

# Moving Cycle Outline

## Introduction

In movement-based therapy, as in other forms of psychotherapy, clinicians frequently hold a construct of the "healthy" person in their thoughts, an image which guides the treatment process. Though this image, this assumption, is refreshing in our field (in that we synchronize body and mind and blend creative form with therapeutic form), the process of letting ones "healthy person" constructs determine therapeutic intervention is fraught with danger. Movement-based therapy (or any other psychotherapy) can then become a series of educationistic instructions that sound something like "This person is very contracted. Healthy people expand their movements out into space, so I will have this person make opening, expansive movements so that he\she will be more healthy." If this technique was accurate, jumping jacks would be a sufficient form of psychotherapy. Even when we pledge to work with the feelings that arise in the client when he\she tries out expansive movement, we are still working in a polluted environment, one in which the clients actions are more reactions to the imposition of our product-oriented model of health. Even though it tends to be true that healthy people choose expansion as well as contraction in movement behavior, as therapists we can only deal with what is, the contraction in the moment that needs to be honored and explored. A product-oriented model is, by necessity, not in the present moment. It is a course of action that is determined by future goals, and therefore unwittingly reenacts the clients original wounding, where their essential nature was not acceptable and they were forced to fragment themselves and assume externally imposed ideas of who they should be or how they should behave. The clients ability to say "How do I feel?" without also asking "How should I feel?" is the essence of the therapeutic moment, for it is a sign of self love and acceptance that is the hallmark of healing. We can even call into question whether or not there exists a healed product - a uniform standard of health – given the immense human diversity brought about by genetics, environment, and culture. It seems clear that working from a model of who we and they should be, even if that model seems benevolent, reinforces the illness of referencing externally for ones experience of self.

What kinds of model building, then, are valid in psychotherapy? How do we assess and guide the treatment process? We cannot simply throw out all assumptions and simply hang out with our clients. This invites indulgence, where both therapist and client agree not to engage their powers of discernment, and the time simply flows by in a manner that reinforces the clients patterns of suffering.

If the assumptions of health as a product do not work, then we must develop a model for healing as a process, an immediate and accessible experience, as our treatment guide. This model involves an understanding, recognition and support for the stages of healing as they occur, without an agenda for how, when, why or with whom they will occur. The most powerful techniques in this model are being with the client in the present moment, giving them your attention, telling them the truth, and practicing loving kindness and compassion. I call this model the Moving Cycle.

My interest in recent years as a body-based psychotherapist has been to offer concrete theoretical, diagnostic, and treatment forms that are based on the physical body's natural movement processes. My purpose here, which arises from this interest, is twofold: The first is

to present ideas about how we can base psychotherapy on the existence of more than just a physical body. We can base it on the existence of energetic, cognitive, and transpersonal bodies as well, working from the premise that these bodies have movement processes that are observable, practical and meaningful for everyday life. My second purpose is to offer a more expanded notion of what psychotherapy can be, releasing it from its' tendency to be a treatment using primarily cognitive processes. In this method of basing our work on movement instead of on parts of our being (thoughts, emotions, sensations), we can also extend ourselves beyond healing and into transformation.

### **History and Development of Moving Cycle**

I developed the Moving Cycle in the early 1980's, while I was the director of the Somatic Psychology Department at Naropa University in Boulder, Colorado. It arose out of a longing to teach students how to be movement-based psychotherapists in a way that imparted meaningful clinical skills more than simply theories and techniques. I was at an Institute that was premised on experiential and contemplative education, and I felt committed to finding new strategies for teaching therapeutic skills as well as a new paradigm for healing. I decided to pattern the process of teaching healing skills on the process of healing itself. I began to examine successful therapy sessions to see if I could discern any kind of pattern or sequence of events in them. Does healing follow a predictable course? I did indeed observe a pattern, and out of this observation came the Moving Cycle. The pattern seemed to predict not the content of what a client would experience, but the process of opening, deepening, committing, completing, and integrating. I believe now that when we engage in healing and are allowed to do so from the dictates of our essential nature, we unravel trauma in an sequenced fashion, undoing our injuries in an individualized way.

As this name implies, the process of healing involves a cycle or spiral of events. The spirilic nature of healing allows one to orient towards movement as a process, and reinforces the concept that there is no end point, no “arriving”, but only increasingly satisfying and nurturing movement.

## Moving Cycle Theory

### The Moving Cycle operates on several assumptions:

- 1) Our basic nature is good, whole, and growth oriented.
  
- 2) A state of illness results from a person being forced to consistently abandon their experience of themselves, and assume externally imposed modes of thought and behavior.
  
- 3) Part of respecting and honoring someones experience involves challenging positions and stances that cause their suffering.
  
- 4) The process of healing involves a return to and trust of our direct body experience in the present moment, which is our true nature.
  
- 5) The process of healing involves movement, including physical body movement, the movement of feelings and emotions, and the movement of thoughts and assumptions.

The body-based psychotherapy I will present here is called the Moving Cycle, and is based on the acknowledgment that we are all and only bodies; I call us "all and only" body because what we usually think of as body, our physical self, is the template or structural blueprint for all our experience. The dictionary defines body as the main or central part of anything. Nothing else would be possible without it, for it is our container, our home. The way it functions - its form and structure - is echoed throughout our entire being. Thus our thoughts are digested as well as our food, our depressions slow metabolic fluids as well as emotions. Our physical body systems - digestive, respiratory, endocrine, etc - operate interdependently with each other to sustain life. This interdependence of forms can also be seen across other aspects of our body as well. Our emotions influence and are influenced by our thoughts. Our adrenal glands affect our mindfulness. The idea that we are a connected web of matter, energy, and space has been the emergent finding of western physics, and the age old call of many eastern philosophies. And I am calling this web body.

Along side this body theory is the idea that movement is how we define life - the movement of breath, the beat of the heart, the waves of electricity in the brain - all life moves. And these two concepts, bodily interdependence and life movement, form the core of the Moving Cycle work. Illness can then be defined as a lack of sufficient organismic movement or a failure of organismic interdependence.

In the material, Newtonian world we are congealed into separate entities that have mass and occupy space and obey the laws of mechanical physics (such as gravity, inertia). This is the unarguable ground of our existence. As a container this physical body shapes and forms the nature of our experience. It is strange how as a species we have resisted this simple fact in some very ingenious and sophisticated ways, the resistance probably arising from our wish to alleviate the pain caused by the various "impacts" that occur naturally in this realm, such as accidents, illness, loss, and decay. One of our favorite ways to resist the nature of the physical body is to invent beliefs that claim it doesn't exist, doesn't matter, or is the root of all evil. An

important advance in the field of body psychology is the realization that rather than resisting our material self, we can make friends with it. Psychotherapy is most powerful when the integrity of this material container is respected and its' health and growth is nourished throughout the course of life. Another important advance in this field can be the realization that we are not only physical bodies, but are many bodies.

