

The Belly: My client's struggle and my dance - my struggle and my client's dance.

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Abstract

Over-eating, with its inevitable result, being overweight - ranging from 'the fuller figure' to obesity - is rated as undesirable today as leprosy was in Biblical times. Being fat is the object of shame and ridicule both external and internal.

This essay is a study of the work I am doing with a client who weighs 148kg. The initial phase of therapy and aspects of our work to date are described, with emphasis on the model and techniques of The Healing Dance Therapy that are employed, and on the relationship that has developed between this client and myself the therapist, as a result. The paper is also a story about dance.

Dance therapy

Dance therapy is not traditional psychotherapy, which evolved through the psychoanalytic work of Freud, but dance has been a traditional method of psychological and spiritual expression and healing since the beginning of time. Maybe it was when "the spirit of God moved upon the face of the waters" (Holy Bible, Genesis 1:2) that dance entered the world.

The leap from this, to psychotherapy as we know it today, seems great, but when we remember that the Greek root-word of psychotherapy *therapeuo*, means 'to attend', we recognise that we are not so far off the mark. For to dance is - with exquisite and keenest mindfulness - to attend: to oneself doing the dance, to the other doing his or her dance also, to the 'other' which lies between, and ultimately to the transpersonal embrace which holds it all; us, the dance, life.

I name my work 'The Healing Dance.' It is a psychotherapy, a pilgrimage, a prayer, a way of life. My goal is to find the rhythm behind my client's words, then re-waken the steps of my client's 'dance', and encourage 'the dancer within' to step forth, and - dance on!

When we are born, one of the first things we do is breathe. Our tiny body gasps and shudders, twitches, reaches, stretches, curls and unfolds, gulping great in-

breaths of life-giving air. Breath is thus the first dance. Breathing continues as the fundamental kinetic impulse for the rest of our lives.

What the breath sustains, is our bodies, which we are - and are more than. The equation then is this: Breath + body = movement. In psychotherapy there are no clients who come to therapy independently of breath or body or movement. Breath, body and movement precedes and contains whatever issue the client has come to therapy for. Furthermore, every client presents with distinct characteristics of breathing, body and movement.

What manner of attending is appropriate and most effective when the client presents with an overwhelming incongruity to the form of therapy she has chosen? Further when we know the incongruity is not something to 'get past' but something to be acknowledged and celebrated?

Billie

Billie is 45 and weighs 148kg. Her face is flushed and her breathing is shallow and fast. She is dressed in inexpensive loose trousers, a T-shirt with a food stain on the front, and bare feet. Her posture is slumped; an inevitable consequence of the enormous protruding stomach which pulls her shoulders down and back and her pelvis forward. She moves with a stumpy percussive gait, and her arms swing jerkily from side to side. The muscles of her arms and hands and upper torso are clenched. She places her feet heavily, legs apart. Her muscle tone is loose and floppy while her movement quality is bound and tense. She holds her limbs closely to her body and rotates her entire body to her line of visual focus. A floating amorphous quality when she moves her body in space is overlaid by a held, almost brittle musculature.

Billie does not face me, locating herself slightly to one side, and watches me with wide, unblinking eyes. Billie brought poetry to our initial sessions, describing her life, and her impression of the previous session. The poetry is terse and un-emotive and when she reads her work to me her affect is clipped and flat. She thought she would like to dance the poetry, which idea I supported warmly. Billie's initial dances were unstructured and amorphous, the minimal movement vocabulary limited by what was corporeally achievable at a weight of 148kg.

A contrast existed between her overall tension-filled bound flow, her movements of minimal extension, shaping executed with clearly great effort, and her floating undefined wash of turns and hand-waves. The tense, effortful movement is that of defence and armouring, the developing and emergent self blighted by shame

and fear. The other amorphous movement is the dance of the baby in amniotic fluid, the infantile state before development of the ego, of merging in symbiotic and undifferentiated union.

It seemed to me that the 148kg constituted who Billie was and that without it an intense dislocation from herself occurred. She described a sense of terrible self-abandonment which, when she danced these feelings, she expressed in primitive, bound-effort flicking shapes. Guntrip, writing from the object relations perspective, states

The patient clings to the anti-libidinal ego and to the internal bad objects on which it is formed by identification in order to keep her ego in being. She then suffers the persecutory and depressive anxieties with resulting defences and secondary conflicts that constitute neurotic illness (1961: 430).

