

Moving Beyond Embodiment to 'Animation'-based Psychotherapy and Counselling

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Abstract

The body in psychotherapy is not a new idea. However, ‘embodiment’ does not capture the full truth of a person’s subjective experience and can perpetuate the body-mind division rather than solve it (Sheets-Johnstone, 1999). The construct of ‘animation,’ a proposal that motion is emotion, allows the fundamental, expressive, dynamic realities of our human existence to conjoin and duality to ease. Working with ‘animation’ requires a comprehensive descriptive language for movement and training in its use. Also required is a psychotherapeutic framework compatible to movement and able to psychodynamically contextualise animated experiences. This chapter explicates the construct of animation, proposes a movement analysis language, and identifies a useful psychodynamic theory for Animation-based psychotherapy. This ‘animated’ approach is demonstrated through clinical vignettes covering complex childhood trauma work to counselling.

Introduction

The young man I meet at my door is tall, slender, topped with a mop of fluffy curls circling his cherubic face. He awkwardly pops through the door and stumbles into my office. The gangly awkwardness of his pencil-thin legs and inwardly rotating legs, knees and feet grab my attention. The image of two ends of an Egyptian scroll rolling inwardly toward each other flits through my mind. Opening and smoothing out this thirty-something papyrus seems important. Chad states he is an artist. As he speaks his eyes and mouth make wide circles, the most open part of him. His speech suddenly halts and he narrows his body more. I hold Chad's rhythmic opening and closing in mind.

Hayley appears silently at my door. She stands patiently rather than knocking. Her stillness and waiting continue until I glance out my window and realize she is there. Although in her 40's a Gothic youth peers at me through darkly lined eyes and pale makeup. Her clothes are leather, with studded belt and boots, while her voice is soft and University educated. Her referral mentions anxiety, depression and chronic pain incurred through a workplace injury. She has few words to describe her feelings, physical or emotional. Learning of her background in dance, I suggest she might show me how she feels. Hayley performs wildly chaotic gyrations. They centre in the torso and do not radiate outward into the limbs. Instead her legs and arms are stiff, almost rigid. Hayley finishes abruptly and turns to face me. Defiantly she says 'I've done it all wrong, haven't I?' Fear mixes with defiant questioning as she hands me authority over her feelings and sensations.

And there's Eve whose life has been taken over by unbearable, unmanageable, and in her therapeutic experience, unbelievable physiological sensations. Inner wringing, pulling, twisting, and prickling come together disturbingly with numbness. Eve stopped telling medicos about her inner experiences because it led to invalidation or over-medication. She also stopped telling family or friends because their faces implied such things are 'not nice'. These responses align with her deep suspicion that she is alien and bad. Additionally, her sensations have an even smaller voice, because previous therapists have told her she is overly dramatic or 'acting out'. Eve sighs and wonders aloud about what they meant as she sits on the couch squirming, wriggling, and clearly uncomfortable. She shifts position and rearranges

pillows without success every few minutes. Her world offers no rest, and she endures it alone. As the session continues, Eve suddenly collapses, unable to sit up any longer.

These three clients are not unique. We encounter similar ‘bodyminds’ regularly in psychotherapeutic work. Their mental anxiety, depression, and distress is the focus of most therapy. However, these vignettes remind us that the dynamic body-self speaks as loudly, or louder, as words. To provide effective psychotherapy it seems essential that we gather ‘all’ the data in the room. This chapter intends to offer a framework for gathering and understanding the dynamic non-verbal data.

