

**CREATING AWARENESS OF CONTACT-MAKING STYLES
THROUGH MOVEMENT WITHIN A GESTALT CONTEXT**

by

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Submitted in partial fulfilment of the requirements for the degree of

MASTER OF DIACONIOLOGY
(DIRECTION: PLAY THERAPY)

at the

UNIVERSITY OF SOUTH AFRICA

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NOVEMBER 2006

DECLARATION

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I declare that **CREATING AWARENESS OF CONTACT-MAKING STYLES THROUGH MOVEMENT WITHIN A GESTALT CONTEXT** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

SIGNATURE
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ACKNOWLEDGEMENTS

To Bernhard, my loving and kind husband, without his love, and constant support I would never have completed this daunting task and to my son Michael for being so understanding and patient.

To Dr Retha Bloem, my supervisor for her positive attitude under extreme pressure and more importantly her open-minded and visionary approach to life and this subject matter. I am forever grateful for having been blessed with the opportunity of having worked with her.

To Melany Constantinou, my friend colleague and the research assistant in this study who was invaluable. I thank her with all my heart for her unwavering commitment, professionalism and for always being there and allowing the process to unfold.

To Lanon Prigge, for his expertise, his creative energy and willingness to share, for being my inspiration and believing in this work.

To all the young ladies, the research participants, for being so willing and enthusiastic.

To Dr Hannie Schoeman who gave me the love of Gestalt in the first place.

ABSTRACT

Movement intervention in a Gestalt therapeutic setting using structured activities and free improvisation is a successful method in creating awareness of contact-making styles for late adolescents. An overview of the existing literature regarding the theoretical aspects of the interrelatedness of movement therapy, awareness, contact-making styles and the use of movement as a therapeutic intervention within a Gestalt context was presented. This included a description of the meta-theoretical assumptions that underpinned the research. A case-study consisting of eight late-adolescent females using the exploratory and descriptive nature within the qualitative research model was applied. All participants reported growth and awareness within themselves. The researcher concludes that movement intervention within a Gestalt therapeutic context can support an approach that adapts itself to the developmental phase of the individual and is a creative way of maintaining interest and focus.

Key terms:

Awareness

Contact-Making Styles

Dance Therapy

Dialogue

Embodiment

Gestalt Therapy

Mind-Body unity

Movement Therapy

Late Adolescence

Therapeutic Relationship

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CHAPTER 1

OVERVIEW AND RATIONALE OF THE RESEARCH

1.1 INTRODUCTION

This study will focus on the process of creating awareness of contact-making styles through movement in late adolescence. Current perspectives on late adolescence include that of McConville (2001:26), who states that in this development phase limited prior life experience exists and at the same time, this life stage demands a constant reorganisation or modification to current structured ground and integration of new information derived from each new moment of exchange – making meaning of experiences. According to Jackson and Rodriguez-Tome (1993:1) the late adolescence developmental stage is identified as a critical stage for the acquisition of social skills and relationships. Identity is also very important in this phase as identity formation, is a subjective sense of an invigorating sameness, and continuity which forms the basis for the sense of feeling active and alive. This feeling also emphasises the focus on the subjective sense of well-being. The World Health Organization's definition of health was conceptualized as "a state of complete physical, mental and social well-being not merely the absence of disease or infirmity" (Constitution of the world Health Organization, WHO: 1946 & 1986). This resolution focuses on the state of complete physical, mental and social well-being in essence that individuals must be able to be agentic in their lives.

This understanding of agency as an integral part of well-being has underpinned therapeutic intervention since its conception as part of the health professions. A lack of agency refers to the inability to make choices, indecisiveness, lack of personal drive and poor responsiveness. This poor responsiveness often led to what De Gangi (2000:114) describes as "negative coping strategies with life's demands". Intervention approaches with an aim at facilitating late adolescence agency is a basis for a holistic sense of well-being. The utilization of movement in order to create awareness of contact-making styles as part of a well-balanced responsiveness will pave the way for new and inventive intervention modalities.

