, Michele rolls up her sleeves and shows me how rough the skin of her arms and hands has become as a result of frequent and compulsive hand washings, and I feel suddenly sad. At the edge of the wash basin in the bathroom, sits a marble-colored, coarse bar of soap. Michele grabs it and begins to quickly lather up. I encourage her to slow her tempo enough so that she can notice the touch of one hand caressing the other, as well as the feel of the warm water. Slowing down considerably, she says that she likes the lavender odor of the soap and comments on its unusual color. I watch as Michele carefully washes every finger and under each nail, and I am impressed with her thoroughness.

We return to our chairs, and I give her a bottle of creamy lotion to rub into her hands, which she enjoys, and I do the same. It is the end of the session, and I suggest to Michele that, when she is home, she continue our experiment in "aware hand washing." I say, "When you feel your hands touch one another, you might also think to yourself, 'These are *my* hands. This is *my* body.'"

Shaping the Experiment

Unaware of her habitually rapid-paced speech, Michele is out-of-touch with her experience. Her excitement and anxiety build quickly and are not easily dissipated, indicating that her nervous system is high in tone. Her overall muscular tone, however, is flaccid. This indicates an imbalance in muscle tissue, creating *holding patterns* in other areas of her body. The holding, I surmise, is most likely to be found in specific muscles that lie closest to her bones, in her connective tissues, and in her organ system. Michele, in fact, has suffered from irritable bowel syndrome, sudden and explosive diarrhea after eating, since she was a teenager and has learned from our therapy how she automatically holds down her unwanted feelings by tensing her abdomen.

A series of graded sensorimotor experiments allowed the heightening of Michele's proprioception, a necessity for becoming more in touch with herself, and therefore, her surroundings. As is true with infants throughout their development, over time, each preceding creative adjustment in the here and now of Michele's therapy formed the ground for later and more elaborate adjustments to spontaneously emerge.

In the first experiment, Michele was invited to speak as fast as she could. But she already had been speaking so quickly, that she simply felt unable to talk any faster. From a background of such heightened nervous tension, it was not possible for Michele to experience the subtleties of her building excitements or anxieties. The experiment served as a diagnostic tool, and I soon realized that I needed to design experiments for Michele that would, at first, reduce her overall background tension, as well as minimize the *over-efforting* she habitually used in all her interactions. I believed that a decrease in tension would enable her to sense the more subtle changes of experience necessary to fluidly adjust from one situation to another.

We began with Michele sensing herself as she rested in the chair. This basic experiment, I thought, would bring to awareness the surface below her and *how* she utilized it as an underlying support. The task led to Michele's negative self-evaluation -- "Fat!!! Ugh!!!"-- rather than an experience. I knew then that I needed to structure the experiment

more tightly in order to disorganize her predictably negative responses to herself. I gave Michele two tasks: to wiggle in the chair and feel her spine touching the cushion; and to lift and drop her arms onto the arm-rests of the chair. I chose these areas of her body, spine and hands, as I believed that they were less likely to bring up uncomfortable feelings and the disapproving judgements necessary to avoid them. Further, I imagined that this more active task would capture her attention such that her body would become more clarified in experience. And, it did. Michele was able to notice the difference between what she did feel -- her spine -- and what she did not -- her arms and hands. Now she was engaged in the subtle processes of differentiation -- one part of her body from another and from the immediate environment of the chair. In the process, Michele experienced the chair backing her -- the now aware and supporting surface -- providing the beginnings of a reliable foundation from which her foreground activities, the proprioception of her arms and hands, emerged. And, although she did not sense her arms and hands clearly, I knew that the experience of *no feeling* was the beginning of *some feeling* for Michele. As proprioceptive awareness would be gained and heightened, more areas of her body could then be incorporated into further spontaneous and creative adjustments.

In the next experiment, Michele squeezed the balls that I had placed in each of her hands, and she noticed her weakness. This may have been the result of too much tension held in her shoulder area, such that she did not have the requisite strength to use her hands well for manipulating objects. I speculated that after years of anxiously pulling away from objects, including the intrusive touching from her "anxious and needy" mother, Michele's shoulders had tensed and locked, further inhibiting her free explorations/manipulations. I stroked her arms and hands with the soft brush and stimulated her sense of touch, bringing them into sharp aliveness. Vitality in these formerly deadened areas, I believed, would immediately reduce some of the tension that she carried in her shoulders. As her localized muscle tension had dissolved somewhat, her high in tone nervous system became subdued. Soothing her overly-stimulated nervous system would allow Michele's excitements to build incrementally. Excitement that lacks support moves easily into anxiety.