The Bodymind and Animation

Working with the bodymind is not a new concept. Body questions were at the centre of early psychophysical investigations (Young, 2006, p. 19). In 1885 Pierre Janet was experimenting with body-psyche concepts, such as the connection between emotional tension and flow of fluids in the body, the kinaesthetic sense, the importance of movement and intentionality, attunement through body sensation, body self-cohesion, and asthenia, the concept of body-self agency (Boadella, 1997, p. 47). Psychotherapy itself is said to begin with Freud and Breuer. These men were attempting to understand the perplexing somatic symptoms affecting their patients, including presentations of paralysis, amnesia, strangulation effects, and nervous tics (Wilson, 2004, p. 1). Despite the centrality of physical issues, the emerging practice of psychoanalysis shoved the body from the centre of psychotherapy to the fringes. Additionally, when, in psychoanalysis, the body – psyche relationship was acknowledged, it was seen simply as a one-way street. The mind affected the body. The reverse was not considered. Equally, body-based therapies are also one-eyed, focusing only on changing the body in the belief that the mind will follow suit. By the 1930’s, for reasons often tied to Reich’s expulsion from the International Society of Psychoanalysis, the body was formally excluded from psychoanalysis. Psychotherapeutic focus shifted from inner, organic, and instinctual experiences to external, psychological and mental concepts, such as transference, countertransference, defences, and object-related ideas.

Finally, in the 1980’s, the body and its subjectivity received support for reinstatement in the psychotherapeutic realm from humanistic psychology, quantum physics, neuroscience, and trauma research (Young, 2006, p. 23). For example, the work of the Humanist Maslow

returned psychological focus to human needs and the physical and emotional processes of human development. Quantum physics countered the illusion that objectivity was pre-eminent, or even possible opening the way for subjectivity to gain footing. More recently, neuroscience has supported previously counter-intuitive ideas that emotions are physiochemical entities (Pert, 1999; Panksepp, 1998). Recognized by neuroscience, neurotransmitters and peptides, in other words, emotions are biochemical, and flow within our bodies. Even more recently, trauma research has highlighted physical phenomenon, such as autonomic nervous system (ANS) responsivity, affect regulation, and body memory, as important for effective psychotherapy (van der Kolk, 1994; Rothschild, 2000; Scaer, 2001; Ogden, Minton & Pain, 2006).

Despite the recognized importance of our physicality, incorporating both body and mind challenges most practitioners. Psychologists have made introductory attempts with techniques such as Eye Movement Desensitisation and Reprocessing (EMDR), body scanning (Kabat-Zinn, 1994), or sensorimotor therapy (Ogden, Minton & Pain, 2006). Contemporary psychoanalysis has feigned interest in the felt sense, nonetheless bodily expressions are seen as 'acting out', 'borderline', or a 'primitive' state (Shane, Shane & Gales, 2000). In Australia, psychotherapeutic training also promotes duality. Separate trainings in a body discipline and a psychodynamic psychoanalytic theory is needed to have a full knowledge of the bodymind. Integration of the two trainings is left up to the practitioner. Haiman (2013) found a number of inbuilt biases in graduates of multiple trainings. Psychodynamic theory was typically viewed as overly intellectual; relationally withholding; promoting an authoritarian stance; and ineffective for preverbal issues. Body-focussed training was criticized as having insufficient theoretical underpinnings, leaving the practitioner and/or client confused, overwhelmed or adrift; being too technique-focussed; causing destabilization in many presentations; and being overly facilitating or regressive. As a result most practitioners worked with one approach in the foreground and held a 'consideration' of the other (Haiman, 2013, p.15).

Soth (2006) notes that our 'modern attempt to re-include the body in psychotherapy brings the inevitable danger that we also import the culturally dominant objectifying construction of the body'. Sustained subjective experience of our human aliveness is what most of us lack. Although linguistic interventions such as 'embedding,' 'embodiment,' and 'sensorimotor' have attempted to bring in physicality, the actual implications for clinical work are unclear.

We speak of ‘embodied minds’ (Thompson, 2007; Varela, Thompson, & Rorsch, 1991), ‘embodied self-awareness,’ ‘embodied self-experience’ (Zahavi, 2005), and ‘embodied therapy’ (Bloom, 2006; Koch, Caldwell, & Fuchs, 2013), but how does this help clinically?