We are also an energetic body. Our energetic body is that aspect of our being that changes things, that regulates our homeostatic balance and also provides the fuel for transformational experiences. It manifests as waves of excitation that travel through our physical bodies, and when it is combined with cognitive labels it is called emotions. The emotion anger is a combination of a certain quality of physical arousal with certain thoughts. This mix is an homeostatic effort to regulate our power; we often become angry as a direct result of disempowering ourselves, and the emotion is an effort to get our power back. Emotions are short term change agents. They are designed to come and go, and while they are here they help us to get in alignment with current events.

One of the primary ways in which these waves of excitation are generated is when our present form, whether it be our body structure, belief systems, self-identity, or behavioral habits, no longer match our current experience, and some kind of shift or change is needed to realign ourselves. An example of this is an experience I had of someone telling me I was beautiful. This conflicted with my old core belief that I am homely, and this dissonance gave rise to a feeling of heat in my face, embarrassment and anxiety. I could not tolerate the conflict of new input versus old programming. The emotion gave me the energy to shift my old belief, helping it to get less solid.

If we don't participate with the growth option that our energetic bodies present us with, we experience the emotions associated with it as painful and negative, we resist the movement of the feeling - and this stillness makes us sick. If we participate with the excitatory experience by inviting it to flow in an unimpeded manner, we can achieve a new and more balanced state of being, one in which we become more beautiful than we previously imagined. Many people come into therapy because they have lost this ability to allow their energetic bodies to self-regulate in a friendly manner. They have been subjected to recurring stoppages of this natural process, often because their emotional movement is threatening to the entrenched blockages of other people. If I feel blocked in my anger, I will try to prevent other people from moving through theirs so that I will not have to experience the pain of my habituated withdrawal from my own energetic body.

Traditional psychotherapy still largely takes place sitting in chairs and talking. This form restricts the ability of the energetic body to affect the healing changes that it was designed for. Also, the primary form of communication between a traditional psychotherapist and his or her client is verbal. The energetic body speaks also with movement and sound, and becomes cranky and fussy when confined to talking from a chair. Allowing this body to be experienced and expressed in a deep and meaningful manner requires that any experience or expression be possible, including moving around the room, lying down, or jumping up and down. In our energetic bodies a more relative world exists. Energy molecularly vibrates mass and in so doing can change its structure and properties. This ability to change ourselves with energy, from our physical structure to our thoughts, presents the possibility that we can change the way we experience the world. Events become relative to the energy we put into experiencing them directly. Our organismic safety is actually created not so much through protection but through an accurate experiencing the world as it is.

We are also a cognitive body. In this body we experience the ability to transcend regular space and time through thought. We can remember the past, imagine the future, and create whole worlds that existing only in fantasy. We can grasp and work with abstractions. The movement of this body can be quite limitless. This is tremendously freeing, and also very tricky. If we allow this ability to run on its own, without the interdependence and constant input of the other bodies, we will live in a world further and further removed from physical, consensual reality. The term mentally ill comes from this state of dissociation, yet it is important to note that illness does not necessarily stem from any inherent defects of the cognitive body, but in consistently forcing it to move differently and/or not be inter-dependent with our other bodies. The same model is true of our energetic and material bodies. They too must move, all dancing in step with each other.

Traditional psychotherapy, when practiced well, is based on what I call the “the natural movement of thought,” by this meaning that therapists tend to work with their own and their clients cognitive bodies. One of the main tasks of good talk therapy has been to bring awareness to the process of thought, and to create spaciousness and equanimity in the cognitive body. Spaciousness is created when we can experience and cultivate a gap between thoughts. This gap helps us know that our thoughts are not everything, not the sum of reality, not our only experience of ourselves. Our awareness of this space restores natural movement to this body.

There also exists a transpersonal body, a part of ourselves that can witness unconditionally, without thought and it's accompanying judgments and limitations. The idea of working with the gaps between thoughts, more than with the content of thoughts is groundbreaking and crucial to western notions about the healing process. It values flow and movement in the cognitive and transpersonal bodies rather than getting bogged down in analyzing various stuck cognitive beliefs (sometimes called mental formations).

Traditional psychotherapy can benefit greatly from expanding these ideas into the other bodies. Each body has its own form of awareness, and each of these can be worked with. Both awareness and space are cultivated through movement. Awareness in the material body takes the form of sensation, which occurs through stimulation of sensory neurons throughout this body. It is interesting to note that the sensory neurons are only half of a nerve loop throughout our tissues. The other half of the loop is composed of motor neurons which produce movement in this body. Thus sensation (physical awareness) is not possible without movement. Space is created in the physical body primarily through aeration, or the movement of breathing. Breath delivers oxygen to all our tissues, both assisting metabolic movement processes and countering the compression of gravity. The less compressed an area is, the more free it is to function and allow life to move through it.

The energetic body's form of awareness is vibration, from fine fibrillations to gross shaking. When our tissue begins to vibrate instead of squeeze itself it can change both its current structure and function. Conflict in the physical body manifests as an area that contains two or more opposing dynamics - whether it be tension and flaccidity, quickness and slowness, or compression and over-inflation. Vibration injects a current of flow through this area that connects and harmonizes the conflict so that the duality no longer exists. When our thoughts are “shaken up” in this way, we can re-evaluate them and harmonize them with our direct and present experience. These pulsating movements illuminate and excite areas of conflict in tissue and in thought. The energetic movement that passes through these areas serves to re-introduce the unifying theme of interdependence.

The word vibration suggests an oscillation of flow, a wave of experience. Energy occurs in and is delivered along waves. Our energetic body is constantly in flow, in a consistent flux of motion. The peak of the wave swells, and the trough sinks in a tidal ebb and flow. We surge in concert with all life. We can see space in this body as the gap between neighboring peaks, and the gap between the troughs, these gaps defining the very nature of the flow. In this body we oscillate. We need the groundedness of physical matter, and we need the changing oscillations of energy. Both are required.

Space in the energetic body also comes primarily through breathing. Breath creates channels in the physical and cognitive bodies along which energy can move. It releases physical compression and helps to create space between our thoughts. In these “aerated” spaces, energy can work its harmonizing changes. Many meditative traditions use breath as a means to achieve increased awareness and equanimity. This is because breath infuses the physical, energetic, cognitive, and transpersonal bodies with an experience of space and awakens. The awareness of the cognitive body is its sorting, filtering and processing of all the information it receives. The cognitive body is like an air traffic controller, coaching many different events to “land” in our consciousness in an order that keeps everything safe and efficient. The different “planes” it must keep track of are sensations, movements, images, thoughts, impulses, memories, and metabolic processes. We are labeled mentally ill if our cognitive traffic controller messes up and lands planes that should have been rerouted, or keeps important planes in the air until they crash.