1.2 PROBLEM STATEMENT

Fouché (2002b:118) states that the formulation of the problem engages the reader in the specific focus of the study and views it as the point of departure from which clarity about the study is sought. Individuals express themselves through behaviour and body movement. Ferguson and O'Neill (2001:90) state that all contact or human interaction is functional and purposeful in the immediate and long term, as well as adaptive and relational in context. Contact is a balancing act of selecting various contact forms with emphasis on certain functions while at the same time constructing a reality for mutual satisfaction of self and others, specifically the organisation of experiences into a structured ground. Gestalt therapists such as Joyce and Sills (2001:112), Oaklander (2001:48) and Clarkson (2004:41) believe that psychological health is marked by good contact with self and others. Healthy contact involves use of the senses (looking, listening, touching, smelling), awareness and appropriate use of aspects of the body, the ability to express emotions appropriately, and the use of the intellect in various forms of learning, expressing ideas, thoughts, curiosities, wants, needs and dislikes (Oaklander, 2001:48). Psychological disorders occur when contact functions of a physical nature become unavailable or are lost to the awareness of the organism's capabilities to make contact with the environment.

Kepner (1987:14) states that the disowned aspect of self and lack of the awareness can be maintained through the following

(1) the physical nature of repression, such as tensing the body in such a manner that it can prevent movements that allow the individual to make contact with others; and even tensing against bodily sensations that allow access to feelings of love, anger and compassion;

(2) the use of language, the verbal vocabulary of identified self will overshadow the kinaesthetic language of the body, which eventually will become less and less available to the awareness of the individual (Kepner; 1987:15). The *range of disownership* from the body can be depicted on a continuum, ranging from mild distancing of specific body feelings to severe psychotic disembodiment (Kepner, 1987:21).

According to developmental theorists, choosing the appropriate/healthy contact form or mastering developmental tasks during the phase of late adolescence is considered the achievement of a strong moral identity and a readiness for initiating the formation of intimate relationships. If this is not managed, then problems such as depression, suicidal tendencies, or other emotional disorders may develop (Radizk, Sherer & Neinstein, 2002:56). It is suggested that if the adolescent does not master the task of developing warm personal relationships, then identity confusion or diffusion may occur which may manifest in one of following forms: (1) being directionless and experimenting with

many roles and behaviours such as drug abuse; (2) developing a fear of commitment resulting in possible social isolation; (3) having anxiety about change and the inability to plan for the future; (4) having an inability to focus on more than one task (Berryman, Smythe, Taylor, Lamont & Joiner, 2002:54).

Resolving this tension between the child and adolescent self-gestalt is considered a successful resolution of this crisis, which will result in an *integrated self*. This new emergent self will be able to identify with a new sense of self, without losing self definition and at the same time feeling responsible for their own contact style – experiencing increased flexibility regarding figure formation and figure completion, including new levels of feelings and behaviour. This is achieved through experimenting and finding the balance between dependence and independence, safety and risk, self-interest and other interest (Ferguson & O'Neill, 2001:84). Finding the balance and being under pressure to make decisions with a stable, consistent and purposeful sense of self in areas of career, sexual identity, radical identity, moral decision making and preferences in friends can be unstable and cause new crises.

Gestalt therapy, from its inception, has always followed a holistic approach which repudiated the Cartesian mind-body dualism (Miller, 2001:13). The body is seen as part of the human experience and is eloquent with expressive language such as gestures, telling postures, idiosyncratic movements and positions that reveal meaning and value. All body expressions and body movements are considered a primary way of experiencing one's feelings and promoting psychological health and organismic self-regulation (Clarkson, 2004:2). From a Gestalt perspective this expresses the person's phenomenology, which belongs as much to the body as to the mind. Therefore, the body is the foundation of the human experience and may be considered a part of the whole organism.

Movement therapy is considered a creative approach used in different settings and facilitating growth, change and healing within a therapeutic relationship (Payne, 2006:2). Movement therapy is a creative process that emphasis improvisation, natural and emotional movement. Spontaneous movement is seen as the symbolic expression of the individual's unconscious processes. It "seeks to express rather than impress" (Nemetz, 1995:27). From this perspective it can be considered an effective form of therapy as the focus is on activity and the creative process in the here-and-now rather than on technique – "truly speaking the language of self" (Nemetz, 1995:30) and thereby increases self-awareness and self-esteem.