Philosopher-dancer Maxine Sheets-Johnston (1999, 2010a, 2011b) found linguistic solutions such as embodiment ‘conceptually disfigure the truths of experience’ by encasing them in a static and redundant concept. She argues that we are not ‘embodied’ forms, but ‘animate forms of life’. Drawing on the ideas of Darwin (1872/1965), the phenomenological philosophy of Husserl (1970, 1973), as well as recent infant researchers (Stern, 1985; Beebe & Lachmann, 1998), she states that ‘animation is the ground floor of our being alive;’.... we are ‘experientially anchored and engaged in dynamically meaningful ways in a surrounding world’ (Sheets-Johnston, 2010a, p.119). Additionally, she notes ‘we come into the world moving; we are precisely *not* stillborn...the chronological epistemological development of all humans, their learning on all fronts, is first by movement...’ (2010b, p.2). She directs us to not concern ourselves with static dualities like ‘body-mind’, but focus on our ‘animation’’. She argues that in doing so, duality melts.

This chapter builds on Sheets-Johnstone’s ideas that the body, the self, emotion, movement, and thoughts meet, or maybe collide, in our enlivened essence. Animation is different from stereotypical ideas of movement. In the dictionary movement is defined as ‘a change of position’. Phenomenologically, movement has no position; a moving object might have position, but ‘movement is change itself’ (Sheets-Johnstone, 2010a, p.121). Additionally, movement is often described as occurring in time and space; in truth, movement defines space, time, force, and flow. These qualitative components of nature created in movement are the same dynamic essences of life.

A focus on embodiment is static and misses the dynamic continuity that movement creates (Sheets-Johnstone, 1999). Embodiment, defined as ‘the balance and integration of sensory, emotional, and mental aspects of self within the confines of bodily structure, bounded by the skin and responsive to internal and external stimuli’ (Bloom, 2006, p. 5), gives a contained, freeze-frame sense of self. In contrast, animation, ‘the fundamental kinetic realities that inherently conjoin cognition and affectivity and make [relationship] possible’ (Sheets-Johnstone, 2010a, p. 119), has an active base. Sheets-Johnstone warns us to avoid a language that ‘deflects us from the dynamics of movement itself and from the cognitional and affective

dynamics that constitute the synergies of meaningful movement that inform the lives of animate beings' (ibid, 2010a, p. 122).

Defining an 'animated' Psychotherapeutic Approach

Working therapeutically, and as non-dualistically as possible, we stay close to the subjectivity of our clients. Without consciously realizing it, we attune to and work with our client's *animation* and connect to the motivational dynamics of their affective feelings. This does not occur solely through the words. We are attuning to far more, something that is essential, dynamic, and moving; something beyond posture or facial expression.

An 'animated' approach to psychotherapy holds words and movement *as the same*, and their common ground is emotion (Sheets-Johnstone, 1999). Emotion is motion, or 'what is kinetic is affective or potentially affective and what is affective is kinetic, or potentially kinetic (ibid, p. 259). This idea is supported on many scientific fronts. For example, Darwin (1872/1965) described the expression of emotion in man and animal in terms of the movement activity. Auto-sensory research, the basis for current day mindfulness, found that 'neuromuscular tension is emotionally laden' and that 'muscles and brain proceed together in one effort-circuit [whether] active or relaxed (Jacobsen, 1970, p. 36). Similarly evolutionary neuroscience points directly to the intertwining of movement and mind, showing that the brain evolved as the organ of and for movement (Sperry, 1952; Kelso, 1995).

Bull (1951) offers additional support for Sheets-Johnstone's proposal that motion is emotion. Studying bodily movement phrases or 'neuromuscular sequences' she found that emotion could not exist without motion. Subsequently, de Rivera tracked the flow of emotion using body shape and spatial dynamics. His 'geometry of emotions' illustrated feeling as combinations and gradations of expansion/contraction of the body shape or body parts interacting with spatial approach/withdraw activity (1977, p. 40). Recent neuroscientific research identified the direct connection between 'psychobehavioural patterns' and internally experienced emotional feelings' (Panksepp, 1998, p. 24). Evidence of the importance and connection of emotion and motion will continue to emerge and thus, must be considered in psychotherapeutic treatment. Thus to work effectively with animation and emotion a psychotherapist requires

- a framework and training to observe and give language to movement/animation so to include it in the intersubjective domain,

- an understanding of kinetic-emotional developmental processes,
- an affect theory which describes the psychophysical, relational processes of emotion,
- a psychodynamic framework which contextualises relational processes.