The awareness inherent in the transpersonal body has to do with the concept of the Witness. The Witness is that part of ourselves that observes the various goings on of our thinking, our energy, and our sensations. It does not identify with any one experience, or try to control it, but notes and values them all. This form of awareness helps us to experience ourselves as more than just the flow of events that happen in us. It allows a more expanded sense of self knowing, and allows us to be comfortable with ineffable, intense, or mysterious events. I believe that we are other bodies as well, the next one being spiritual. Though I will not talk about these bodies here, they exist on the continuum of our awakens, and take more conscious effort to become aware of. In a sense, we can say that our unconsciousness is simply the parts of ourselves that we haven't yet explored.

### **Description of Moving Cycle**

**Awareness** is the first step on the Moving Cycle, and begins each session. It involves focusing our attention on sensations, feelings and thoughts that were not previously acknowledged. We all share a birthright of the ability to pay unconditional attention to the original details of life. Often our family or our culture trains us away from this ability as a way to perpetuate entrenched dysfunctional systems. If we are trained to stop attending to the raw data of reality then we are unable to participate fully in life. If we begin our work with the practice of paying attention, to our bodies, to our feelings, we create a rich experience of consciousness. These experiences of self are a rich contribution to our direct power to heal. Consciousness in and of itself is one of the components of healing and transformation.

Focusing our attention also involves the use of an observing or “Witness“ self, because we acknowledge that a part of us is “attending” to another part of us which is “experiencing”. Witnessing is a crucial moment in healing, as it allows us to acknowledge and go through what we are feeling without fixating upon it as part of our identity. It allows the statement “I

am having this feeling (it will come and it will go), and I am not this feeling (it is not a permanent part of who I am).” This ability to witness ourselves allows us to disentangle our pain, which is in the moment and will come and go, from our suffering, which is a fusion of present pain with unresolved past experience. If I do not witness myself, I rob myself of my curiosity. I behave in automatic ways. This results in my having attitudes and positions about myself and the world that interfere with my ability to directly and accurately experience it. Witnessing ourselves also allows us to fully “bask” in our joy and vitality, without imposing any sanctions or expectations upon it. We can feel pleasure and allow it to fill our beings and not to be diminished by fears that it is not real, not allowed, or not permanent. Frequently, it is difficult to support our awareness and our direct experience. Reality has a lot of juice and spice in it. We back away from this intensity through gestures of security, protection, and habit. When the fear of experiencing reality directly arises, we enter the **second phase of the Moving Cycle, that of Owing.** Most of us need some reacquaintance with the fact that everything that occurs within us is generated by us. It is only by taking responsibility for our experience that we can access our ability to do anything about it. If YOU made me feel a certain way, then only YOU have the ability to change my feeling. So begins the game of control and co-dependence. By owning our experience as our own and telling the truth about it, we access our creativity and our power. This phase is particularly powerful when it is body-centered, tracking physically when our bodies feel the vibrating qualities of owning and the tension-filled states of blame, projection and victimization. Owning what we are aware of is a discipline of honesty that again brings us back to our direct experience and permits it to be authenticated and validated. Owning “fleshes out” awareness and stimulates movement towards the next phase of the Moving Cycle. It is an accessing of the fuel for healing and transformation - that fuel being the taking of responsibility, creativity and power.

This phase often manifests as a struggle, a struggle which can feel like life-or-death combat. For when we take responsibility for what we are experiencing, an early introjected "monster" surfaces, and its name is the Critic. It is the voices, attitudes and bodies of those who have invalidated our early experience, and we assume it is part of our own identity. It tells us that we are bad, or that we are a saint, that we should have done it differently, that we are stupid, above it all, insensitive, crazy, selfish, and in short, never enough or too much. Again, the challenge to stay in our direct experience is joined, as we now move towards the third stage of the Moving Cycle, that of Appreciation. The excruciating truth of the Owing phase is that we must directly experience our Critic. We must allow it to fully speak, move, and otherwise participate and punish, so that we can finally finish the early experiences that it represents by playing all the way into it, with the Witness watching. By finishing these experiences, we disengage the Critic from our own sense of self, and become aware that the Critic was actually outside of us, imposed upon us. It is a phase in which we exorcise the introjected Critic, we grieve for our wounding, and we begin to experience ourselves as whole, basically good, and oriented towards our own and other's growth.

**Then begins the Appreciation phase,** in which we begin to love ourselves and our world again. We forgive, because we can detach from identification with the Wounder, while also (paradoxically) owning that we have been wounding. Because we removed the barriers to direct experience of self and world, we can love and appreciate others who are also struggling to return to their true nature. We expand because we have less need of defense and a sense of separateness that requires us to contract and become more dense and "fixed". We feel healing coming on, and this carries us into the fourth stage of the Moving Cycle. The Appreciation phase is about basking in whatever experience arises, and is the essential building block of relationship. If we can unconditionally ride whatever experience we are

having, then we don't have to protect or control our relationships to others. When we stay in dialogue with ourselves, we are capable of intimate dialogue with others. In the body, this stage often involves deep emotional (but not necessarily cathartic) release. Our bodies move in a more integrated fashion, because we are not recruiting musculature to defend ourselves against unwanted experience.

**The fourth stage is Action**, and it is the stage of manifestation and the practice of commitment and service. When the Appreciation stage is completed, we feel inner healing. In order for this healing to be permanent it must find a place in our daily environment. We must practice the new options that our healing gives us. This means literally using our thoughts, feelings, and our body differently. Only then can we truly change, and contribute this change to the benefit of the external environment. It is from personal healing that planetary healing becomes possible. The Action phase is about transitioning into the outer world, and manifesting into it differently. Perhaps we will walk in a more relaxed manner. Perhaps a reluctance to reveal ourselves has melted. Whatever change has occurred in the session must also leave the room. This phase involves a new commitment to use the outer world as a practice ground and benefactor of our healing.

### **Diagnosis in Moving Cycle**

In modern Western society, we have divided illness into separate categories - physical, treated by physicians, and mental, treated by psychotherapists. The last thirty years have seen the advent of more holistic and integrative therapies, yet we still struggle as a society with how to understand ourselves from a perspective of all-body integration.

The first phase of clinical understanding is diagnosis. It is important to say a few words first, though, about how we use diagnosis in the Moving Cycle. In this paradigm, diagnosis is NOT about the therapist knowing something the client doesn't know about him or herself. This thinking that we know, even when we are highly skilled and free of therapeutic agenda, is a recapitulation of most clients early wounding, which said they had to get their reference points for who they were primarily from external sources. While we all come to know ourselves in relationship, this self knowing is at its healthiest when relationship honors and validates our inner experience. Thus, diagnosis from this perspective is not about knowing who the client is, but a knowing of the right investigative questions to ask the client so that he or she can develop experiential self knowing.

From an all-body perspective there are 4 major diagnostic areas, and these are body structure, energy flow, breath, and movement. These four areas help us to frame therapeutic questions that help the client to focus his or her attention and therapeutic intentions. By knowing where to look, a client can explore areas they haven't yet had access to, these areas being useful for problem solving, self understanding, wholeness, and creativity.

