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**Developmental Somatic Psychotherapy:
Developmental Process Embodied Within The Clinical Moment
by Ruella Frank**

Introduction

As one of the contributing authors to *New Dimensions in Body Psychotherapy*, I am pleased to be part of a project that brings together diverse and novel explorations within the field of psychotherapy. A pre-requisite for any work to be labeled a new dimension is that *new* parts have been integrated into what is already known in such a way as to create a different and unique whole.

This is certainly true of Developmental Somatic Psychotherapy. Inspired by the work of somatic/developmental practitioners and theorists, this *new dimension* is a relational and movement-oriented approach to psychotherapy within a Gestalt therapy framework. In pulling together these dynamic strands, a template for understanding and working with early psycho-physical blocks as they arise within the here-and-now of the adult therapy session has emerged.

In any process-oriented, present-centered therapy, embodying developmental theory within session must be firmly grounded in the data of experience, the world of phenomena – what we see, what we hear, what we sense and what we feel. What was *then and there* is an abstraction or cognitive construct and can offer relevant and viable information only if observed in the *here-and-now* of therapy. Developmental Somatic Psychotherapy proves a comprehensive system of phenomenological analysis for practitioners to diagnose and treat their clients through explorations in developmental movement patterns. Simply put, it is a new way of observing and working with the unfolding, moment-to-moment unspoken dialogue of therapy. It is only by understanding *how* early experiences arise through a variety of phenomena within the client/therapist relationship that we gain access to them.

Developmental Somatic Psychotherapy is not only an expansion of Gestalt therapy – a novel approach within its theory and practice – but also can be quite usefully combined with other psychotherapy models, even those models which do not attend to movement processes. It offers a frame-work for understanding clients' pre-verbal experiences that are often over-looked or misunderstood and left unattended. Thus, existential issues with roots in early life surface with great immediacy. These issues would not emerge as easily, if at all, in other psychotherapies. Fleshing out the greater background from which present behaviors arise enhances the narrative developing within each session, as well as throughout the course of therapy

Developmental Roots

The origin of my work is in the mid-1970's, when I was introduced to Bonnie Bainbridge-Cohen. An occupational therapist with a background in dance and movement, Bainbridge-Cohen spent years studying and working with developmentally delayed infants. Her keen eye for movement analysis led to unique observations of infant patterns; then applying her observations to their treatment. Knowing that early infant movements also underlie movement possibilities for adults, Bonnie taught her work to dancers and movement therapists; analyzing and working with their movement patterns to provide integration and balanced alignment.

At the time, I was teaching dance and developing a private practice in movement therapy. I was so intrigued with developmental movement that I taught the patterns to my students and private clients, many of whom were Gestalt psychotherapists. They were equally fascinated and reported a variety of changes in their emotional, physical, and psychological states that were difficult for them to verbalize. Interested and encouraged by their reactions, and wanting to make further sense of what was happening, I enrolled in a Gestalt training program. From what I had read and from my personal experience as a client in Gestalt therapy, I believed its holistic approach and use of experiment would enable an almost seamless inclusion of infant developmental patterns within its practice. My intention was to integrate developmental patterns within the psychotherapy session as a means to facilitate insight and change.

After my four years of training were completed, I continued my studies with Laura Perls, co-founder of Gestalt therapy along with her husband Fritz Perls and Paul Goodman. In Laura's weekly group, we focused on the central and unifying concept of Gestalt therapy theory, contacting – the quality of being in touch with ourselves and our environment. Laura taught that the processes of contacting were primarily and fundamentally supported by coordinated movements. Contacting could not occur without accompanying sensorimotor support. The quality of sensorimotor support influences the quality of contact and vice/versa. Both exist simultaneously and are the essential structure of experience. This was my "Aha!" moment. I now understood that infant developmental patterns, which underlie all possible movement, are also primary supports for contacting.