In essence, the kinetic and sensory subjective experience of the animated human self has to be at the centre of therapy.

Affect theory, which includes vitality affects (Stern, 1985), categorical affects (Tomkins, 1961, 1962; Ekman, 2003) and affect representation (Greenspan, 1999), currently exists. However, few psychoanalytic theories make effective use of affect theory. The scope of this chapter does not include a discussion of these theories and constructs, but does include clinical applications demonstrating their use.

A major issue in an animated approach to psychotherapy is observing and languaging movement. Even if we value movement's role, we have not been trained to speak about it, except in terms of health and fitness. Laban Movement Analysis (Laban, 1966; Bartenieff & Lewis, 1980; Hackney, 1998) and its extension into developmental movement languages such as Bodymind Centering (Cohen, 1993; Frank & LaBarre, 2011) and Kestenberg Movement Profiling (Kestenberg-Amighi, et al., 1999) provide useful descriptive vocabulary. These languages/theories move a practitioner beyond movement for fitness or as artistic performance, and into well-supported theoretical understanding regarding movement as expression of our self and our history. Space limits discussion of these powerful theories. However, a simple overview of Laban Movement Analysis (LMA) is offered and applications of it will be illustrated in the clinical examples.

Laban Movement Analysis

Modern Laban Movement Analysis (LMA) is a 'comprehensive approach to the human movement experience' (Tsachor, 2013, p. 21). It is an inclusive vocabulary offering the basic components or 'grammar' of movement which can be used to language the kinetic and kinaesthetic qualities of movement. The components movement are viewed not as snapshots, but in phrases or sequences occurring within a relational framework. There are four major components, which despite their names are not necessarily intuitive in our nonmovement-focussed culture, are Effort, Space, Shape and Body.

1. **Effort** is often seen as the most directly connected to subjective affective experience. It delineates four movement quality spectrums that identify the invariants of human movement. These Efforts also illuminate attitudes, or motivations, that exist even before the visible movement emerges. The four spectrums are
 - a. Time (covering a sense of urgency through to languidness),
 - b. Space (delineating a range of focus from pinpointed single focus through to multiple foci),
 - c. Force (ranging from weighty power to airy delicacy), and
 - d. Flow (offering information on unceasing ongoingness through to rigid static muscle tension).
2. **Space** demarcates the architecture of the human body as it interacts and intersects with the external world (Laban, 1966). Within this component the use of spatial tensions and counter-tensions to inhabit, fill, and support ourselves in our personal space, or kinesphere is explicated. Functional spatial sequences, called Scales, are also identified.
3. **Shape** gives voice to the internal qualities of human (and animal) movement that emanate from the dynamics of the viscera, fluids and tissues. The terminology allows differentiation of our internal and external worlds
4. **Body** offers recognition and description of the movement patterns emerging in relationship which form ‘synergies of meaningful movement’ (Sheets-Johnstone, 2010a). The language is not of biomechanics but of movement patterns identified along a developmental range from prenatal to adult.

LMA offers the practitioner exquisitely detailed languaging options from which subjective kinetic experience can be known, communicated, and used. Although certificate-level training in LMA requires intensive long-term study, introductory weekend experiences in specific aspects of the system can shift the subjective capacities of a practitioner, significantly increasing their ability to tune into client’s non-verbal experience more fully. As with any language, continued personal exploration and experience of the LMA vocabulary enhances empathic attunement capabilities and furthers the identification of appropriate non-verbal interventions.