I was well aware that I had taken a risk by touching Michele, an intimate experience for both of us, and so I explained the experiment before hand. And, although I was confident in her ability to tell me what she wanted or did not want to do in session, I carefully monitored her experience, and my own, knowing that any subtle pulling away or holding of breath on her part breath would need further inquiry into our experience, and that any discomfort I might feel would indicate a need to explore what was going on between us as well. I might have had Michele brush her own limbs, but I chose to use myself as a more active presence from which she could draw support. It was, afterall, an earlier relational field from which Michele spontaneously had pulled away; the mother of her childhood. Moving towards reparation, therefore, I felt it was necessary to introduce the greater social field as a more active part of the experiment. Focused on the enjoyable stroking sensations, Michele rediscovered *herself and me* through a heightening of kinesthetic sensitivity.

Once her sensory system was brought to attention through the stroking, Michele's movement repertoire was able to expand. My invitation to explore the different shaped and textured balls allowed her to actively engage her senses, and a fuller range of experiences surfaced as *the balls enticed her to use them* in a variety of ways. Now her orientation shifted as she followed the trajectory of the balls upward, downward, and from one hand to another with the shifting of her head and eyes. Michele flowed easily in relation to her task, and used as much effort as was necessary to complete it. In the organic and fluid coordination of her movements, an inherent creative adjusting emerged. Playing upon the spontaneity of her interactions with the balls, I interjected myself into the experiment, once again, and we played catch.

Before the sessions end, I invited Michele to experiment again, and to notice herself doing a task that she does all too frequently. She and I had spent sessions discussing her fear of germs and her constant hand washing -- a creative adjustment developed in her childhood as an attempt to soothe her anxiety. This time, I wanted to use her methodical

and compulsive behavior in a new way, refining and tuning this adaptive pattern such that it could become as spontaneous and creative as her prior exploration with the balls. The habitual task was explored within a new circumstance; I was in the room with her -- an experience of support that is lacking in the isolated anxiety of compulsive behaviors. And, instead of focusing on getting rid of the germs, something Michele has dedicated large parts of her life to, she grew interested in sensing the water, smelling the soap, and the feeling of one hand upon the other. The final experiment, sharing my hand lotion with her at the end of the session, further enhanced our relationship through a mutual and caring task. The homework assignment (aware hand-washing) was a way to integrate the creativity and novelty of experiment into her everyday life. Adding the phrase, "These are *my* hands. This is *my* body," makes aware what had been formerly disowned, the fullness of embodied experience.

In the next case vignette, the goals for Lara were basically the same as for Michele -- to heighten awareness and free healthy aggressive energy so that adjusting is creative and spontaneous -- although the kinds of experiments that I devised were quite different. The reader will see how drawing upon the five contexts that accompany creative adjusting shape and refine the experiment.

Lara

Lara walks into the therapy room even more slowly than usual this morning, and collapses onto the big, green chair. She is of medium height and average weight with an overall structure that looks weakened, as if impotent. While her upper torso and arms are thin and delicate; her lower body and legs appear slightly swollen.

Lara's liquid eyes have a gentle quality, cool and luminous, and, as in most of our sessions, they do not meet mine. Instead, her pelvis and lower legs face me directly, while her upper body twists to her right, allowing her to wilt over the chair's arm. Her head faces in the direction of her rotated torso, as do her eyes, which are focused downward. Lara stares at the pile of pillows in the corner of the room, and we are silent for some time.

In the two years that we have been together, Lara and I have spent a good deal of time working with her tendency to look away from me. I have commented that when she looks away and stares at "nothing in particular," she seems lonely. Once noticed and appreciated, Lara feels a "distant sadness." She has said, "It seems impossible," for her to look directly at me. When she has attempted to do this, she feels anxious, then fills herself with an unrelenting shame. Lara stays with her anxious shame for only a moment, before she immediately transforms the feeling into fixed ideas and habitual expressions of self-loathing. Because Lara is unable to stay with her experience, she never really learns what is so anxiety-making or so shaming, for her, about our seeing one another. Instead, she occupies herself with denegrating remarks. She is "stupid" because she cannot look directly at me without feeling uncomfortable. "Anyone with half a brain," she says, "would be able to do this. It's so simple." Lara's self-hate turns immediately into depression. The entire process takes no more than thirty seconds.