#### Body Structure

In looking at body structure, we assess our "hard wiring", so to speak. We are looking at our genetic inheritance, the effects of pre and perinatal imprinting, and the effects of developmental learning on our size, shape, configuration, and posture. All these factors combine to shape our physical relationship to space, time and force - the physics of life.

In regards to space, every body must satisfyingly resolve the issue of how much space to occupy. Our first embodied experience is that of being enclosed in a womb, a sheltering container that eventually gets too small to contain us comfortably. The process of transitioning from the currently confining womb to the increased squeezing of the birth canal to the open space of the outer world is an imprinting event of major proportions, and gives us our first messages about how to successfully negotiate space. What parts of the clients body take up more space? Which parts exist in compressed space? Are there any splits between the sides of the body or the upper and lower halves? Does the front shrink while the back inflates, or vice versa? What are the postural stances that the client takes, and how do these relate to their core beliefs about the world? All these space issues appear in the body structure of the client before you.

In diagnosing a clients' relationship to outer space, look at how the body is held - does it appear to be pushing out into space, or retreating from it? When the client gestures and moves, how much space does he/she take up? Is there a sense of my personal space, your personal space, and shared space? Space manifests in the bodys' structure primarily through the respiratory and digestive systems, which both rely on expansion and contraction (or release) in their functioning. How is the client breathing? How does he/she digest? Does he/she eat to become bigger or smaller? It can be useful to ask the client about experiences he/she has had with open and contained space, and to also assess the spatial relationship between the two of you. How close or far away are you from each other? In answering these questions together, you form the physical boundaries of the therapeutic relationship, as well as form intentions for treatment.

How we use physical space is also an indicator of our relationship to cognitive space - do we find the gap between our thoughts frightening, exciting, boring? Our physical imprints regarding space are echoed in our thought patterns. As we cultivate space in our whole lives, our attention to physical space in the body can greatly accelerate that journey. Time, in the bodys' structure, is primarily manifested in the nervous and endocrine systems. Does the client seem speedy or nervous? Sluggish or slow to respond? Does the client use drugs that speed up or slow down their experience? Is adrenaline used like a drug? Does he/she talk rapidly or slowly? Are gestures and movements rushed or retarded? Do you have trouble getting a word in edgewise during conversation? Does the client tend to get sick in these body systems more than others? Our structural imprinting about time comes from chemicals fed to us in the womb (adrenaline, caffeine, etc), early experiences of being hurried, interrupted or slowed down, and the ambiance of the pace of life around us. The clients belief system about time also reflects this. Complaints such as not having enough time, resentments about being hurried, and in general issues about not being able to sense his or her own sense of pace through an experience are all indications that taking ones own time is seen as foreign or untrustworthy. How to assist the body in recovering its' own sense of timing is crucial in the course of therapy. Force, or effort, is a musculo-skeletal issue in the body, and can manifest as chronic contraction/flacidity in the muscles or a push/pull pattern through space. The bodys' overall tone is an expression of force, because efforts ideally use as much energy as needed, no more and no less. Often one segment of the body will become overly tense and held while adjacent to it is an area of mushy hyper-mobility. The area where these two conflicting forces meet is often the site of chronic pain or injury, as the area cannot reconcile the dissonant force patterns. Does the client have chronically tense areas? Does he/she contract or collapse when feelings start to occur? Do you observe explosive or tired gestures and movements? Do you feel pushed or threatened by the client? Do you feel sleepy with the client? Does the client speak of feeling pushed, having to fight or resist things? Often clients will unconsciously call up their force issues by getting into accidents or sustaining injuries to muscles and joints.

Forces' imprint comes from early experiences of being handled in too tight or too loose a manner, first on a physical level, and then on emotional/behavioral levels. The common theme weaving through space, time and force in body structure is that of boundaries and the contact that is available at its' boundaries. The essential task in developing our body container is to form a permeable membrane, like a cell. Our physical boundaries must be developed enough to contain our experience and reject toxins, and must be spacious enough to assimilate nourishment and express our experience. We form our boundaries by contact with the space outside of us and the boundaries outside of us. If our physical experience has had too little or too much pressure, we compensate by distorting our boundary\container to match the assault or make up for the lack. The therapists' job is to hold the form of a therapeutic container, so that this container generates the safety of loving boundaries for the client, in which they can experience just the right amounts of effort needed to feel nourished and satisfied.

### Energy Flow

The next diagnostic category is that of energy flow. Energy from a body based perspective is the vibratory excitation of our cells. It is a process of homeostatic regulation - it literally shakes the bodys' structure to realign it with changes in current experience, and to provide it with fuel for transformational journeys. When energy mixes with thought, we call the result emotions. It is vital that we be friendly to all emotions, and to support ourselves to use their energy to self regulate and grow. Ultimately, the body works best with pure energy, which moves our bodies without the restriction of cognitive labels, core beliefs, or fixed attitudes. It heals and enlivens us by allowing for the experience of immersion in a transient and satisfying process rather than a fixated repetition of imprinted old material. It not only enlivens us, but provides the matrix along which transformation occurs. It is experienced as a pulsing stream of fine vibration throughout all the bodys' tissues, and feels very powerful and wonderful when it is not resisted. If we resist it, due to old programming about not getting too excited, happy, upset, etc, or out of fear that we will be overwhelmed, then the resisting muscular contractions in our body force the energy to move through denser, more held tissues, which hurts and can cause damage. If we experience our energy as hurtful, we can re-validate our old programs about energy (aliveness) being bad. If we experience our energy as pleasurable and satisfying, energy has the opportunity to positively alter our structure and functioning on a very core level. Diagnostically energy is about the client being able to tolerate and even lean into becoming excited. Does the client try to hold back feelings, tears, sounds, movements? Can he or she be moved by feelings? What parts of the body shut feeling off? What kinds of beliefs does the client hold about physically getting upset or excited? How excited can the client get before stopping the energy, and how do they physically stop the energy? Does the client depress it, turn it in on her or himself, channel it into other activities, aggress on others? Energy can often be diagnosed by asking the client to breathe more fully. As breath energizes the client, notice physical responses such as numbing, tingling, pain, or shakiness. These are the areas that are historically holding energy out, and are trying to handle it now. Diagnosing a persons healthy relationship to energy is to be able to see what Keleman (1975) calls the charge, formation and discharge process. This process begins with ones ability to feel fully and allow this feeling to arise without restriction (charging). We do not censor sensation or excitement, and let our bodies generate however much energy is wanting to emerge. The formation phase occurs when we hold this energy, allowing it to permeate our being and suffuse all our bodies, so that the vibrations can realign any part of us that needs this infusion. The discharge phase occurs because anything that we feel must be expressed in order to come to a satisfying completion. Movement, sound and breath are all part of the discharge phase, and allow the feeling to leave through the body by being accurately expressed, creating a literal space for the next energizing experience.

