To fully explore the range of our human consciousness, we must have access to all available modes of experiencing: the bodily-implicit and the rational-explicit. To the extent that we become alienated from our bodily-felt side, we respond solely in terms of what the external situation demands. We lose sight of our own feelings and needs and function only in accordance with the expectations of others. To the degree that we fail to make explicit our internally felt experience, we limit the impact and exchange that we may have with others. The purpose of this paper is to demonstrate how a movement therapy process that includes movement, imagery, and verbalization as one unified experience can be facilitative to psychotherapy-trainees. As a consequence of their exposure to such a movement therapy process, five psychotherapy-trainees became more effective facilitators in verbal therapy. The author claims that a process, such as movement therapy, that begins with the bodily-felt level and helps to extend this experiencing outward through verbalization, places an individual directly in touch with his own experiential process. A psychotherapist who contacts his experiential impasses in an implicit-bodily way, is then better able to adopt an intuitive, empathic attitude toward the concerns of his own clients. (Author)
The Range of Human Consciousness

There are two ways of knowing about ourselves and our world. One way, is an explicit, verbal way that allows us to process information sequentially. Another, is an implicit, bodily way that allows us to process input holistically, rather than piece meal (Gendlin, 1962; Ornstein, 1972).

At present, Movement therapists and Psychotherapists, each arbitrarily focus their efforts on one mode of experiencing or the other. Thus, Movement therapists stress the implicit, bodily mode of experiencing while Psychotherapists focus primarily on the explicit, verbal mode. However, despite the one-sided focus on both of these professional groups, the fact remains, that to fully explore the extent of our human consciousness, we must have access to all available modes of experiencing: bodily-implicit and rational-explicit.

Blocks in our experiencing diminish us and our capacity to function in humane ways (Perls, 1969). To the extent that we are cut off from our bodily-derived emotional side, we respond solely in terms of what the external situation demands. When we function only in accordance with the expectations of others, we become alienated from our senses, our feelings and our needs. When we function purely in terms of our bodily-derived experiencing, we become alienated from others. For it is only in the process of making ourselves explicit to others that we may affirm our relatedness to them. (Alperson, 1973).
Why Begin with the Body?

Process-movement therapy that works toward facilitating the individual's integration of movement, imagery and verbalization as one unified process, offers an individual the unique opportunity to explore the full range of her experiential potential from the inside-out (Rugg, 1963). It is a particularly effective method for bridging our dual modes of experiencing, because it allows us to stay in touch with our kinesthetic, sensory and emotional reactions. We do not become dissociated from ourselves, as often happens when we attempt to contact our felt-experience through verbal means or from the outside-in.

The problem with most verbal therapies that aim to promote personal growth and change, is that they have failed to recognize that the implicit, felt-level of experiencing must precede the conceptual, verbal-level. However, verbalization that flows directly from an authentic movement experience, can help enhance and extend the person's felt-experiencing outward (Alperson, 1974). Verbalization that is congruent with one's felt experience, can help validate our experience in the presence of others, clarify ambivalent reactions towards them and assist us in claiming our feelings and reactions as our own.

Facilitating the Facilitator's Experiencing Process

This year I worked with a group of fifteen graduate psychology students in a Movement Therapy course; five of these individuals were concurrently enrolled in a Psychotherapy Practicum I was teaching. This meant that I could observe these five individuals on two levels of their functioning:
(a) first, in the Movement Therapy course, I could observe the way that they contacted their felt-level experiencing through movement and extended it outward through imagery and verbalization.

(b) secondly, in the Practicum course, I could observe how these same five individuals facilitated another person's experiential process using a primarily verbal approach.

The Movement Therapy group met for fifteen, two hour sessions. These moved from being partially structured to totally client self-directed. The first ten sessions generally followed this sequence: relaxation, moving in relation to an image, moving in space, relating to another through movement, spontaneous verbalization.

The Psychotherapy Practicum group met for fifteen weeks. The primary focus here was on the trainee's experience in running verbal therapy sessions. Each trainee consulted weekly with me for one hour to discuss the evolving psychotherapy process.

In both courses, video-tapings were made so that the participants could observe at least one movement session and at least one psychotherapy session.

As time does not permit a detailed presentation of the interactions of each of the five individuals, I have elected to share the highlights of the experiential interactions of two individuals as these evolved in the two contexts.

**Jay**

Jay is a dark-complexioned, tall, lanky person in his mid-twenties. When I first met him, he impressed me as an exceedingly verbal but utterly insensitive individual. He would accost me in the hallways and talk to me, irrespective of where I was or what I might be doing. His fellow
students disliked him and sometimes outrightly rejected him. They resented his attempts to ingratiate himself with them and to manipulate their reactions towards him. In his quest for their approval, he would alternately be overly-agreeable or intellectually arrogant. He was oblivious to others and to their needs.