Self Psychology

Working with a therapeutic focus on the body leaves many therapists lost for meaningful psychodynamic and relational understanding (Haiman, 2013). Few psychoanalytic theories fully embrace human development, affect expression, and intersubjective relationship. Fortunately, Self Psychology attends to human developmental processes, relationships, and affects, making it stand out among other approaches. Self Psychology is an intersubjective, experience-near form of psychodynamic psychotherapy that posits an individual's self-cohesion, self-esteem, and vitality derive from and are maintained by the attuned responsiveness of others to his/her needs. The therapist understands the client from within the client's own subjective experience. Self Psychology is a developmental psychology deriving much of its understanding of the developing psyche from contemporary infant research. And it is a relational psychology that believes human psychological functioning is always embedded in social interactions (Lauffenburger, www.selfmotion.com.au).

Lee, Rountree, & McMahon (2009) identify five central postulates that underpin the theory and practice of Self Psychology. Within the Self Psychology system these are defined as

1. **Empathy** focusses on the client's subjective experience of feeling understood at the emotional and self-organizing level. The client's experience of empathy emerges from the therapist's affective attunement and is confirmed intersubjectively through the deepening relationship with the client.
2. **Self** forms the central focus of Self Psychology. Self is the dynamic aggregation of experiences of vitality, cohesion, ongoingness, and self-agency that are dynamically and continually self-organized within relational contexts.
3. **Feelings** refer to affects and emotions of the client that may be developed or underdeveloped as a result of past and present relationships. They provide internal motivation for movement, action, and behaviour.
4. **Self Objects** are growth promoting psycho-emotional functions provided within relationship, such as with the therapist. They are experienced by the client as essential to maintaining their coherent sense of self. When they are missing, inadequate or insufficiently internalized, the Self begins to fall apart, and experience anxiety.
5. **Structuralization** is the process of accumulating and internally Self-organizing experience such that consistency and continuity within the dynamically organizing self emerges and assists the navigation of life.

Self Psychology values dynamic human processes, seeing psychological and physiological processes as paralleling each other. It bases the therapy around expressive intersubjective interactions making it a useful psychodynamic framework for an animated approach to psychotherapy.

Examples applying LMA to physical as well as expressive issues are available (Tsachor, 2013). However, most occur within the physical rehabilitation or movement therapy literature and discuss therapy only from the movement point of view. This chapter will demonstrate the interactivity of movement and mind, motion and emotion, and how they represent two sides of the same coin. The following clinical vignettes will explicate the useful interaction LMA and Self Psychology and provide an introduction to ‘animated’ psychotherapy.

Clinical Examples

Mistakenly, psychotherapists and clients often fear that adding movement to therapy means ‘dancing’. This is not what an animated approach is advocating. A client’s story is both verbal and non-verbal, and both are of value. The challenge is to collect the immeasurable amount of nonverbal data. Although the LMA system offers four comprehensive areas of dynamic movement description, it is best for a therapist to begin by developing facility in one of these four. The Effort component is often the first chosen due to its obvious connection to affect. However, Effort is also aligned with sense of self. Stern (1985) offers a dynamic formulation of self-based on his construct of ‘invariants of experience’. According to Stern, one’s sense of self is accreted and organized through four procedurally-based, irreducible elements of experience that emerge within relationships. The four invariants of self-experience dynamically describe:

- Cohesiveness – a sense of spatial connectivity, leading to feelings of ‘I am here’; ‘I am visible’, ‘I am seen’, ‘I exist’, ‘This is my arm’; ‘My stomach is part of me’, etc.
- Continuity – a sense of temporal ongoingness, leading to feelings of ‘I am here now’; ‘This is happening now’; ‘I have an ongoingness’; ‘Something came before and I was part of it’, etc.