It is important to watch the timing of a clients efforts to cut off energy flow. Where does it happen in the charge-formation-discharge experience? How is it accomplished? There are a handful of favorites when it comes to stopping our energy: going up into our heads and thinking, getting distracted by something else, going into depression, going into an addictive process, or hyping ourselves up. Uncovering the ways in which a client stops their experience, as well as when in the sequence they do it, is a very powerful observation. Energy is very much like a wave that swells, crests, and falls back into the background of the water. As therapists we must become sensitive to this rhythm in our clients, and find ways to encourage this primally healing process to occur in an unimpeded manner..

### Breath

Breath is the third diagnostic category, and is closely related to energy flow. Breath is fundamental because it is a constantly life-affirming process - without it we would die within minutes. Breath lives at the edge of life and death, and can be used to either encourage or diminish our aliveness. Physically, it is both an autonomic and volitional process (we can alter it at will yet also don't have to think about it at all). Because it bridges both the automatic and conscious parts of our beings, on a psychological level it bridges our conscious and unconscious selves. Thus we can use breath to call up previously unconscious material that we want to work on. Breath also creates space in the body, literally aerating us so that energy can flow through the body in a more unimpeded and enlivened manner. On an emotional level breath serves as the vehicle for the wave of experience and expression. The inhale is an act of participating with sensation and inner experience, with what we feel. The exhale is about releasing, about letting go. It is also about expression. We express verbally when air exhales over our vocal chords. We need to exhale to be able express where we are at. If a client holds their breath on the inhale, this can suggest issues around feeling. Holding the exhale can signify themes of expression. To assess a clients' relationship to breath, look at three issues - its' flow throughout the body in a wavelike manner, its' volume, and its' shaping. Breath flow starts at the beginning of the inhale. As inspiration begins, does it proceed to wave through all the areas of the torso? It may not wave through the torso sequentially from top to bottom. The sequence is less important than the process of the wave touching all the structures of the torso, including the shoulders, hips, and neck/head. The top of the inhale is like the top of a rounded hill - can the breath go up and over it easily, without stopping? On the exhale, the wave reverses, and ribs, chest, belly and pelvis rest. Again, the sequence is not of so much importance as is the cumulative result. At the bottom of the exhale there is a natural rest, or pause in the flow.

The second issue with diagnosing breath is its' volume. Here we want to ask the questions: Can the client take a full breath? Can the client do deep breathing that supports exertion and intense energetic charge and discharge? Can the client use breath to rest, relax, and let down? Is the client breathing right now in a way that matches his or her experience? The volume of breathing must be able to alter at a moments notice, in order to match and participate with our momentary changes of consciousness and energy. Does the client show an ability to alter breath volume like this?

Lastly, we look at the shaping of breath. This has to do with our ability to occupy all three dimensions as we breathe - up/down, side/side, and front/back - and is particularly visible in the torso. A full inhale and exhale in the three dimensions tends to create a kind of spirilic movement in the body, a spiral that is unique to each breather. The spiral is a shape that encompasses movement in three dimensions at once, and this is why it shows up in a healthy, three dimensional breath. As a client breathes, watch the three dimensions. Usually, when a

person inhibits one dimension, holding back the ribs from expanding out to the side, for instance, it tends to create a linear effect in the other two. The movement in this case would occur in a shortened, straight line up/down and front/back, and require a tenses torso. When I take on a new client, I always spend time in the first available session asking him or her to breathe. I almost always teach different breathing exercises that the client practices at home, in order to reestablish breathwaves, changing volumes, and three dimensional breathing. I find that if a client establishes a base of these breath capacities, he or she can proceed through the therapeutic experience more quickly, and with less pain.

### Movement

Diagnosing movement patterns and sequences in the Moving Cycle is a fine art, because movement occurs and is stopped in all the bodies. It becomes our quest to assess the state of mobility in all aspects of the clients being, and to assist him or her to experience the links between different movement sequences in the different bodies.

Physically, movement diagnosis asks many of the same time, space, and force questions as were mentioned above. In general, we want to look at where movement sequences through the body, and where it stops. We can look at this on a biologic as well as locomotor level. Biologic movement involves the various thrummings and squeezings of our innards. Does my client digest very slowly? Do they move too rapidly in their endocrine system (secreting adrenaline, epinephrine, etc) in relationship to the other systems? Taking a history of clients health issues can illuminate the various stoppages or accelerations of metabolism that signal biologic movement.

Locomotor movement is movement through space - such as walking, gesturing, jumping - anything that is an observable progression through space. Again, we diagnose through looking at the use of space, time, and effort, as mentioned above. Above all, we ask the client if their physical movement is satisfying. Do they have pain? Do they have a negative attitude about their movement? Does their movement match what they are saying? In the energetic body, movement flows in waves of increasing and diminishing waves. Do these waves occur naturally, without being controlled or judged by the client? Do the waves move through the entire physical structure? If the client controls energy, how is it accomplished, and where is the unreleased charge held in the physical body? The next diagnostic movement process is that of the movements that occur in the cognitive body. As was stated before, one looks at the movement of thinking rather than the nature of the thoughts themselves. Thinking functions as our ability to increase our learning capability by recollecting, planning and comparing. A healthy cognitive body is responsive to new input and also operates from past experience. It operates in much the same way as we mentioned earlier regarding the permeable membrane of the cell: holding the memory of previous leanings while remaining permeable to new input. Does the client obstruct this natural process by overly stressing historical imprinting, which makes him rigid and controlling? Or does she get lost in current experience which literally makes her fuzzy and subjected to being buffeted about by the external world?

Thinking is not a directly observable process, and so must be observed through the other bodies. We observe it primarily in physical gestures and speech. A furrowed brow, a far away look, squeezed eyes or hand movements can all be physical expressions of thought. When thought is not moving in a flowing wavelike way, if it is being controlled by historical imprints or driven by only external references, the physical movements associated with these

thoughts become overly patterned and repeated or overly random. The client's speech will exhibit the same characteristics, resulting in constant verbal repetition of thematic material or a lack of ability to express experiences effectively in words.

Does the client lose his or her train of thought? Does he literally not know what is going on? Does she use stock phrases such as “it's always the same” or “it just goes to show you”? Does his or her belief system seem impenetrable or non-existent? Often the cognitive body will settle on a few main themes as a method of obstructing movement and permeability. They center around believing that he or she is not supposed to be here, not worthy, not lovable, not enough, or too much. These core beliefs are usually the result of very early imprinting, and have the effect of keeping the cognitive body from “breathing”, i.e, engaging in the rhythmic flow of contact with inner experience and external phenomenon.