Payne (2006:3) states that the use of dance movement therapy (DMT), also termed movement psychotherapy, or dance therapy, is a form of psychotherapy that is well accepted and practiced in a therapeutic setting. Practitioners in this field have to be qualified and registered at a professional association. On the South African front, numerous styles of creative dance and movement classes are available. Some examples include; Nia, contact improvisation, belly dancing, BioDanza, Trans-Dance, Pilates, break dancing, hip-hop, Tai-Chi, children's yoga, religious dancing and others. The researcher did not find any of the previously mentioned forms of dance or creative movements as being integrated within a legitimate psychotherapeutic context. Nor did she find any official training programmes available for therapists in South Africa.

There was sufficient literature available on movement as a form of psychotherapeutic intervention, that was integrated within Gestalt therapy, group therapy, and the use of body process and locating feelings in the body as a basic Gestalt experiment. This made this research project feasible. However the researcher found a limited amount of literature regarding the integration there-of and the application of movement intervention programme within the Gestalt therapeutic context of late adolescence. These reasons served as motivation for undertaking this research.

The choice of the study was determined from a personal and a professional perspective. The researcher had past experience of participating in movement and dance self-growth groups for more than three years. She found that there were many positive experiences that could be integrated into a therapeutic context. Some positive aspects included emotional and physical well being, experience of an alterative in vivo, nonverbal creative form of expression and self development, and the opportunity to work individually and with others in a safe environment which was also financially viable. Some negative aspects as observed by the researcher were that many of the dance movement facilitators were only focusing on the body and the body technique and had very little or no therapeutic background or training. Although these classes were marketed and facilitated as body, mind and wellness programmes, many of the participants reported emotional and psychological experiences which impacted their lives. The researcher is of the opinion that this form of movement intervention should be supported in a more holistic and professional way.

From a professional perspective the researcher believes there is an opportunity to add to the field by creating future movement applications in a Gestalt therapeutic context. The characteristics of the client (specifically the late adolescent) is one of experiencing rapid life changes and environmental

demands which is distinct for that developmental stage. The nonverbal, creative elements and universality of movement and the lack of training available in South African, creates an opportunity to explore the possibility of developing a creative intervention that could be applied to late adolescents or for self-development groups.

The focus in this research will be on creating awareness of contact-making styles through movement.

Based on the above problem statement the following questions can be asked:

- How and to what extent can various forms of movement, as an intervention technique in Gestalt therapy, aid adolescents to become aware of their contact-making styles?
- How can movement assist adolescents to become aware of how they make contact with themselves and others?

The aims and objectives that were defined by the researcher in the process of solving the above-mentioned problem will now be discussed.

1.3 THE AIM AND OBJECTIVES OF THE RESEARCH

The aim of the research is considered to be “the end towards which the effort is directed” (Fouché, 2002:107). The effort of this research was focused on creating awareness of contact-making styles using movement activities as intervention within the Gestalt context, for late adolescents. This could be seen as a pilot study for the input in the development of a future movement intervention programme.

The objective of this research was to *explore* and *describe* the application and experience of movement interventions on the late adolescent, focussing on how movement interventions affect their level of awareness of their contact-making styles within the Gestalt context. The researcher had the following objectives:

- To explore and describe the theoretical aspects of the interrelatedness of movement therapy, awareness, contact-making styles and the use of movement as a therapeutic intervention technique for late adolescents within a Gestalt context.
- To gain knowledge by collecting and interpreting data through observation and interviewing in order to explore and describe the outcome of the movement activities (on the current level of awareness of their contact styles) as perceived by the late adolescent within a Gestalt context.

- To describe an approach that will provide conclusions regarding the utilisation of movement activities as a therapeutic intervention that will heighten awareness levels for the late adolescent within a Gestalt context.

1.4 PARADIGMATIC PERSPECTIVE

The paradigmatic basis of this study will be based on the holistic approach (Smuts, 1926) used by Gestalt theory as interpreted by Perls, Hefferline and Goodman (1951). This approach is based on the assumption that the whole is greater than the parts presented.

1.4.1 META-THEORETICAL ASSUMPTIONS

The following concepts form the basis of a holistic approach and will be defined as an integral part of this study. This will be discussed as part of the theoretical assumptions in Chapter 2:

- Body process in Gestalt
- Contact styles
- Awareness
- Organism or person
- Wholeness
- The field

1.4.2 THEORETICAL ASSUMPTIONS

The following theoretical assumptions will form the basis of this research:

1.4.2.1 THEORETICAL MODELS AND STATEMENTS

Empirical and fieldwork will be carried out without any preconceived ideas using “bracketing” as stated by Burns and Grove (1993:80). The results of the research will be reflected within the Gestalt theoretical approach (holism) as stated in the meta-theoretical assumptions.