These words epitomised Billie's predicament. Guntrip continues, his words applicable to Billie's case:

The entire world of bad objects is a colossal defence against loss of the ego by depersonalisation. The one issue that is much worse than the choice between good and bad objects is the choice between any sort of objects and no objects at all. Persecution –

(In Billie's case the self-persecution of her obsessive-compulsive relationship with food)

- is preferred to depersonalisation. The phenomenon of internalising of bad objects has hitherto been regarded as arising out of the need to master the object. We see it now as up-rising even more fundamentally out of the need to preserve the ego (1961: 432).

My impression was of a duality: a bright breeziness that suggested "I'm alright"! and simultaneously a physical, psychological, emotional and spiritual weariness that seemed all pervading. My immediate evaluation was 'this is someone trying to disappear, or hide'. I asked myself, 'What is her bulk hiding? What is she using her bulk to hide from? From what is it shielding her? As she stuffs down food, what feelings and what pain is she also stuffing down?'

From talking and continued observation of the physical characteristics, my initial impressions consolidated and gained verification.

Assessment

The characteristics Billie exemplifies are descriptive of the baby who, due to a lack of mirroring affirmation in infancy, has not experienced a safe transition from undifferentiated symbiosis to the sense of emergent, discrete self. I assessed that psychically, Billie is located at the developmental stage Erikson (1950) names 'trust versus mistrust'. While in some areas Billie is functioning adequately (ie: she does very competent volunteer work at Kindy), socially she has few friends, and her excessive weight and obsession with eating cause serious impairment in social, occupational, familial and sexual areas. Billie is a woman functioning at around 50 - 55 on the GAF rating. She exhibits symptoms that meet the DSM criteria of compulsive personality disorder: (a) restricted warmth, (b) her devotion to work, (c) with insistence that others do things her way, (d) a perfectionism and preoccupation with detail and (e) general indecisiveness.

Billie has related stories from her childhood and of her present-time work at Kindy which seemed to clearly match the criteria named as (b), (c) and (d), above. In therapy, whenever we begin to discuss anything to do with the future, goal setting, or what she really wants, Billie exhibits (e). Billie's weight is a powerful way of minimising any social interaction beyond the superficial and she does not have a deep level of friendship with anyone outside of her husband. Billie describes her relationship with her husband with frustration and pain, saying that her weight does not affect him but that, nevertheless, sexually he does not give her what she wants. She feels frustrated then guilty for wanting more.

I was aware that while Billie appeared to share openly and willingly, a characteristic of the compulsive personality disorder is mistrust. Billie's narrow, repetitive, peripheral movements were suggestive of mistrust. There were further movement clues - her torso minimally involved with almost no abdominal or pelvic activity, her spatial extensions were reduced, her hands remained close-fisted or only slightly open, and her head remained upright. Her poetry was equally minimal and stark. Billie's dance and poetry also expressed a rigid moralistic judgement and pedantic expectation of how therapy should be (criteria named by Fay: 1985 & DSM IV 1998). It would be naïve to imagine that this work could occur without transferences and counter-transferences emerging. Billie's judgements and expectations suggested a barren, repressive, controlling (mother) transference. My counter-transference here was very 'shadow': to become a bossy dance teacher. I recalled myself to the task before me, reminded myself of tenacity with compassion, humour, love and spunk, and was in preparation for what lay ahead of us.

In *Forum* (2000) an essay by Stephen Appel discusses the formation of a general impression on first meeting a new client. This is constructed of the quantitatively nebulous energy 'vibration' plus all the assessment criteria the therapist normally employs from the moment of initial contact. My general impression of Billie was graphic: she was a baby whale, floundering in water both too deep and too shallow at the same time, and if the tide should wash this baby whale onto the nearby rocks, she would burst and become a glue-like film adhering to everything around her.