This natural rhythmic movement is oscillatory. It is a process of looping one's attention from outside oneself to inside, and back out again. This oscillation of attention is the cognitive body's form of awareness. This loop, similar to the motor and sensory pathways in the physical body and the charge, formation and discharge rhythm in the energetic body, nourishes the cognitive body by optimizing contact with both new and established forms of input. The oscillatory loop keeps thought from fixating. Traditional psychotherapy specializes in recognizing this tendency to fixate one's thinking, watching out for attachment to ideas and beliefs that do not have any relationship to current experience.

In the transpersonal body, we diagnose primarily through observation of how the client links up with the world. Does the client feel imbedded in life, a part of all that occurs, or does he/she feel isolated and different? Is there an appreciation of beauty? I remember one client who came into a session on a gorgeous Fall day. I remarked on the beauty of the color of the leaves outside, and he snapped back “So what?”. We used the rest of the session to work with his feeling of being cut off from what was going on around him.

### **Treatment in Moving Cycle**

How does the Moving Cycle operate in movement therapy? Though the Moving Cycle can be applied to any form of therapeutic work, it seems to shine when applied to movement. Expressive body movement accesses not only physical but cognitive, emotional, and spiritual movement very directly.

In a movement session, the Awareness phase consists of assisting the client to “wake up” to their senses, their feelings, and their thoughts. Given a history of withdrawal from certain painful or threatening experiences, the client has habituated to desensitization in certain parts of his or her body, emotions, and thoughts. This selective experiencing must be addressed first. In movement, this translates to the ability to have a spontaneous movement impulse. In other words, the first work is to remove the censorship of certain experiences and allow movement to arise from the background to the foreground in a nonchoreographed manner. Attention is global and non-focused, as the client/mover allows the previously “asleep” parts of self to “wake up” and speak. Movement behavior at this point is often random and changeable, as the nature of ordinary attention. It is surprising how difficult this phase is for many people, as they are fiercely attached to their patterns of selective experiencing. The ability to shine the light of attention onto any aspect of movement experience heralds a grounding in the Awareness phase that allows Owning to occur.

In movement the Owing phase is the ability to sustain a movement impulse. As the client/mover listens to him/herself, one impulse seems to stand out. Either it will keep repeating itself, or it will feel more energetically charged, or the mover will notice a desire to avoid it or hold onto it. When this begins to occur, it is imperative to stay with it, to support that impulses "need to speak" by taking it from body part into the whole body, or allowing it to intensify into full expression, or finding a way for it to feel support from voice, thought, other body parts, or therapist touch. In this way, the client breaks the habitual pattern of denial that the experience is inside him/herself and, though initially it may have been inflicted upon her it is now generated by her. This empowering work is also very challenging, as it engages the previously mentioned Critic.

In the Owing phase, the therapist can frequently observe the emergence of the Critic. The mover will begin to split their behavior (as a re-enactment of the original split from oneness into duality), into separate parts. These parts will look like characters, or more aptly, caricatures. The mover at this point can appear to be taken over by another person, assuming stances, gestures and vocalizations that were present before only as shadows and are incongruous with their typical movement behavior. This introjected character is the person or amalgam of persons who originally wounded the mover through either praise or blame or burden. Perls would call it the top dog, and Eric Berne would call it the pig parent. It is typically a blaming, bullying, pejorative person, and it must be fully experienced in order to be disentangled from the clients sense of self. The client as well can flip into a re-experience of being small, vulnerable, and wounded. Often the clients movement behaviors become younger, less defended, and more helpless.

The healing of this stage does not so much stem from an understanding of the original experience of wounding, but a willingness to participate with it rather than withdraw from it. By living through it again, and not withdrawing from the feelings, thoughts, and sensations associated with it, healing becomes possible. The client, who originally withdrew because of a fear of annihilation and death, allows him/herself to die into the experience, surrendering to the rhythmic waves of energetic charge that take over the body. As the client experiences this "little death", movement shifts. Effort and resistance lessen, release of tension is common, and deep crying that vibrates the entire body and seems to physically break up areas of gripping and obstruction occur. As the resistance fades, as grieving and releasing takes over, the Appreciation phase is begun.

Appreciation happens when the client begins to move again, after the experience of death. She realizes that she lived through what she was avoiding and is still whole. In this phase it is common to see self touch and nurturing movements, as the mover enters a new realm of being, one that is more open to experience and less programmed to withdraw. This state connects the client to vitality that was previously repressed. The body is literally more opened, and corresponding changes in effort, shape, and flow can be observed.

What remains is for the client to get up and walk out of the room. For this to happen gracefully, the Action phase is joined. It is vital for the client to be vertical and to move through space, as these movements orient her to the outside world. It is also essential that the client moves through space using and applying the newly reclaimed movement behaviors that were experienced in the Appreciation phase. The therapist can be of tremendous assistance here, directing and coaching the mover to use her new body in various ways. Exercises that are usually helpful involve breathwork, eye contact, speech and communicative gestures, all practiced from the ground of the clients movement experience. Some movement therapists employ movement education at this point, which can greatly amplify the movers sense of

satisfaction.

It is important to note these Moving Cycle movement behaviors, though common, are not always present. The phases of healing rarely obey strict rules of sequence. In fact, expecting them to occur in a certain way puts the therapist in the trap of product-oriented therapy. Though these phases represent the most prevalent scenarios of healing, real life tends to occur in a deliciously more complex way. In working with the Moving Cycle, the therapist works primarily as an advocate, not deciding where the client will go, or at what speed, or with what form, but rather assisting the client to stay with direct experience, so that she or he can heal.

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As therapists we are midwives, coaching the birth of the whole client. In this respect treatment looks a lot like the stages of labor and delivery. In Moving Cycle psychotherapy, treatment is based on working with all the client's bodies to promote movement and to restore orgasmic interdependence. Places of decreased aliveness in these bodies are infused with four successive phases of treatment, phases that correspond to the birth process. The first phase is "Awareness," and corresponds to the onset of labor. To begin healing and transformation we first wake up to what is, to our current experience. Our being is telling us that something needs to happen, to shift, much like contractions awaken us to imminent birth. In the physical body, awareness occurs along the sensory-motor nerves. Desensitization is often a physical choice people make in order to minimize pain or prevent overwhelming or unacceptable feeling to occur. When these habituated choices no longer need to be made in response to adverse conditions that no longer exist, re-sensitization needs to occur. The client literally re-learns how to feel his or her physical body. In the Awareness phase of a session a client is constantly asked to pay attention to sensation and consider it this body's form of speech. The therapist might ask "What is this tension saying to you? Describe the tingling and where it is in your belly. Does the sensation change if you hold your breath?" Part of treatment is re-acquainting the client with physical awareness and trusting that these sensations are intelligent and worthy of attention.