Literature control will be conducted where other relevant theories and research will be compared with the results of this research in order to identify deficiencies and other research opportunities. The literature control will also serve as a measure of verification for this research.

The following definitions have been applied to this research. It integrates concepts in connection with the goal of the study.

1.4.2.2 DEFINITION OF TERMS AND KEY CONCEPTS

- **Late Adolescent**

The term adolescence has been defined by Berryman *et al.* (2002:313) as “the stage in development, which begins with puberty and ends when physiological or psychological maturity is reached. The attainment of maturity is impossible to specify precisely”. According to McConville (2001:38), the Lewinian-Gestalt developmental theory describes that, “adolescence is a progressive unfolding of the comprehensive field. This unfolding includes de-structuring of childhood unity, expansion and differentiation of the life space and the transformation of the boundary processes that organise and integrate the field”.

Whether the period of adolescence is defined as a physical development linked to a chronological age period; or as a biopsychosocial process, it can be assumed that adolescence is not monolithic and uniform. There are tremendous differences among individuals’ biological and emotional growth. Radizk *et al.* (2002:52) further state that maturing into adulthood is an asynchronous process of biological, social, emotional and intellectual growth and change which lasts to the end of a person’s life.

According to Ferguson and O’Neill (2001:72) the phase of late adolescence is considered a distinct stage of development ranging anywhere between 18 and 22 years of age. This is a life stage often marked by dominant tasks initiated in earlier life stages, which includes the consolidation of a sense of personality and gaining of increased capacity for intimate relationships. This is also a time for making major career and lifestyle choices. Developmental tasks or dimensions of growth according to Gestalt therapists Ferguson and O’Neill (2001:76), and other developmental theorists are based on the *process of how* the late adolescent (re)organises his/her immediate awareness; (re)organises peers relationships; (re)organises relationships with authority; (re)organises self and, (re)organises the reorganising process itself.

Late adolescents have limited prior life experience, which requires the individual to constantly reorganise their structured ground and the integration of new information derived from each new moment of exchange.

- **Movement**

Movement is considered a core to the human development and has a profound influence on the development of speech, cognitive skills and socially-acceptable behaviour. Oaklander (1988:127) states that movement can be seen as one of the senses, and that being aware of how we stand, move, use our body, how it feels and how it can be improved is important. Authentic movement has been described by Whitehouse (in Adler; 2002:xII) as a kind of internalised touch or a kind of listening to one's self, a kinesthetic sense of awareness or perception that can be recognized as genuine inner connection belonging to that person.

Movement is also considered to having two major functions. One of affect and the other of interacting with the environment (Kepner, 1987:17). When utilising movement in a therapeutic context the expressive or qualitative (as in expression of feelings, and aesthetic qualities) aspect and not the functional form, (a skill used in sport or picking up a cup), of movement is focused on (Payne, 1992b:28).

Payne (2006:3) places movement into the framework that focuses on the following aspects: "Movement is creative and improvisational, embodying the imagination whereby the body becomes the vehicle for self-expression and a bridge between emotion and motion for integration and healing".

- **Movement therapy**

Payne (2006:3) refers to the dance movement therapy (DMT) definition as given by (ADMTUK 2002:1) as being the 'the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration'. DMT is also referred to as movement psychotherapy, movement therapy, dance therapy or therapeutic dance (Payne, 2006:3; Meekums, 2002:4; Totton; 2003:110).

Movement therapy is a form of psychotherapy in which the creative use of movement and dance play a major part of the therapeutic intervention. It also has a strong tradition of working in a growth and personal developmental context (Totton, 2003:111).