In the 1980's, Daniel Stern and many other researchers and theorists (C. Trevarthen, A. Fogel, B. Brazelton, B. Beebe) brilliantly observed parent-infant interactions in detail. Whereas former psychoanalytic thinking described infant development in discrete stages, these researchers described the emergence of self as a co-creation – a relational event occurring throughout the course of a lifetime. The organizing self arises in overlapping waves and is dynamic. Past continually interacts with present, shaping and being shaped by it. This process-oriented approach supported Gestalt therapy theory's original assertion that self is the interaction of individual and environment in ongoing sequences of creative adjustment, that self is, in fact, co-created by individual and environment.

Almost a decade later, another important piece came together as I discovered the work of Esther Thelen, a motor-developmental psychologist. Thelen challenged former understanding that had dominated the field since the 1950's – that infant movement

patterns were a product of brain development alone – a genetically driven perspective. Creating elegant infant experiments, she demonstrated that early movements arise in relation to the environment – gravity, earth and space – as well as the infant’s biomechanical potential, and physiology in relation to tasks the infant was exploring and accomplishing. The brain was one of many sub-systems that contributed to these developing patterns, no one more important than the other. Thelen believed that infant patterns of perception and action – developmental patterns – were fundamental to the evolution of the child’s mental and social life. From this, I added that the tasks infants explore and accomplish are generally in relation to their primary caregivers and through such dynamic, interaction patterns, the infant’s *body* takes shape – breathing gesture, posture, and gait – reflecting and expressing that relationship.

My work since then has expanded Laura Perls’ concept of sensorimotor support within the client-therapist field with a new emphasis on its developmental roots within the infant-caregiver dyad. Based on the findings of a variety of contemporary researchers, I elaborated the theoretical basis for support from a developmental and relational perspective and have explored its relevance within the client-therapist field. A new approach for psychotherapy emerged, an approach rooted in human development, attending to actual phenomena and drawing on the richness of direct experience, Developmental Somatic Psychotherapy.

It is impossible to go into a detailed explanation of Developmental Somatic Psychotherapy within the confines of these pages, yet this chapter may give the reader some idea of its primary concepts and theoretical underpinnings. The case study at chapter’s end demonstrates theory into action. (1)

Developmental Movements: Primary Patterns of Response

If you carefully observe an infant and caregiver relationship, you see the graceful and fluid emerging of ongoing non-verbal interaction. Subtly, yet powerfully, each partner influences the other so that every exchange builds upon that which has occurred just moments before. Patterns of movement begin to form from these creative, spontaneous connections. Each pattern that develops *between* the partners has its own unique rhythm and style, a kind of improvised dance, reflecting the nature of every interaction. There are as many varied rhythms and styles of movement pattern, as many dances, as there are different relationships.

Developmental patterns are seen most clearly in a variety of transitions in functioning – sucking to chewing, grasping to releasing, sitting to creeping on all fours, toddling to walking. They organize within the daily tasks of caring for an infant: carrying them from one place to another, feeding, hugging, rocking, changing diapers, playing with, etc. Such fundamental exchanges between baby and caregiver contribute to the physiology of the infant and manifest in his individual pattern of breathing, gesture, posture and gait. And because movement patterns are social by nature – meaning that they emerge in relation to another -- they accompany the infant’s evolving psycho-social experience. Every developmental pattern that emerges, therefore, is a primary response within the relational

field and expresses a dominant need at the time of its emergence. **The infant's developing psychological functioning is experienced and expressed through movement.**

Movement patterns form in overlapping sequences throughout development. Earlier patterns do not appear, then disappear, but rather serve as supports for later patterns to surface. One pattern integrates another, creating larger and larger supporting structures contributing to the whole experience. The earlier pattern remains, therefore, part of later and more highly organized experiential processes – sucking provides the foundation for chewing while crawling underlies and supports walking. What came before provides the background for what is next to come. In this way, each developing movement appropriates the structure or internal coherence of the earlier pattern, as well as lends *its* structure to the forming of the next. Because the infant (and adult) can move from chewing to sucking or walking to crawling at any given moment, background patterns continue to be available and ready for use.