In the energetic body, awareness takes place through vibration. Clients pay attention to where energy flows in them and where it deadens or exaggerates. One client I worked with a few years ago only generated energy in her upper body. She would begin to talk about a sensitive subject and her chest, shoulders and arms would become very animated while her belly and legs would remain motionless and heavy. When she began to wake up to this discrepancy, she reported that her lower half felt asleep while her upper half felt scared and anxious. This awareness of how she was using her energetic body became the starting point for her reclamation of her sexuality and sexual identity.

Awareness in the cognitive body typically takes the form of watching when thinking occurs, and whether it seems to contribute to the client's overall movement or detract from it. It is often a very profound shift of awareness to observe the flow of thought more than the content of it, and many clients find this change of emphasis very challenging. Since thought is capable of taking us out of direct experience and into analysis or planning, etc., the Awareness phase here is one of recognizing this avoidance mechanism when it arises. I will ask a client to notice when thoughts depress a feeling or distract him or her from a sensation. Often this depression or distraction will take the form of self-criticism. Self-hatred manifests very vividly in the cognitive body through second-guessing oneself, resolving to do it better next time, comparing oneself to others, wishing for transcendence, and even direct flagellation. It is crucial in treatment for the client to distinguish between thoughts that further direct experience and thoughts that diminished it.

In the transpersonal body, the Awareness phase works with alertness to one's contact functions. I might ask a client to look at me and monitor how this feels, or to look at some object in the room and tell me how they are similar and dissimilar to that object, and to notice how they feel as they report this. I might ask for physical details as to how an interaction with a loved one went last week, and ask the client to notice what he/she is aware of as the story is related.

The second part of treatment is the Owning phase. This phase of labor has to do with the intensity of change, the dilating contractions of delivering a transformed self. In the session, the Owning phase deals with the client finding the power and ability to move and heal herself, to participate in her birth. There are four different mechanisms that enable the client to find this power. The first mechanism is breath, which literally functions as fuel for movement. When the client consciously breathes more fully into an emerging body awareness, whether it be a thought, a vibration or a sensation, her breath creates a field in which the physical body can deeply feel a sensation and let it be completely "owned".

The concept of owning involves the direct experience in our bodies of complete creativity. In other words, we completely create our bodies' direct experiences in the present moment. Because we create/generate them, we also have the power to change them in any way. Our breath is one way we find this power. It keeps wave-like movement going that the physical body can use to penetrate non-moving areas. It creates space in the energetic body for excitation to flow. It creates a gap in thoughts that allows cognitive oscillation to occur. I frequently ask clients to breathe more fully into a thought, sensation or vibration that is arising. This makes more vivid both the awareness and also the process of how the awareness is habitually stopped. I encourage the client to tolerate and even invite this experience to go wherever it wants to go, thus orienting the client to how the process wants to naturally occur in a complete manner, without the stoppage. Frequently this heats things up. The client may feel frightened as feelings or movements intensify. Feelings become intense after being held back, much like water accumulated behind a dam will gush dramatically as the dam bursts. Often feelings have been blocked simply because they were intense in the first place. By allowing these incomplete experiences to run their own course in an unimpeded way we empower ourselves to inhabit all our bodies fully.

The second way in which we empower ourselves through the Owning phase is by describing "what is", very accurately. This requires that we tell the complete truth about our direct experience in the moment. No withholds, no secrets, no allusions or oblique references. The Bible states that "the truth will set you free," and nowhere is this more true than in therapy. I ask my clients to maintain this contract with me as they participate with their experience. They will say things like "now my jaw hurts," or "I'm afraid I'm going to die", or "I hate this experience. It reminds me of my father." As they say these things they connect with their power to be completely themselves, without fear of conditional love or attention. Quite often we have been wounded by not being allowed to tell the truth. I have one client whose parents could not stand for him to be in pain, so they would deny he ever had any. They would say, "You are not said, you are just tired and hungry.", or "You do not need to be upset, we will take care of it". Consequently, he had a lot of difficulty in sustaining feelings that might be interpreted as negative, and would transform these feelings into confusion. The first time he was able to tell me he was angry about something he shook so violently his teeth began to clatter. I supported him to let the shaking happen, and by the end of the session he was jumping up and down yelling "Whoopie!" and grinning from ear to ear. He subsequently reported having more energy than he had had in years. By telling the truth and sustaining the shaking he empowered himself to completely participate in his natural health. Feeling our feelings is the third way we accelerate through the Owning Phase. It is not enough

to be aware of our feelings, or to talk about them. If they are there they must be felt directly in order to complete the movement that they engender. At this point the therapist simply encourages the client to feel what they are feeling exactly the way it is, with the exact amount of intensity that it carries. This emotional accuracy is very important, as it can be harmful to arbitrarily exaggerate a feeling in order to have an intense experience. Intense experiences can often be mistaken for profound ones. Valuing intensity creates drama junkies, or people who to exaggerate increasingly in order to feel or express anything.

Feeling ones' feelings has a natural complement in expression. In fact, unless the oscillatory loop of feeling and expression in the energetic body is completed, our feelings remain incomplete and stored in our bodies until they can create another opportunity for their completion. Feelings are expressed in movement, and movement is the fourth form of fuel for empowering the Owing Phase.

Without physical movement, the other bodies do not have the support they need to sustain their own movement. When our physical movement is blocked, eventually our energy tends to wane. Thoughts grow sluggish, and we are said to be depressed. Physical movement is used in the Owing Phase to keep our loop of sensation, energy and thought as a constant source of nourishment. Again it is important to only move when there is an impulse to do so. To arbitrarily wave your arms or kick a pillow does nothing to respect or contact your direct experience. When we participate with a sensation there is a natural movement that completes it. This is the movement that the client needs to find. When we feel a feeling there is a natural movement expression that accurately matches it and completes it. When we think, our thoughts are given form through physical movement. Thus movement empowers us to act on our experience and complete it in order to make space for new energy to arise. In a session it is important to keep the client attentive to how their physical body wants to move with their experience and to let them make this movement. Frequently it is the expressive movement process that is blocked in clients, and there are several different interventions that assist the client in reclaiming this ability. The first intervention is to intensify the movement. This can be used when the client is not paying enough attention to a movement, particularly an offhand gesture or postural shift. By intensifying the movement it “turns up the volume” so that they can be more awake to what the movement is trying to tell them and do for them. Intensification can also be used when a movement that looks intense is being performed in a lethargic or inadequate manner, such as shifting one weight instead of stomping one's foot, or holding one's hand closed instead of clenching the fist. One client recently reported feeling a chronic tension in her throat that when she exaggerated it turned into choking. As she stayed with the choking she was able to move through an old near-drowning experience, and by acknowledging her fear of death and moving with it she released the tension in her throat and reported feeling less anxious in her daily life. Another client came in very slumped, and when asked to let herself slump even further she was able to get in touch with how fatiguing her job was, a fact which she had not admitted to herself before. The second intervention to promote expressive movement in the Owing Phase is contrasting. I recently asked a client who was squeezing his eyes shut to open them wide and experience what arose when he made this contrast. Contrast can give a client a direct experience of something that they are avoiding, in this case having his eyes open and available to see what was going on around him. Contrast also can bring the client in touch with an unacknowledged duality. A client may make only small movements because she has been told that large movements are ugly and brutish. By experimenting with large movement she can begin to tolerate and even enjoy the feelings that large movements create.