Lara and I have spent time deciphering this process and we are both taken with how quickly it occurs. To her dismay, however, she can neither cut out nor get rid of that shameful, anxious part of herself. And, because she is unable to be anything but herself -- a self that is unacceptable to her -- she falls into a depressed collapse. Lara's depression, always present somewhere in experience, is so deeply entrenched that it is difficult for anything novel to emerge in therapy or elsewhere.

In this session, I need to create a sufficiently interesting experiment for Lara such that it will bypass her extremely well-organized set of systematic and defeating behaviors. So, I ask her to become aware of her posture. "I'm all twisted to one side," she says. "Yes, that's an interesting position you've gotten yourself into." I say this holding my breath as I anticipate her potential self-hating remark. But Lara becomes intrigued by my remark. "What's so interesting?" she says. I tell Lara that if she wants, we can investigate her position and discover what might be of interest to her.

Lara is willing to explore herself and when she does, she notices several things. For one, although the lower half of her body faces me directly, she says that the weight of it is placed only on the right half of her buttock bone. In addition, her upper body is “. . . pushed over and leaning toward the right, and collapsing onto the arm of the chair” and that her spine and her rib cage seem to fall into her pelvis. She further notices that her head faces downward and toward the corner of the room and that her eyes do the same.

We are now both silent, and I wait with curiosity for what will happen next. Lara takes her time as if digesting some heavy meal, then says, “I’m in the shape of a question mark!” For a brief moment, I think that she just might enjoy her self-revelation, but instead, she begins her familiar attack. “That’s typical,” she says, “I’m always so confused. That’s why I never make decisions. I hate that about me.”

Ignoring her pathological self-diagnosis, I tell Lara that I am interested in her experience and devise a task for her. I ask if she will experiment with her position by pushing her left buttock bone onto the seat of the chair. In order to execute this new position, Lara notices that she must straighten out her pelvis and twisted torso so that she faces more directly toward me. I encourage her to do this as much as possible, while still leaving her head and eyes facing toward the corner of the room and down. Now, Lara says, “I feel a little anxious.” “That’s good,” I tell her, “It’s the beginning of something different. You will have to feel some anxiety on the way to becoming less depressed.”

Hoping that my comment has not stimulated her mind too much, I immediately ask Lara to sense the chair under her pelvis. Once she becomes aware of this, I invite her to keep her eyes facing toward the corner, while she turns her head in my direction. This is a difficult and awkward task for her, but one that she is willing to try. I then ask Lara to glide her eyes, which are placed in the far right corner of their respective sockets, all the way to the left corners of their sockets without moving her head, and then to shift them back again toward her favored right side. “I’ve never moved like this before,” she says with a laugh, “I’m getting dizzy.” I say, “I’m sure you are.”

Without my instruction, Lara shifts her eyes side to side a few more times and says, “This feels strange, but good somehow.” Then, I ask her if she will move her head (which still faces directly toward me) to the right one more time, and bring her eyes in line with her head. When her head and eyes now face the same direction, I ask her to shift her head even further to the right and to let her eyes shift, again, to the left sides of their sockets. This last move is an even more difficult task and Lara becomes slightly agitated. “What’s the point? Why am I doing this?” she rightfully wants to know. I imagine that now Lara is beginning to feel the seeds of a potentially lively embarrassment. But because she almost always drowns her embarrassment, leaving an habitual self-hate in its wake, I say to her, “You are doing these crazy movements because you have a crazy therapist,” and ask, “Please humor me.” We both laugh. Lara takes a deeper breath and continues her task as the seeds of spontaneous play emerge.

For some time, Lara shifts her eyes and head in a variety of combinations: her eyes reach upward, while her head presses downward; her head presses upward, while her eyes rotate down, and so on. Lara now invents experiments on her own. I watch as she moves her torso into the action, consciously twisting it in the opposite direction from both her head and eyes.

As her energy continues to build, I ask Lara to move her head, eyes, and torso toward me. Now, she looks directly at me, and for quite some time. A pensive Lara says that she feels it is somehow easier to see me, and that I look very clear to her. Suddenly she startles. Lara realizes that it has been difficult to look at me before because she does not like to be seen. “What if you see something you don’t like about me?” she says, “I don’t want to see that in your eyes.” We are both taken with the spontaneity of her brilliant revelation. “What do you see in my eyes right now?” I ask. “Kindness,” Lara says, and begins to tear. “I see kindness.”