Spontaneously emerging movement patterns become essential supports for contacting and are integrated into the developing nervous system – the quality of being in touch with one's body (me) and the environment (not-me). Contacting is not possible without underlying sensorimotor support, and the sensorimotor system functions only in contacting. They are an indivisible unity. Throughout the process of early development, a newly organizing experience of self – including the differentiation of me and not me – gradually comes into being through movement. It cannot be otherwise.

Patterns take their own form and shape through rhythms emerging over time. Rhythms are seen in the visible changes in bodily tensions (2) as the infant (or adult) moves, and are heard through changes in breath and patterns of speech. Individual rhythms articulate patterns as they develop dynamically within the relational field. Rhythmic patterns that arise between infant and caregiver create emotions as well as characterize them.

We can look at an infant's developing rhythm and style of moving and learn about her contacting style or how she organizes experience. We are able to see her preferences for either high or low intensity of stimulation; how she will live through and express her emotions, how her emotions are sustained and how they dissipate; how she will move toward or away from that which she prefers or does not prefer; her sense of personal space, her preference for relational space; and the energetics (the flow and quality of outward moving energy) she uses in relation to the task she performs.

Fluid functioning and Patterns of Disruption

When the relationship between infant and caregiver is well matched, such that each partner is sufficiently met often enough, movement patterns emerge as graceful and fluid. This does not mean that every infant and caregiver dialogue goes smoothly. Times of difficult adjustments are vitally important in allowing both parties a function in co-creating their relationship. For the infant, especially, these moments of discomfort provide him the opportunity to exercise newly developing functions. This may be

learning to tolerate a moderate amount of frustration and accompanying anxiety. The infant also learns something about how to signal his needs most effectively to another and how to cope when they are not met. The caregiver gains similar skills and learns to tolerate her own levels of frustrations and anxieties in adapting to the infant. For both parties, these mildly difficult adjustments are an essential aspect of learning, so necessary to the process of growing.

When too many difficulties occur within the relationship and neither partner is satisfied enough of the time, the infant's emerging movement patterns begin to demonstrate anxious, troublesome disruptions. They appear awkward and less effective in achieving the task at hand. Even in the seemingly simple patterns, for example, rolling from back to belly, the infant cannot easily find the coordination between one part of his body and the other, and in relationship to the environment. The patterns that emerge during these chronically difficult encounters disrupt the infant's maturing neuro-muscular system and inhibit his capacity to be in touch with his body and the environment. When the infant-caregiver field does not sufficiently mature over time, the inharmonious patterns that develop overpower the infant's newly emerging and highly sensitive system.

Because all patterns are supports for one another, the disrupted pattern comes to dominate the preceding pattern, and influences subsequently emerging patterns. The impediments to movement echo at every level of functioning as contacting episodes emerge without sufficient support. This can appear as diminishing sensory experience, repressing and displacing of affect, inability to regulate emotions, distortion in perception, and difficulty in organizing meaning.

Developmental Pattern and the Adult Therapy Client

Looking – once more – at Laura Perls' notion that sensorimotor supports (or coordinated movements) underlie contacting, it becomes clear how rhythmic patterns organize within the infant-caregiver dyad. Patterns provide flexibility for creative adjusting over time. Similarly, we see how patterns organize in chronic disruptive infant-caregiver fields and produce inhibition and fixation.

Developmental patterns are the foundation for all possibilities of movement, and form not only the body of the infant, but also are present in the structure of adult experience. Watching adults move, therefore, gives us much the same information as to their adult organizing capacities as directly observing infants gives us knowledge about theirs. In fact, with a thorough understanding of how infants develop through movement, we can know something profound about how adults assimilate experience in the here-and-now of therapy. Because patterns organize relationally, they provide psychological material for investigation within therapy. With this knowledge, the therapist now has sufficient ground to understand how his or her clients' movement patterns have emerged in infancy and how they have adapted over time.