Repetition is the third expressive movement intervention of the Owing phase. This is often used with clients who do not have much physical body awareness, and feel hesitant about sustaining any awareness out of fear of the unknown. Movements that appear to have some charge to them are repeated in order to allow change to be fully expressed. Repetition often transforms movements from socially acceptable gestures into meaningful communications. When a client pointed her finger at me a few years ago, I asked her to repeat the gesture until she felt finished with it. With the support of that repeated expressive gesture she was able to move through being mad at me for challenging her to her rage at her mother who would stand very close to her and lecture her while she had to stand still and listen.

The fourth intervention is generalization. This means that at times a movement will be confined to one small part of the physical body when it is actually being felt throughout it. By generalizing the movement to the whole body it can be accurately expressed. An example of this would be to ask a client to go from pushing one hand into the other to pushing with her whole body. This will accurately tap the energy that the client needs to experience. The last intervention of Owing phase movement is specification, which is the opposite of generalization. This technique is also useful with clients who are new to expressive movement, because it can help them feel safe to channel only a feeling or sensation through one particular part of their physical body. An example here would be when a client reports feeling irritable. The therapist could ask “How would that irritable feeling come through your eyes?” (Presumably the therapist was observing some excitation or tension in the clients' eyes that would result in directing attention to that specific area).

The Owing Phrase tends to generate a lot of action in the client. It can certainly be the most intense and vulnerable part of the birthing process. The client can feel very intense movements and excitations, and his ability to stick with his experience no matter what generates a trust in his own processes and a satisfying knowing that nothing that arises will kill or hurt him when it is allowed to be itself. In fact, the client can find that being himself in a genuine manner is profoundly satisfying and nourishing, and that this is the foundation of happiness.

The next phase of treatment occurs as the client sustains her direct experience. By completing processes directly the client begins to tap into the benefits of this kind of warrior like commitment to her natural wholeness, intelligence and ability to move. This benefit takes place in the third phase - the “Acceptance Phase.” It corresponds to the actual delivery of the child, where it is held and welcomed and taken care of. It is the phase where the client reclaims that which was lost due to conditional attention and fragmentation: love. Love is awakened when we deeply witness ourselves or are witnessed deeply by another and we stay in the place of contact, not abandoning ourselves or another under certain conditions. It is the essential message to our children: “I see you, I appreciate you, and I am not going away”. In therapy we provide a basis of loving kindness throughout treatment. We bathe the client in our loving attention. This does not preclude challenging them. This bathing restores the client's original birthright of unconditional care. The Acceptance phase is the place in treatment where the client can transfer from relying on the therapist's loving kindness (like the fetus relying on the mother's body for life) to discovering their own. How then do we facilitate this?

Physically, it is important in this phase to give the material body the type of loving kindness that it knows about: touch. When the client has completed his or her Owing Phase, it is often an option to give nurturing contact - to hug the client, hold her hand, rub her back, etc.. Energetically we give loving kindness by sharing our energy with the client - breathing fully with them, laughing with them, looking at them, etc.. Cognitively we tell them what we can from our own heart, perhaps saying how wonderful they are, how we appreciate them, how

we are glad they are here. Our genuine caring for them, plus our encouragement of their own loving kindness allows this process to be assimilated and used by our clients. This kind of active loving kindness is natural in the Acceptance Phase. We feel it genuinely. It is a produce of successful completion of Owing Phase material. If it is done before the Owing Phase is complete, deeply nurturing touch can be misinterpreted, as can energetic nurturance. Clients will disbelieve affirming statements, or come to neurotically rely on them for support. As was stated before, loving kindness is present throughout treatment, but the kind of active re-parenting that is involved in the Acceptance phase is done after the delivery of the Owned baby.

Acceptance phase processes often involve the client loving himself actively. This can take the form of self-touch, self-affirmation, compassion towards difficult imprints that were taken on, and forgiveness towards people or events that forced us into those imprints. The therapist assists this by supportive touch where appropriate, active listening, and guided questions and comments that stimulate the love to permeate the clients' bodies. I remember a client some time ago who allowed herself to deeply mourn the early death of her mother through all her bodies. As her sobs and movements subsided I came close to her and when she opened her eyes I smiled and said hi. I took her hand and stroked it for fully five minutes while she rested. When she opened her eyes again, I told her how glad I was to see her, how radiant she looked, and how glad I was that she let me share her experience. She began to cry softly again, this time maintaining eye contact with me. She then stated that it felt like the first time in her life since her mother died that she did not feel alone. I encouraged her to explore the feeling of not being alone and to own it in her body. She breathed into this experience so deeply that she was able to subsequently sustain it in her daily life. The last phase of treatment corresponds to post-natal care and the entering of the newborn into the world of gravity, air and material objects. It is called the Action Phase. In therapy it involves the successful transition from the session into the client's daily life. How can the events of the session be integrated into home, work, relationships, etc.? In the physical body the transition is made by practicing moving in gravity, i.e., in the vertical, standing plane. Most of the client's daily life occurs in this plane, and any physical changes that may have happened in the session need to be experienced and integrated into the upright body. This may include walking, looking, gesturing, and breathing. The client mentioned above felt a great opening in her chest after her deep mourning. As we got back into the vertical dimension I asked her to pay attention to how she could use this expansion in her chest as she walked. She noticed that her shoulders could relax and that her arms could swing more freely, and she spent a few minutes just practicing this new walk. In the energetic body, the Action phase transition almost always involves the client's practice of having and using more energy. The coaching of this phase involves finding new fuller breath patterns that help the energy to integrate. If we skip this important integration process, we can find ourselves literally bumping into things or having accidents because we are not used to feeling so good. Movement also grounds energy, giving it a focus and a form. The Action Phase often involves moving expressively in ways that give one's energy a satisfying place to go.

In the cognitive body, the Action Phase usually involves some talking that gets the client used to cognitively moving rather than cognitively fixating. Especially important is to practice bringing the other bodies into thinking by sensing, breathing, and moving at the same time. For instance one can ask the client to remember what she believed about herself when she came in and while breathing and moving to sense if this still felt true. Long-held attitudes and assumptions, which are forms of fixated cognition, can be released in this manner. Clients can also spend time integrating past memories or current relationship problems that can be

addressed by allowing their thoughts to have movement and dialogue with the other bodies. In these ways, the birth of the whole client is facilitated and witnessed. The four phases of treatment most often occur in one session, but can take anywhere from a few minutes to a few years. This especially depends on the severity of the wounding in each client. Many birthings can take place over the course of treatment, as the client moves through more complex issues and deeper and fuller layers of aliveness.

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