Movement therapy addresses the whole person grounded in the here-and-now. This happens through the constant interaction of physical movement activities, dance, improvisation, empathetic embodiment and including all aspects of the self (emotional, physical, cognitive and spiritual). The therapeutic dialogue is expressed partially nonverbally through the therapist dancing and moving with the individual, employing the mirroring technique which is considered an important way of entering into dialogue, as well as verbally. Body processes such as feelings, which are expressed through spontaneous movements are considered unconscious processes and can provide the content and a framework which influences the direction of therapy in the here-and-now rather than the therapist being directive. This approach supports the fundamental approach of Gestalt therapy which Clarkson (2004:2) states as being characterised by the “use of metaphor, fantasy and imagery, working with body posture and movement, enactment and visualisation, time distortion and the full expression of feelings involving the whole body in action”.

1.4.3 METHODOLOGICAL ASSUMPTIONS

The helping relationship from a Gestalt therapeutic perspective is based on a functional reasoning approach. This approach focuses on the integration of theory and practice where knowledge that is derived from research will be used to improve the therapeutic practice. Specific determinants guide the research results. These determinants include the assumptions of the researcher, the research context, the characteristics of the research environment and the decisions taken by the researcher on the research design and research methodology.

1.5 RESEARCH APPROACH

A qualitative research approach was applied to this study. Suitability for this approach was based on Fouché (2002a:105-106). The following motivation used for this study was that:

- The approach is not strictly formalised which allowed for a flexible strategy of problem formulation and data collection which facilitated the researcher to attempt to gain first-hand knowledge and understanding of the phenomenon, for example utilising movement intervention to create awareness of contact styles.

- The methods of data collection such as participant observation, observations made by the researcher and the research assistant, as well as semi-structured interviewing and document studies contributed to an in-depth knowledge that was used to guide further study.
- Qualitative data such as words, visuals and quotes is information-rich and often difficult to condense (Fouché & Delport, 2002c:357). The qualitative data presented in Chapter 3 integrates the voice of the participants in the research reports. This is done through direct quotations which is the basic source of raw data in qualitative inquiry (Patton, 1990:24). This method gives the reader a direct “feel” of the participants’ phenomenology (Fouché & Delport, 2002c:357), as well as revealing the experiences and perceptions.
- This approach provided a milieu for rich and detailed information, which enabled the researcher to gain a valid in-depth accumulated understanding of the phenomena, which refer to the “what” of the study.
- The non-formalised approach allowed for a more philosophical mode of operation which supports the Gestalt theoretical underpinnings of the study.
- The nature of the research problem is not suited for quantitative measures as much of the data that is needed is based on research that took place in a natural setting, using personal experiences, opinions and perceptions.
- The research participants were all female volunteer students of similar age and cultural background who expressed an interest in exploring a creative, non-conventional therapeutic modality to enhance self-awareness.
- The researcher was able to describe objectively the effect of the therapeutic intervention from the perspective of participants who are considered experts on their own experiences.

The type of research that is most suitable for this study is applied research, mainly aimed at solving problems in practice (Fouché, 2002a:108). Due to the practical application and nature of this study, specifically the use of movement as a therapeutic intervention to assist late adolescents in becoming aware of their contact style, the researcher used an *applied* approach with emphasis on exploration and description.

The objectives of the research were supported by incorporating an *exploratory* component, understanding the “what” of the study (Fouché, 2002a:109) and gaining insight into the phenomena of utilising movement intervention, as well as the descriptive component which was mainly concerned with the “how” and “why” (Neuman, 1997:20) or the “what is” of the study, facilitating a

more intensive examination of phenomena (Berrol, 2004:37). All these aspects were utilised with the use of the case study strategy.

The research strategy implemented to explore the phenomena was the *intrinsic* case study, also known as an in-depth case study bounded by time, place and activity (Fouché, 2002b:276; Creswell, 2003:15). The case can refer to a process, event, individual or group of multiple individuals. The design used for this qualitative research consisted of a group of eight female participants in late adolescence, providing an attrition of two participants being exposed to movement sessions. Although the case study is situated in the larger context, the focus remains on the case consisting of a group of eight late adolescent's (Fouché, 2002b:275). The result of the research process is a detailed description of the case study.

The next section of this chapter discusses the research approach and work procedure.