When therapists apply this relational and developmental approach, they analyze subtle, rhythmic patterns that continually arise within the client/therapist field. They notice not

only the client's fluid and alive movements, supporting clarified and spontaneous experience, but also those movement patterns that do not complete themselves easily, inhibiting experience. Therapists have the ability to not only observe, but breakdown movement patterns into their most basic components and utilize developmental patterns as experiments within session.

This opens the possibility for a variety of explorations. Attending to the incomplete pattern, the client's primary style of contacting is revealed and the function of the chronically fixed pattern becomes known. For example, how does this disrupted pattern support some belief the client has concerning him or herself in the world? In the discovery process, the habitual disruption, initially taken on by the infant or child as temporary assistance, becomes available for use. The existential issue that accompanies the fixation of pattern moves foreground to be worked with and through. And when the client explores a more fluid variation in movement pattern, another choice in contacting is made available. How does the client experience the novelty in contacting – with what degree of curiosity and excitement and what degree of anxiety? In each case, the client's psychological organizing reveals itself through the primacy of movement.

All patterns continue developing in the here and now. They are fundamental to contacting and are present in all experience, forming the present/past and present/future.

Developing Supports for Contacting: Rhythmic Diagnosis

The Story of Jenny

To carry us into the moment of the therapy session is to pull us away from the *concept of what is done into the actuality of how it is done*. This case study has been distilled from my recollection and detailed notes taken after each session.

These sessions were part of an intensive where my client Jenny and I worked 1 1/2 hours daily for five days. Six months prior to this series of sessions, we had done another five-day series. In general, my psychotherapy practice is conducted on a one-hour-per-week basis. As Jenny lived in Europe, this was certainly not possible so a change in format was necessary. These meetings were the first time that we had seen each other since the fall series. Jenny had come to work with me only months after the sudden, accidental death of her adult daughter. The reader will notice that each of Jenny's movements to emerge during our sessions – her breathing, her gestures, her gait, her posture – express some meaning and communicate how she lives within her world.

In our initial phone conversation, Jenny told me that although her husband and colleagues were very willing to comfort her, she was not experiencing their support. At a loss for words, Jenny wanted to work through the language of her body.

“I just can't talk about this anymore” she had said, “I have to do something else.”

“Well, we will have to experiment and see what happens,” I told her.

Day One of the Intensive:

As the session begins, I take a moment to focus on my body and sensitize myself to my breathing, the level of my muscle tension, any organic stirrings, my state of alertness, etc. All these experiences will become supportive background to the developing session. In placing the locus of attention on my self, my sensory system fine-tunes and allows me to move into a state of readiness – able to flow in any direction with my client. Only now do I turn my attention to Jenny.

Sitting, Jenny appears motionless. Her arms gently rest on her lap. When she moves them, the action is from her wrist and hands alone, while her forearms and upper arms remain sedate. As Jenny breathes, each shallow inhale carves a slender, vertical path from the base of her breastbone upward to her collarbones. Her exhale is even less perceptible. The movement of her abdominal area appears held on both inhalation and exhalation. (3) Now aware of increasing tension in *my* chest, I take several deeper breaths.

Jenny tells me of an image from a dream that she had after our last series of sessions. Although the dream was many months ago, the image has stayed with her. It is that of a red suitcase. I ask Jen if she might like to unpack her suitcase in order to discover what might be within it. Jen closes her eyes and slowly moves “inside” the image and “inside” herself.

After some time, she tells me that she can visualize the lining of her suitcase. It is “... sort of red. The walls are red, but I can’t touch them. They seem far away.” Jenny’s arms reach out as if to touch the walls on either side of her suitcase. With a perturbed look she continues, “I can’t touch them.” I watch as she rubs the pads of her fingertips with her each of her thumbs in a constant and easy rhythm.

I invite Jenny to become acutely aware of this motion, “Put all your consciousness into this experience,” I say. As she explores her patterning, eyes closed, I notice that her head gradually circumscribes small, subtle circles in the air. Within moments, her lips appear to purse and release, purse and release. I ask her to notice the movements of her lips and, if she is interested, to exaggerate them. At first, Jenny opens and closes her mouth almost imperceptibly, then more boldly. Her tongue stirs and I say, “If you want to, you might include more of your tongue in this motion,” and she does.