In the early movement sessions, his lack of connection with himself as the locus of his experience, reflected itself in his asynchronous movements. He was a concert of jarring, uncoordinated gracelessness. All parts of his body moved singly without connection to one another. Another outstanding feature of his movement style, was his low degree of involvement. He seemed unable to concentrate and focus on anything for very long, whether in movement, imagery or verbalization. In contrast to others in the group, he looked fidgety and uncoordinated.

As a psychotherapy-trainee, Jay would immediately put his clients on the defensive. He acted in an authoritarian way. Because his ego-ideal at the time was Fritz Perls, he would attempt to emulate his image of him. He would ask his client a question and would not give him an opportunity to respond. He would interrupt him mid-sentence and direct him to do what he conceived to be a Gestalt-like intervention. On one occasion, his client literally wound up in one corner of the room, in a crouched position, his arms locked in front of him. He looked like a scared rabbit. When Jay observed a replay of this therapy session on video, he was astonished; apparently what he saw didn't fit the image that he had had of himself as a therapist. When I asked him to describe what he saw, he painfully recounted that what he perceived was his attempt to gain control over the situation and the other person, and that his controlling maneuvers, had had the effect of completely demolishing the client.
The relaxation aspect of the movement sessions, proved to be of most help to Jay. As he began to relax more effectively, he also gained a sense of being able to let go of his need to control in a variety of situations, including in the sessions with his client. This relaxed-receptive attitude was such an obvious change from his previous assaultive, controlling style, that his client rewarded Jay by remarking favorably on the change. When his client saw that Jay was more sincerely receptive, he began to risk sharing himself to Jay.

Pam

When I first met Pam she impressed me as a rather pleasant, quiet but rather submissive person. She is a short, medium-built brunette in her early thirties. In most interpersonal situations, she assumed a predictable frozen smile and glazed gaze.

Pam happened to have a client who spoke like a rapid-fire machine gun. This woman's speaking pattern didn't leave much space for Pam to interject anything. It soon became obvious that Pam would have to create her own verbal space and would have to halt the client's verbal harangue long enough for her to actually reflect on what she was saying. The problem was, that Pam felt blocked and helpless. She was enraged at her client but could not express her anger; so she wound up helpless in the situation, unable to stop her client's incessant verbiage. For Pam, knowing intellectually what she had to do, did not help her to do it.

Being familiar with Pam's lack of assertiveness in relation to this client, it came as an unexpected surprise to me to see her move so rapidly and forcefully at the outset of the movement sessions. She would repeatedly intrude herself nonchalantly and aggressively into other persons'
personal space. She seemed daring and confident. However, I soon discovered that there was a catch in what she did. The catch was that she could move in this forceful fashion only so long as she was moving by herself and she was in control of the situation. However, as soon as it appeared that someone would move toward her in response to her aggressive movements, she would quickly move on, avoiding further contact with them. It became obvious to her that what she was avoiding were the spontaneous responses of other persons to her aggressive movements. She repeated this pattern over and over again. One day, she risked confiding to the group that she was afraid of physical contact with others and that she feared being rejected. She related this to her childhood (her father had been left handicapped by a brain injury suffered during a war; her mother had been hospitalized frequently with repeated "psychotic" episodes. She had consequently actually been rejected as a child; being shifted from one foster home to another).

The contact that Pam made between her anger and her experience of being rejected during the Movement Therapy sessions, helped her to become more assertive in relation to her client.

She began to set limits on the client's verbal diarrhea. She actually stopped her and had her focus on the felt-meanings of her verbalization. The client was no longer lost in a mire of abstracted verbiage. Pam also dared to risk sharing her anger more openly toward her client. This, in turn, gave her client the courage to share her own negative feelings towards Pam.

While time does not allow a detailed accounting of the experiential process of the other three individuals who participated in both the Movement and Practicum courses, I would like to make some mention of some of
the connections these individuals made between their own experiential process and their effectiveness as facilitators of another's process.

One person became more accepting of her tall, boyish body. This allowed her to become more expansive and spontaneous with her clients. Another got in touch with her despair and pain over the loss of her daughter. Moving through this experience, helped her to begin to approach and deal with one of her clients who was deeply depressed. The third individual became aware of his deep distrust of others and learned how this distrust manifested itself in the impersonal distance he maintained between himself and his clients.

I learned much from this experience. Most of all, I learned to admire these individuals' courage in extending and risking themselves; transcending their own limitations and through it all, reaching out and touching another human being.

From my experience in working with therapist's exploring their own process through movement and promoting another's process through verbalization, I have reached the following tentative conclusions:

(a) whenever a psychotherapist is blocked as a facilitator, his/her own experiencing process is likely to be blocked.

(b) a process such as Movement Therapy that places the individual in direct contact with her experiencing process and allows her to draw images and to conceptualize from it, allows the person quicker access to her impasse than does a primarily verbal approach, which leads to a distancing of one's self from one's actual experiencing.

(c) having moved through an impasse in an implicit, bodily-felt way, the psychotherapist becomes better able to adopt an intuitive empathic attitude towards the concerns of her client and thus become a more effective facilitator.
REFERENCES


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