1.6 RESEARCH APPROACH AND WORK PROCEDURE

Research goal and objectives	Research method	Trustworthiness	Reasoning Strategy
<ul style="list-style-type: none"> To explore and describe the theoretical aspects of the interrelatedness of movement therapy, awareness, contact-making styles and the use of movement as a therapeutic intervention technique for late adolescents within a Gestalt context. To gain knowledge by collecting and interpreting data through observation and interviewing in order to explore and describe the outcome of the movement activities (on the current level of awareness of their contact styles) as perceived by the late adolescent within a Gestalt context 	<p>Sampling To ensure the feasibility in terms of resources such as time, access to the population, and to ensure the executability of the research project the researcher decided to restrict the size of the sample to eight late adolescents from a population of students attending tertiary institutions or recent school leavers.</p> <p>The nature of a qualitative, exploratory and descriptive study lent itself the use of non-probability sampling (Strydom & Delpont, 2002a:334), namely purposive sampling. In this case, late adolescents were chosen according to the following characteristics:</p> <ul style="list-style-type: none"> English- speaking females Voluntary participation Transport to the research venue Interest in self growth or self awareness Similar cultural and economic background <p>Data gathering The case study strategy, bounded by time, place and activity was applied to this qualitative research (Creswell, 2003:15).</p> <p>Interviewing and Gestalt Therapeutic Process: Gillham (2000:1) states that the form and style of the interview chosen for qualitative research must be determined by its purpose. Within the interviewing process, the researcher can be considered the research instrument (Gillham, 2000:4). Therefore initial face-to-face semi-structured interviews were conducted to build relationships and facilitate the interviewee to disclose in-depth information (Gillham, 2000:16). Follow-up interviews were held with research participants after completion of the research to explore the effect of the intervention.</p> <p>The researcher utilised Gestalt therapy or the therapeutic process as research tool and a method of data collection. From this assumption the</p>	<p>Validating the accuracy of the findings in a qualitative research must be evaluated against criteria that are referred to as trustworthiness, authenticity and credibility (Creswell, 2003:196). The validity of the study which can be seen as a systematic inquiry into the human condition was guided by strategies defined as by (Lincoln & Guba in De Vos, 2002:351-352; Creswell, 2003:196; Babbie & Mouton, 2001:277-278) through the following constructs:</p> <ul style="list-style-type: none"> <i>Credibility</i> or internal validity, dependability and confirmability was achieved through <ul style="list-style-type: none"> Setting the boundaries of the study by describing the aim, objectives and research process in detail, sample/population and the theoretical framework. In addition the researcher employed technical precautions such as videotaping, which provided referential adequacy (Babbie & Mouton, 2001:277), maintaining same group members at set times and place and adjusting the group dynamics through the Gestalt therapeutic approach. Triangulating different sources of data of information to build coherent justification of themes (Creswell, 2003:196). Peer debriefing was conducted with a field expert outside the study who assisted the researcher with her perceptions, insights and who asked questions regarding the study (Babbie & Mouton, 2001:277). Although the research assistant was an internal observer to the study she also assisted the researcher with reviewing and providing insight on the therapeutic process. <i>Transferability</i> is the extent to which the findings from the case study can be generalised from the sample to the target population. Through thick descriptions and purposive sampling which increases the range of specific information that could be obtained 	<p>Analysis Inductive</p>