- Agency – a sense that my actions have an effect, an outcome, a purpose, and/or an impact. This leads to feelings of ‘I have choice’; ‘I have some control of my life’; ‘Others respond to me and/or my actions (positively or negatively...)', etc.
- Affectivity – a sense that there is a visceral vitality, an energetic responsiveness that allows feelings such as, ‘I can FEEL something internally’, ‘I feel motivated’; ‘I am moved’; ‘I can sense others’ inner life’, etc.

These four basic invariant present a kinetic, dynamic subjectivity which parallels the felt sense of the LMA Effort components of Space, Time, Force and Flow respectively. It is proposed that an individual’s sense of self can be formulated in the dynamic language of animation. In the following vignette, Eve’s sense of self, disrupted in early childhood, was addressed through the psychophysical understanding of an animation-based approach.

Case Vignette One: Eve

In the introduction Eve’s animation was described as being uncomfortable, disconnected from self, lacking support, and collapsing. The constant squirming, wriggling self-adjustment conjures an image of early developmental movement (Kestenberg-Amighi, 1999).

Disjointed, abruptly changing movement communicates discomfort such as when the basic needs of an infant (nappy change, feeding,) are unattended. Eve also displayed a difficulty with stillness except for collapse, evoking a driven, over-functioning, without permission to stop or rest. This non-verbal data matched Eve’s verbal narrative. She had experienced severe emotional and physical unavailability due to trans-generational traumas which left her caregivers suffering from alcoholism, dissociation, and severe depression. At a very early age Eve functioned as parent to younger siblings, fearing that survival precluded resting. Her own needs became silent though internally painful.

The medical world re-enacted the neglect and abandonment described above. Her psychophysical needs were derided or she was overmedicated into silence. In sessions Eve could easily ‘slip away’; at first unnoticeably because she was so adept at silence. Eve also disconnected outside of sessions, ‘forgetting’ and losing our relational connection. Through attention to animation, temporal discontinuities became increasingly obvious, however, the non-verbal nature of these self disruptions meant talking about them offered limited results.

Continuity, or in LMA terms, the effort quality of Time was a deficient, discontinuous invariant of self-experience for Eve because of the inconsistent and neglectful attention Eve received from her caregivers. Animation-informed rather than solely cognitive understanding of this allowed effective non-verbal interventions. A standard psychotherapeutic intervention of reducing the time between sessions by moving to twice weekly sessions helped somewhat. However, the sense of disconnection between sessions still continued. Emailing between sessions with the assurance that a timely response would occur added a greater experience of continuity. Although most treatments do not warrant such support, animated awareness of Eve's experience of Continuity/Time made this an appropriate offer.

Eve's animation sequence of 'squirm-wriggle-shift-collapse', suggested struggle followed by submission. This dynamic added information about her sense of Agency/Force. So, when Eve's between-session emails initially arrived, they communicated despair and hopelessness, and expressed a sense of 'why should I bother?' Eve needed an experience of agency; i.e., she needed to feel she 'made an impact on me'. This informed my reply: 'you DO matter'. Eve received this as empathic, later reporting these three words were some of the most profound she had ever felt.

Eve's case was far more complex, but understanding the Self as accumulated through animated experiences of temporal and spatial connections, force and ongoingness enhanced therapeutic effectiveness as we dealt with non-verbal early developmental trauma.

Case Vignette Two: Karen

The self is a complex system which co-assembles affects and cognitions into meaning within relationship. Careful attention to the affect/animation interplay is key to clinical effectiveness. Psychoanalytic Self Psychology uses an affective framework of nine primary or categorical affects (which co-assemble into an infinite number of more complex subjective states) originally identified by Darwin (1872) and further refined by Tomkins (1962, 1963, 1991, & 1992). These nine affects can be grouped by their developmental emergence as

- Primordial or Foetal affects which include the spectrums of distress, interest, and startle;

- Primary or Infant affects which include joy, fear, and anger; and the
- Complex or Toddler affects shame, disgust, and contempt (Lee, Rountree, & McMahon, 2009).

Certain movement sequences capture the dynamic, kinetic qualities that belong to these expressive communications (Lee, 2000; Lee, 2001).