Shaping the Experiment

Overall, Lara's superficial muscles appear to recede away from her skin and are soft, indicating their low tone. Her nervous system, characterized by Lara's collapsed posture as well as her prevalent slowness to react and respond, is low in tone as well. To have gained her attention, a precursor to developing proprioception, I needed to create experiments that were stimulating enough to intrigue her, thus building tolerable excitement, but not so stirring that she would become overwhelmed and have to shut down defensively. Only when Lara's nervous system became appropriately active could any prescribed task build with clarity and continue to hold her interest.

The first experiment, investigating her seated position, brought Lara's attention to her body, as usually it is focused on her thoughts. Although she was able to notice herself with some interest at first, she quickly doused the fires of curiosity and continued to assess rather than experience herself. Lara's ability to so quickly dismiss her experience and instead to admonish herself had come from years of practice under the tutelage of her brilliant, successful, and critical father, who continually instructed/demanded her to "**be somebody!**" Her strong desire to brutally criticize herself, and to consequently collapse, seemed the better alternative to the overwhelming pressures of being the person her father had thought she *should* be. Although her depression, the result of telling herself that she was *wrong* or *bad*, had integrity -- it kept her world predictable and stable -- it also contributed to her misery.

I considered two different experiments for Lara. In one, I asked her to exaggerate her folded posture and to discover what she felt in the process. But, I quickly decided that by her doing so, she would have collapsed even more, and that was already too familiar a position for her. Falling in on herself, even with awareness, would not have sufficiently stimulated her excitement. In this case, nothing new would have emerged. Instead, I invited her to experiment with shifting the weight of her body, which ultimately shifted the placement of her pelvis and torso. This movement now positioned us in a very different relational configuration (her pelvis and torso met me more directly) than is our norm. In doing something different, her appropriate and often dampened anxiety moved foreground.

Intending to support her risk-taking and help her remain at the boundary of experience, I told Lara that feeling her anxiety was a necessary step out of her depression. I knew that unless she were able to feel and tolerate the slow build-up of her anxiety, she would not be able to maintain the excitement that is held captive to it. I instantly had her notice the chair beneath her. This stable surface, when given attention, supported her feelings of discomfort and awkwardness. These often avoided experiences had to be accepted by Lara in order to transition from habitual to fluid behaviors.

When Lara moved her head all the way to the right side, and her eyes all the way to the left, she became agitated and asked, "What's the point?" I offered my playful support, again wanting her to continue at the edge of excitement and novelty, "... you have a crazy therapist," and asked for her indulgence. I hoped a lighter moment would again discourage an all too well-known collapse into self-hate, and prevent this vestigial part from dominating the whole of her experience.

Once emerged, Lara's now supported anxiety moved quickly into excitement and was used to freely explore, as she spontaneously discovered and invented her own orienting experiments. To execute the non-routine tasks, required much concerted effort for Lara. It was the kind of concentration that became fascination over time and seemed similar to a trance. In this state, stimulations such as my presence, which often made her painfully self-conscious, as well as her debilitating thoughts had receded sufficiently into the background. As she was so deeply absorbed, any extraneous efforts that she might have applied to the task ordinarily, were kept at a minimum. At the same time, the reduction in her overall muscular tone supported her growing fascination.

The highly differentiated movements of her head, eyes, and then torso in a variety of directions challenged Lara's basic and routine pattern of orientation, and required her to remain present and alert. "In the now you use what is available, and you are bound to be creative . . ." (Perls, 1959 p. 54). The shift in her orienting capacity, a growing fluidity in the relationship between her eyes, head, neck and torso, heightened proprioceptive awareness, enabling Lara's formerly methodical, perceptual patterns to expand and change. I asked Lara to look at me directly. Because the shift was executed so effortlessly, it took her by surprise. Now that she was not avoiding her feeling, the deeper meaning of her behavior emerged: *If I look at you, I will see that you don't like me.* In the present, Lara possessed the freedom to boldly discover more creative configurations of self -- "I see kindness."

* * *

A solid understanding of the five contexts that accompany spontaneous creative adjusting and their relationship to proprioception enabled me to design effective experiments for Michele and Lara. Every experiment reinforced each client's ability to move with greater flexibility in relation to the changing environment. And, the integration of such fluid adjustments became a part of the stable background from which subsequent adjustments could emerge.

Embodying their experience through experimenting, Michele and Lara felt a gradual sense of excitement build, as they spontaneously adjusted themselves to the novelty of each task. In the end, both grew; in their capacities and their selves.

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