We sit there for what seems to be quite a while until Jenny’s feet begin a pulsation – she broadens and condenses the surface of her soles and her toes stretch and flex. After some moments, Jenny’s torso and pelvis become part of the action and begin to twist and compress – one upon the other. Now, a whole-body phenomenon has emerged. Again Jenny says, “I can’t touch the lining,” sounding more and more frustrated – more and more strained. I notice that her breathing is held or bound on the inhalation and she begins to gasp. While I sit at the edge of my chair, Jenny lives at the edge of her experience.

I have the impulse to reach over and offer my physical presence as a container. I take a few breaths to make sure that this is not my need alone and then take the risk. Moving to the edge of my chair, I place my bare feet on either side of Jenny's feet, giving her a boundary that she can press into. My wordless intervention is welcomed. "Please don't leave me," Jenny cries out. I move out of my chair and crouch onto the floor in front of her. I hold the outside of her lower legs with my hands, while my feet remain on either side of hers. Now sobbing Jenny repeats, "Please don't leave me." "I'm here. I'm not leaving," I respond. She moves towards me and we embrace. Her heaving sobs are punctuated by several sharp, staccato inhalations. I feel as if her heart might break – and my own. "I'm here. I won't leave you. I promise." Jenny and I hold onto each other until our breathing has steadied. Only then do I return to my chair as she settles into hers.

Jenny monitors her breathing rhythm and notices that it is now without her familiar gasping. She tells me that the gasping that she felt just moments ago, when she was crying, had been with her all her life. When she was a young child, a teenager, and young mother, she suffered panic attacks. And even now, when she feels unsteady, the gasping returns.

She tells me that on two occasions, one when Jenny was approximately seven months old and the other during her early childhood, her mother had been hospitalized for some months. At that time, Jenny was left with her aunt until mother was well and could return home. And when mother was home, Jenny experienced her as critical and distant. "Your gasping pattern seems to be similar to that of an infant or young child who has been left for too long and is terrified." I say. Jenny says that the experience of not feeling the lining of the suitcase was, indeed, terrifying, and although she did not have the words to really describe what was happening at the time, this experience was familiar to her.

With both arms around her, Jenny holds herself tight. I bring this to her attention. "Now you are providing the kind of container that I provided for you," I say. Jenny rubs her hands up and down her arms in a soothing rhythmic way, breathes deeply and whispers to herself, "I won't leave you."

Structural Analysis:

The work looked as though it was intuitive on my part, but it was merely my attending to what became most obvious within the relational field. The emerging rhythm told me what went before and what will be next – what has been and what will come. I kinesthetically attuned to the field and waited for the rhythm to clarify and to pull me inside itself.

The first rhythmic patterns to clearly grab my attention were observed through the steady, circular movements of Jenny's fingertips and hands, the circling motions of her head, the almost imperceptible opening and closing of her mouth, a stirring/reaching action of her tongue, joined by the broadening and condensing of her feet.

At first, the movement's rhythm was even in its flow and had a low intensity to it and appeared graceful. Then its intensity heightened and the rhythmic flow lost the even

quality and grew abrupt and strained. Jenny's breathing became shallow and tight. She gasped repeatedly and I felt my concern build. I sensed where the rhythm was moving and intervened non-verbally, providing support for the next relational step to emerge. In other words, I met and contained her anxious reach and offered her my resistance – something/someone to press into. As Jenny accepted my support (my feet on the outside of each of her feet, my hands placed on the outside of each of her legs), the relevant existential issue underlying the repetitive rhythm spontaneously expressed itself – *now that you are here with me, I can feel my terror of your not being here*. She then sobbed and continued gasping.

Jenny's primary pattern – sucking/swallowing/breathing – that emerges immediately after birth with its accompanying predominant need (to be met, to incorporate, to feel soothed) was often left unsatisfied in an earlier relational field, and predictably enough, restated itself in the present. It is, in fact, the present/past. As in the infant, the pattern originated at her mouth and spread to her head, hands and feet which expressed a similar rhythmic flow.