	<p>dialogue that occurred between the researcher and participant can be considered a form of scientific “interviewing” as some open-ended questions were used to guide the evaluative process.</p> <p>The motivation for utilising interviews in this case study research was:</p> <ul style="list-style-type: none"> • That semi-structured interviews provided a vehicle for describing and understanding in-depth the world from each participant’s point of view and any issues related to the specific research question of the study (Greeff, 2002:292). That the repetition in investigating of the same phenomenon allowed for greater depth and qualification obtained from the interviewing process, therefore supporting triangulation. <p>The researcher designed the semi-structured interviews for the case studies which:</p> <ul style="list-style-type: none"> • contained open-ended questions that assisted in raising the topic which afforded the individual an opportunity to share their feelings, perceptions, opinions and attitudes; • Used selected prompts that ensured a degree of standardisation (comparability) and the ability to answer the research question (Gillham, 2000:46). Probes are supplementary questions or responses to focus the interviewees, which may be used for reflecting and clarifications (Gillham, 2000:54) <p>This process allowed the researcher to obtain information around the unit of analysis and at the same time allowing the participant to be their own expert and to give meaning to their experience (Greeff, 2002:302).</p>	<p>(Babbie & Mouton, 2001:277). Furthermore, the researcher used triangulation of multiple sources of data and referring back to the original theoretical framework as suggested by Lincoln & Guba (in De Vos, 2002:352).</p>	<p>Analysis and inductive reasoning</p>
<ul style="list-style-type: none"> • To describe an approach that will provide conclusions regarding the utilisation of movement activities as therapeutic intervention to heighten awareness levels of the late adolescent, within a Gestalt context. 	<p>Observation and Document study:</p> <p>Participant observation in this study was based on (1) gaining in-depth insight into data which could not be reduced to figures; (2) focusing on the natural experience of the participants; and (3) the researcher taking on a dual role of data collector and data interpreter (Strydom, 2002a:280).</p> <p>An important aspect of observation is the collection of descriptive information in an objective manner according to defined conditions (Babbie & Mouton, 2001:294). This was achieved by the researcher having observed the adolescents’ behaviour while exposed to the movement intervention in Gestalt therapeutic sessions. Full and accurate notes were made after each session based on the therapeutic</p>	<p>The researcher supports the notion to the Gestalt therapeutic approach, which is concerned with the quality of awareness, attention and the integrity of the experience, the quality of practice, of learning, of making sense or meaning of the experience which is similar to qualitative research (Clarkson, 2004:181-182). The researcher’s own Weltanschauung is based on the previous statement and therefore approached the field with an attitude of “lack of knowledge”, that is true to qualitative research. This process ensured objectivity and uncontaminated entrance into the field. Participants were therefore seen as experts experiencing the “problem”. Their participation in the study therefore categorized them as experts. This also ensured trustworthiness of the study.</p>	<p>Inferential and deductive</p>

	<p>process and the participants' dialogue, which was transcribed from the videotape recordings (Creswell, 2003:189); the researcher's own interpretations, including video recordings of the complete sessions were made and transcribed, while document study of therapeutic projects such as drawing was included (Strydom & Delport, 2002b:323). In addition, a research assistant took on the role of an inside observer ,video taping all sessions as well as providing feedback and reflective notes on each session, therefore ensuring trustworthiness of the study(Creswell, 2003:189).</p> <p>Document study: Therapeutic projections in form the drawings or sketches were collected as documents during the research sessions. This data collection tool enabled the researcher to obtain the actual words and expression of each participant and at the same providing written evidence (Creswell, 2003:187).</p> <p>Audiovisual material: All session were videotaped by the research assistant. This provided an unobtrusive method of collecting data and is an accurate reflection of the research study (Creswell, 2003:186). This method supported the therapeutic process as it allowed the researcher to be in the role of the facilitator as well as researcher.</p> <p>Literature control The purpose of literature control is to place the research project into context, including aspects of indicating familiarity with subject matter; it fills in the gaps and shows paths of prior research; it relates the study to ongoing dialogue of literatures; and it allows learning from others while at the same time generating new ideas (Creswell, 2003:30; Neuman, 1997:89). The extent of the utilization of theory and placement of literature review suggested by Fouché and Delport (2002b:268) for a case study research approach can by on either end of the continuum. The use of literature control employed by the researcher was guided by the explorative and descriptive nature of the case study research.</p>		
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removal of any hazardous objects as well as having used props such as mats and cushions and by ensuring that none of the movement interventions involved exertion or strain of any kind. All research participants were thoroughly informed of the aim, process and the potential impact of the study in the pre-study interview session, as well as debriefed after termination of the study Strydom (2002c:73). Each participant was also given the opportunity to withdraw from the study at any time if they wished so and given access to the researcher for individual sessions during the research project; each participant was debriefed after completion of study. As suggested by (Strydom, 2002c:65) the researcher followed the principle of changing the nature of research rather than exposing the adolescents to any harm.