Ongoing work including therapist's process

Billie explained she had been put on a diet by her mother at the age of 8 for "eating too much". "It didn't work," Billie stated flatly. Since then she had put herself on lots of diets, and they didn't work either. Billie warned me resolutely "It's no use trying to put me on another diet." Billie's quiet resistance was deafening. Through transference I became: her mother, previous therapists, Jenny Craig, Weightwatchers, and all the well-meaning, critical, judgmental, non-accepting people throughout her life who had communicated the message that she was not good as she was. My life-long immersion in the doctrines of the dance world, where fat is forbidden, set a subtle 'fix it, fix it' chiming in my mind. Billie's warning prompted the counter-transference of my own experience of Madam – the benevolent but uncompromising director of the dance academy who says, sometimes out loud and always silently, "Do the work - and you'll improve. Don't do the work – and you're out".

But Madam is not my role in dance therapy. My role is that of midwife: facilitating the birth of healing already potentially present. I assured Billie that my putting her on a diet was not a treatment strategy I would use. Instead, evoking and calling forth 'the dancer' in her - with everything this means to her - was what we would do. I watch my Madam counter-transference with the same evenly suspended attention with which I watch Billie's journey (and I exorcise the demons in supervision).

The Psychotherapist working with Dance knows a peculiar vulnerability and nakedness; the body dimension is so loaded. Once childhood is left, the body and its movement become circumscribed by conventions of societal propriety, mouldings of religious and cultural constraint, expectations of what is construed to be 'popular', 'beautiful' and 'normal'. My client was a woman who disappointed all the definitions of acceptable. Yet, with her most un-dance-like body, she had chosen to work with a dance therapist. Although Mother had said "No - you're

too fat” she had always wanted to dance. Now she had chosen to do a therapy so uncomfortably different from the sitting talking therapy to which she was accustomed. In the process of listening to Billie as she unravelled what led to this decision I gained insight into the depth of her longing to be found acceptable for who she was. Billie wanted to re-claim herself, not return to the innocence and omnipotence of the pre-conscious child, but simply *be* who she was.

I believed that no amount of therapy, dance or otherwise, would achieve weight-loss for Billie until she decided that was what she truly wanted. How much *did* she want a slimmer body? Could she risk losing the fragile ego-id equilibrium she had established, keeping the unconscious terror of emptiness at bay by sustaining the persona of fullness? If Billie used dance therapy as just one more proof that she was incurable, then *either* my job was already over, or I could respond to the much deeper cry of this woman to find something in her life that was beautiful and meaningful and made the journey worth it.

The Dance as metaphor for change

The autopoietic paradigm (Maturana, H. & Varela, F.J., 1987) holds that we generate our reality in the language in which we frame our experience. I felt that Billie was living in a conversation that conserved her state of 148kg. I believed that if I could facilitate some change in this conversation there was a chance she could also generate a reality that was not dependent on the 148kg persona.

The essence (and the mysticism) of Dance is its eclectic fluidity. It exists only in this moment of its occurring and passing. Dance is about movement not state, and is therefore a powerful and *embodied* metaphor for change. Conversations, scripts, narratives, personas and equilibria are not fixed. In order to effect the change, a peculiar paradox occurs. While conversations, scripts, narratives, personas and equilibria are not fixed – yet we seek familiarity and stability. We seek integrity rather than whim, duration rather than ‘gone by the next session.’ In order to manage the paradox, certain principles of my Dance Therapy work come to the fore. The abiding qualities of commitment, discipline, perseverance and compassion undergird the work, becoming a foundation for the uncertain, even precarious, nature of change. In the understanding and lived experience of this paradoxical melding of conservation and ephemerality, lie one of the deepest understandings and insights towards healing. This is the notion that the ‘I’ is a metaphor. The ‘I’ is not fixed. The ‘I’ is process. We have commitment to process, not state. The goal is to go *beyond* self-indulgence and self-mortification (idealisation and denial). It is to experience and understand

that 'I' and *The Dance* are not separate, and to reach, (as far as humanly possible) freedom from narcissistic preoccupation with self and to enter be-ing.

It is my conviction that the operatives commitment, discipline, perseverance and compassion facilitate the passage of be-ing.

Billie resented talking about discipline yet raised the subject in our sessions time and again. Did she want me to *instruct* her in discipline? Dance Psychotherapy is an unfamiliar modality, so it seems inevitable that the therapist is cast by transference into the role of teacher, a role that, I am acutely aware, predicates narcissistic idealisation. I notice the seduction of the counter-transference where I feel an urge to act as *The Guru Who Will Get You There*. Supervision helps in maintaining the delicate balance between not masking my competence, so my client is confident of my ability to assist her (Winnicott, 1976) and simultaneously holding the principle, 'your student is your teacher.'