The frequent loss of Jenny's primary caregiver now expressed itself as a pattern of reaching/straining with the mouth, hands and feet, gasping for air and, alternately, holding her breath. The breathing pattern, set early in the client's history, *was* the primary adjustment. Over time, a pattern of depression, punctuated by moments of panic, emerged as a repetitive, "preferred" rhythm. Jenny's movement pattern reflected some deficiency in the satisfaction of sucking/swallowing/breathing. The rhythm restated the world again and again, "I cannot feel *you*, touching *me*, touching *you*." The redundancy shaped and shaded a habitual emotional tone -- terror. This emotional constancy forged identity – something to hold onto in an unsteady world. With the repetition of pattern, the entirety of the earlier environment came back each time. Behind this adjustment, the prior waves of panic collided with an exhausted depression and expressed that which had not been adjusted to – a devastating abandonment.

Jenny, now stroking her arms and breathing deeply at session's end, was able to give herself the support that had not been provided by the prior, historic environment and that was essential for her to move through her grief-filled present situation -- the accidental death of her daughter.

Day Three of the Intensive:

Jenny begins the session with a familiar, agitated depression. "I don't know why I came here....after all.....I always return to this experience..... my depression..... it's always the same.....I feel so heavy....and weighted down." Each phrase seems to drift out of her mouth and suspend in space.

The recent and devastating loss of her daughter has brought the earlier experiences of abandonment and the accompanying sensations of depression and panic to the foreground. With a lighter, steady, gradual rhythm and firm tone, I tell her, "Of course you're depressed. It seems so natural at this time. As you work through your earlier

losses, it will help to heal this recent loss of your daughter. And, as you mourn her loss, it will help to heal your prior losses.” I say this with conviction, having been through a similar process.

Jenny looks directly at me. “I believe you,” she says, and appears to take heart. She reports that now she has a light and airy feeling inside her chest and abdomen. “I’d like to follow these sensations,” she tells me, and closes her eyes. Jenny stays with the novelty of lightness/airiness and reports feeling both excited and “a little scared.” Moments pass and I watch as her mouth begins a sucking/reaching movement; her hands/fingers, feet/toes join in the process as they flexibly expand and condense in a gentle, even rhythm; and her torso wriggles as if looking for something to snuggle into. Jenny’s movements are flowing and graceful. I roll up several thick, cotton blankets and tuck them along either side of Jenny’s torso, giving her something to resist. “This feels right,” she says.

After some time, Jenny’s arms, which were held close to her body, start to reach out to either side and behind her. She moves forward in her chair and now reaches in my direction, her eyes remaining closed. I have the impulse to extend my hand and meet hers, but wait until I know that it is not my wanting to make something happen, but rather my being part of a larger happening. I move to the end of my chair and grab onto her hand. At that same moment, she also moves forward as if to rise, and we both use each other to pull ourselves onto our feet. Standing, we hold each other’s hands and begin to sway side to side. It is unclear which one of us began this rhythmic movement. What is clear is that we both enjoy it. As we sway, I experience the tension held in Jenny’s shoulders in my hands.

I now include my feet (separated from each other by about 24 inches) in the sway, and shift my weight from one foot to another exaggerating and slightly changing the movement’s rhythm – lift/drop, lift/drop. Then I stamp each foot onto the floor – lift/stomp, lift/stomp, making the movement more of a march as I draw my feet closer together. Jenny opens her eyes and joins me in this different beat. Letting loose our hands, we march away from the chairs and into the studio to use the larger space.

Marching consists of an even up-down rhythm in the vertical plane. I notice that Jenny’s march has much more emphasis on the down rather than the up-beat. This creates intensity to the rhythm and gives it a held rather than free quality. Once brought to her attention, Jenny exaggerates this downward movement and finds words for her experience. “I won’t. I won’t,” she shouts. Jenny realizes that she is saying this to the mother of her childhood. “I feel such defiance when I say this. It’s very familiar. This describes my relationship with her,” she says. I ask her to pay attention to her throat as she shouts “I won’t,” and she senses a familiar tension there – part/whole of her pattern of defiance.