A kinetic and somatic understanding of affect offers opportunities for nuanced and effective interventions. A supervisee in animation-based psychotherapy was struggling to keep her highly traumatized client, Karen, engaged in the therapeutic relationship. The client would sit rigidly, upright, with little or no support and speak with a high-speed ‘rat-a-tat-tat’ rhythm. The therapist felt firmly shoved back or at least held at bay. Attempts by the therapist to move physically, verbally or emotionally closer engendered a startle reaction in Karen (Primordial affect of startle) and increased the rat-a-tat-tat rhythm. A cycle of disconnection began to feed on itself.

Startle (its adult form is surprise) first develops in the womb. It is an emotional ‘reset’ button or ‘attention override’ which is useful in emergencies because it interrupts ongoing activity in order to pay attention to something more important to survival (Tomkins, 1962). Startle ‘disassembles’ the cognitive functions of the brain so that instinctual responses can dominate until the emergency concludes. Although important to infants’ safety, a healthy infant learns to habituate to stimuli as the ability to self-regulate and make meaning develops (Lee, 2000). Bessel van der Kolk (1994) recognized difficulties with habituation in people diagnosed with PTSD or complex trauma. He also noted a sensitivity to auditory startle. Karen appeared to have an auditory sensitivity.

The spatial sequence of Karen’s response to the slightest interruption could be described as

- the lower body rigidly rooting to the chair,
- while the upper body suddenly and abruptly pulls upward and backward,
- followed by a forward collapse in the chest/torso.

The energetic intensity of this sequence never lessened. The nonverbal and early developmental entrenchment of this sequence made it impenetrable to the therapist’s verbal intervention. Any reference to it would cause shame.

Using animation-based psychotherapy the therapist and I analysed Karen's spatial patterning. Trying it on ourselves, a cycle of movement occurring in the sagittal plane became obvious. This is the plane of a bicycle wheel and has a primary forward and backward pulls with secondary upward and downward pulls (Bartenieff & Lewis, 1980). When attempting verbal engagement the therapist had also been advancing in the sagittal plane. It seemed the slight forward-backward motion of the therapist during a verbal interjection felt too invasive to Karen. Intersubjectively, a less intrusive spatial animation was needed; i.e., do not enter the sagittal.

Further movement analysis revealed Karen's preferred Time effort. The rat-a-tat-tat had a quality of abrupt, quickness that felt unsettling, and invoked a wish for soothing. A sustained, smooth rocking rhythm felt like a possible antidote. Animated formulations of the feelings of space and time guided subsequent interventions. For example, in the next session, the therapist prefaced her verbal responses with a gentle, slow, unobtrusive side to side roll of her head. This signalled through movement, e.g. sustained rhythmic rocking in the vertical plane, the therapist's intent to offer non-invasive soothing to Karen. Karen experienced this as attuned to her needs (and thus empathic) and settled. The rat-a-tat-tat presentation lessened and over several sessions, Karen remained more relationally engaged than previously.

Case Vignette Three: Wendy

The previous two case examples demonstrate animation-based psychotherapy with clients whose trauma was complex and initiated in infant attachment interactions. The non-verbal nature of this trauma shows an animation-based approach to be particularly useful. However, this approach can be used equally with more high functioning, verbal clients, i.e., in a counselling setting where deeper psychodynamic work is not the focus.

Wendy arrived to her counselling session slightly late and definitely flustered. She had planned to talk about marital problems, but her mind was on an important job interview following this session. Wendy said it was a job she wanted desperately, but feared she wouldn't be able to present herself as sufficiently confident. As she replied Wendy was animated (or de-animated!) by an emotional dampening, a physical narrowing and retreating, and a loss of her usual forthrightness (i.e., retreating backwards in the sagittal plane).