I did not want the hierarchical nature of this transference counter-transference to contaminate the work. We acknowledged and included it as a factor. I asked Billie what discipline meant to her. She had already discovered that the 'do repeat amplify reflect play repeat amplify experiment push limits repeat again' sequence we do in Dance Therapy - analogous to Freud's "remembering, repeating, working through" (1964) - required discipline. She said she *really* wanted me to help her to dance. She would therefore, for that goal, think about discipline. I wondered privately if she would actually do it. Billie said she had hugely enjoyed watching gymnastic athletes on TV, and commented that their artistry and beauty were obviously the result of great discipline - which must cost all. This, she stated flatly, was beyond her.

I wondered if Billie would thus excuse herself from the task of exercising discipline, therein also excusing herself from having to actually commit herself to therapy in the first place. I wondered if she wanted to change, to deal with her problems, her situation, her life, and if she really wanted to change her weight. Did she really want to deal with the conscious and unconscious issues that were the origin of her weight? If Billie decided that I was merely reiterating the oft-repeated messages of previous controllers, then my task was defeated already.

In the artistic discipline, or the disciplined art of Dance Psychotherapy, this is not an uncommon defence. Discipline is a self-ordering activity of the mature ego. Billie's pronouncement that this was beyond her was an unsurprising defence from a woman who, from early childhood, had emergent faculties of personal bodily regulation and self-control over-ridden and externally dictated. In this way, the quality of will remains undeveloped and the emergence of self-governing

autonomy is thwarted. When satisfactory differentiation has not occurred the boundaries of me - not me remain blurred. Billie's indefinite, blurred body-shape and movements, and her ego inability to identify and own a separate self, were mirror images of each other.

Billie is deeply spiritual and this had been acknowledged in our work. It seemed natural to introduce an idea central to the walk of mystics: that discipline, an aspect of the *via Negativa* (Fox, 1989) is different from rules. Discipline is an inner commitment to a High Calling, undertaken not with resentment, but devotion or love. We talked about discipline and devotion and Billie said she understood that when discipline is done with devotion it would not be rules, it would be choice. It is not unlike *Satori*, a Zen word meaning release from the bondage of narcissistic self-preoccupation. It is a condition achieved through discipline done with devotion. In *Satori*-living, life is rich with mystery and creative passion. In the Four Spiritual Paths of the mystics, the *via Negativa* (discipline is core in this path) precedes the *via Creativa*.

Given that this journey of *Discipline* → *Creativity* is an intrinsic aspect of my Dance Therapy repertoire, I encouraged Billie to make dances, thus engaging her creative imagination in a world of fantasy, play and symbolism. Therapy sessions became an environment for unconscious authentic movement and play based around movement stories. The transitional therapeutic space thus became a context for the pre-verbal and un-verbalisable to be remembered, re-experienced and brought into expression. The dance therapist is able to reflect back the material that is emerging into consciousness and assist the client – through movement and *in* movement – to integrate her realisations into her present reality.

An example

I invited Billie to do a familiar movement-sequence with me. Billie agreed and we did a simple arm lifting and breathing sequence together, releasing the bound tension of body-posture that day to soften. We were now engaging the discipline Billie resisted. Through all the course of our work I have nurtured, encouraged and guided Billie in remembering, repeating, amplifying, developing and working with the small movement sequences she created.

Through empathic movement, reflecting and echoing her movements, we formed mirror transference. As we danced, I mirroring the movements with her, Billie became very moved. She said she felt comforted, that she experienced a sense that finally, she was not alone. In this experience of total symbiotic acceptance,

Billie was able to reconnect with earlier lack and, at a most primitive fundamental level, *supplement* it with the new experience.

Therapy has become an increasingly rich 'telling' of Billie's story in dance. Gradually she has begun to use movements of definition and form. Her weight-flow movement is more controlled, and her range more extensive. Through self-directed decision her shaping of movement is more crafted and modulated. Her affect is present and congruent with the movement. Billie, almost unconsciously, has dropped from 148kgs to 139kgs. Most of all, Billie has a sense of self-acceptance; she says she is finding peace.

And from T. Crum (1987): "Instead of seeing the rug being pulled from under us, we can learn to dance on a shifting carpet".

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