I invite Jenny to try something different. I ask her to give more emphasis to the up-beat while she marches. This will make the pattern more even and free flowing. Jenny

practices this new pattern and soon “I won’t” changes to “No.” which she speaks with a newly freed energy. Now there is no holding in her throat.

In a prior session, Jenny told me how difficult it had been to express the depth of her grief about her daughter’s death to her colleagues and friends. She would start to tell them how *she* felt, and soon would begin to worry about *their* needs, putting her own in check. I found a phrase that might serve as her mantra -- “*Right now, this is more about me than about you.*”

In this session, I ask Jenny to march right up to her colleagues and friends and repeat her mantra. “*Right now, this is more about me than about you,*” she says several times and with great enthusiasm. Jenny then decides to say this to her mother. This time she not only enjoys the statement, but the presence of her mother as well.

Structural Analysis:

The first rhythm to organize our relational field was Jenny’s vocal pattern of drifting/suspending -- I don’t know why I came here...I always.....my depression.....it always...etc. I chose not to echo what I sensed was habitual, but rather to influence the pulse of the relational field by creating a different rhythm (and tone). I met the low intensity of her drifting/floating rhythm with one that was lighter, steady and gradual. This shifted Jenny’s experience from “heavy and weighted down” to “light and airy.”

Following this experience, Jenny moved into a flowing rhythm of sucking/swallowing/breathing that moved through-out her entire body. Her reach extended beyond the environment of her body, and towards me. I reached back offering leverage and assistance. For a reach to emerge as fluid, there must be an appropriate source of response. We grasped onto each other, pulled ourselves up and out of our chairs, and easily fell into a swaying rhythm with our arms – side to side. Jenny had moved smoothly from the earlier suck/swallow/breath rhythm of an infant to the later soothing swaying rhythm of a young child. Sensing the tension in Jenny’s shoulders, I took the initiative to start a different rhythm – the march.

The even up/down vertical rhythm of the marching pattern has its roots in the chewing or dental aggressive pattern (beginning in the sixth month to the 24th - 30th month). It is a pattern of differentiation – **push/release**, **puss/release**. I thought that the chewing/marching pattern would more clearly diagnose the interruption that I noticed in Jenny’s sway – her unaware and held shoulders that prevented her feet from fully contacting the earth and supporting her – and it did. Jenny’s emphasis on the down-beat of the march demonstrated a lack of rebound (**push/release**) in the pattern. There was much intentionality in the intensity of the rhythm’s downward stroke.

When she experimented with the emphasis on this downward stroke, her defiance emerged. It was not merely a chronic physical pattern, but rather part of the entirety of experience – the mother/daughter dyad of her childhood which was reinforced with her every step. As Jenny balanced the upward/downward stroke, the pattern lightened in

intensity and became more symmetrical. (Her push was now freed). Defiance transformed into a more fluid “No!” A change of rhythm changed the quality of the whole and a new relation emerged.

Post-Script

At the end of our five-day series, Jenny stated that she would not be coming back to see me. She had accomplished what she had wanted to do, and believed that now she could do the remaining work of her mourning with friends, family and colleagues. And I agreed.

Endnotes

1. For further information, please see my book, *Body of Awareness: A Somatic and Developmental Approach to Psychotherapy*, GestaltPress/Analytic Press, 2001.
2. J. Kestenberg-Amighi, S. Loman, P. Lewis, M. Sossin (1999). *The Meaning of Movement*, New York, Brunner-Routledge, pg. 24.
3. Fluid inhalation begins at the naval and simultaneously expands upward and outward to the collarbones and downward and outward into the abdominal cavity. Fluid exhalation simultaneously condenses inward and downward from collar bones to naval and inward and inward from pubic bone to naval.

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