A traditional, non-animated counselling session may have examined unhelpful and negative thinking and created strategies to shift her internal dialogue. However, at this point the impending interview was an hour and half away, and Wendy agreed that talking about self-esteem might be 'too late'. Instead the session began with simple breathing and observation of inhale and exhale. However, given the de-animated spatial form Wendy had collapsed into, it became clear that a focus on quieting breath only pulled her even further inward. She needed an expansive, outwardly directed, emotional enlivening experience. However, she was too physically collapsed to assume a confident upright posture.

Wendy moved to lying prone on a gym ball. Using her hands and feet alternatively, she pushed her whole body alternately caudally and then cephalically. The alternating homologous rhythm used upper and lower limbs alternately through yielding and pushing with one pair and concurrent reaching with the other. This enhanced her feeling of vertical dimensionality. An up-down lengthening emotionally shifts a person into a clearer experience of 'I', metaphorically helping them 'rise to the occasion'. (Frank & LaBarre, 2011, p.60). Additionally, a yield-push-reach action activates a self-sense of strength and grounding while moving into the outer world (Cohen, 1993, p. 101). Languaging Wendy's animation using Stern's invariants of self-experience, this experience enhanced Wendy's sense of self by providing Agency through the experience of the Force Effort.

Moving to sitting and bouncing on the gym ball, Wendy played with her newly recovered sense of 'I' in an 'adult orientation' (vertical dimension). Nonetheless, the emotionally dampened state still affected her. From a set of emotion cards called 'Feelings in a Jar', Wendy drew out four cards. She was instructed to use whatever movement she felt appropriate to communicate non-verbally each card's emotion. Using various bouncing rhythms, gestures, postures, and LMA Effort (with coaching from me), Wendy increased her ability to communicate the first two cards, but complained that they were negative (the first was 'despondent'; the second was 'apathetic'). She had hoped for more enlivening ones. The next two cards turned out to be 'encouraging' and 'surprise'. Although she effectively animated these emotions, she said her 'head wasn't satisfied with the cards she drew'.

Entering the final phase of the session, Wendy reflected with curiosity on the four emotions she had animated. Spontaneously, she created a narrative for the sequence of emotions she

had just animated. Surprisingly (to her) despite the randomness of the cards, the sequence highlighted four feelings that she had suppressed (or de-animated). She reflected she had been going to the interview with an unacknowledged hopelessness (despondency) figuring there was no point in really trying to get the job (apathy). And although she had hoped to draw cards such as ‘exciting’ or ‘successful’, the last two helped her bring to life what she needed more – a sense of hope (encouraging) and potential delight (surprise).

It is important to note that Wendy is not a dancer, is not ‘sporty’ nor ‘fit’. Animation-based psychotherapy does not require the client to be anything other than interested in working with their whole self. This animation-based counselling session did not ignore or avoid verbal communication, but rather movement and words flowed seamlessly back and forth through the conduit of affectivity. Movement and words, like motion and emotion, are one and the same.

Summary

Why is focus on animation, in other words, the kinetic-kinaesthetic dynamics of movement therapeutically critical? Sheets-Johnstone (2010b) provides a succinct summary of reasons which I hope the clinical vignettes communicated.

- Movement is our first language, the kinetic-kinaesthetic dynamics that we experience internally and externally connect us to our self and to others.
- The dynamics of movement are congruent to the dynamics of emotion, which lie at the core of most psychological issues.
- Movement has an integrity of communication and information that words can often try to obscure or inadequately express.
- Movement validates and gives expression to the self, through the feeling of agency. We know our self through ‘I can’ and the ‘how’ of it.
- Attending to movement introduces richer, nuanced and intricate ways to understand and address the psychological challenges faced by our clients.

This chapter presents solutions to the two major challenges that beset an animation-based approach:

- Languaging movement in a succinct and reliable manner through training in and application of Laban Movement Analysis
- Identifying a complementary psychodynamic theory that values animation – affect such as Self Psychology while keeping the psychotherapist psychodynamically oriented.

It is hoped that interest in animation-based psychotherapy has been engendered.

Inquiries regarding training options can be directed to the author.

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