- The research only progressed after initial interviews to inform each participant of the aim, process and possible outcome of the study. The researcher conducted the interview based on an interview schedule that ensured repeatability and consistency. Personal information was obtained and recorded; motives for wishing to participate as a volunteer in this study were explored and clarified (Appendix 3).
- The research only progressed after informed consent (Strydom, 2002c:65) was obtained by the late adolescent participants, who ranged between ages of 17 and 22 years. Parental consent from participants that were less than 21 years of age was also obtained. Aspects of the research goal, process and outcome, confidentiality, access to support, use of video recordings and research assist, length of the session and study and voluntary participation were included in the report (Appendix 1 and 2) and discussed to facilitate full knowledge, cooperation of the participants as well as ensuring no intentional deception (Strydom, 2002c:66).
- Confidentiality was an integral part of the research process, and was ensured through the signing of consent forms. The researcher set up therapeutic boundaries that facilitated confidentiality, privacy and mediation and at same time adhering to the ethical principles of autonomy and nonmaleficence. This was done by obtaining group commitment to confidentiality by setting up personal contracts during the first session which stipulated that no information may be shared with anybody outside the scope of the research and so forth. This contract was reviewed and re-contracted in the fifth session. This was supported by the researcher's usage of therapeutic principles, which allowed discussion of issues or clearing unfinished business during the sessions. Due to the nature of the research, anonymity was not totally possible as the researcher and the research assistant were an integral part of the data collection and overall research process. To ensure public anonymity for each participant and

their feedback in the research report, each participant chose their own pseudo name for the duration of the study (Strydom, 2002c:67).

- Video cameras were used with the knowledge and written consent of the participants and their parents. Despite the use of video cameras and the involvement of a research assistant privacy was ensured by having a private and secure facility for the duration of each session and having secured all material (video tapes, feedback notes) produced during the sessions and by their pseudonyms and participant codes for the research report.
- The researcher had three year's personal experience in the use of movement intervention groups, as well as having adequate competence and the necessary skills in the implementation of the Gestalt therapeutic approach. The researcher consulted the above mentioned movement expert who guided the research in the application movement activities. Additional regular peer-to-peer reviews with the research assistant were conducted for the duration of the study. If the researcher had found herself lacking in skills in any unforeseen situation, this would have been addressed through referral or collaboration to another professionals in the field.
- A debriefing session is recommended after the termination of the research (Strydom, 2002c:73). As part of the Gestalt approach allowing integration, termination and sharing of personal experiences the last session was considered to be part of the termination process. This was followed by debriefing sessions conducted within the Gestalt therapeutic context allowing each participant to share, to clarify and to learn from their experiences. Each participant was offered follow-up intervention sessions if needed or desired.

The researcher's own code of ethics are in line with the professional Gestalt code of ethics as set out in The European Association for Gestalt Therapy (ETAG, 2001) which include: the statement of equality of worth among individuals; respect for the uniqueness, worth and dignity of the individual; appreciation of the differences of race, extraction, ethnicity, gender, sexual identity or preference, handicap, age, religion, language, social or economic status and of the need for spirituality and recognition of the importance of autonomy and self-regulation of the individual in the context of interpersonal relationships.

1.10 CONCLUSION

This chapter served as an introductory orientation with reference to the rationale and the broad views on the problem being investigated, which led to the formulation of the aim and objectives of the study. Furthermore, the researcher's paradigmatic perspectives in which the research was

grounded, as well as core concepts were defined. The research approach and the work procedure which was implemented during the execution of qualitative research project were discussed in detail. In Chapter 2 the theoretical assumptions which form part of this study will provide an in-depth background on the study as a whole.

CHAPTER 2

THEORETICAL ASSUMPTIONS ON MOVEMENT, AWARENESS AND CONTACT-MAKING STYLES

2.1 INTRODUCTION

The purpose of this chapter is to provide a concise and thorough introduction of relevant components that form part of the theoretical assumptions relevant to this study which utilizes movement as a therapeutic intervention in awareness processes.

The philosophical perspectives of Gestalt therapy are outlined, followed by a discussion of theoretical and procedural aspects of Gestalt therapy. Throughout the theoretical inquiry a link between the philosophical foundation in Gestalt therapy and the theoretical frameworks guiding the development of late adolescence will be exposed.

Gestalt therapy has been defined by Kirchner (2000) as “a holistic, process-oriented, dialogical, phenomenological, existential, and field theoretical approach to human change with the centrality of contact, awareness, and personal responsiveness and responsibility”. Oaklander (1994:143) explains that this mode of therapy is concerned with the healthy functioning and the integration of all aspects of the total organism (the person) including the senses, body, emotions, and the intellect. It is based on a belief that individuals are born with resources and the ability to be in rewarding contact with others, the environment and at the same time being able to lead a satisfying and creative life (Joyce & Sills, 2001:7). Lampert (2003:8) perceives the Gestalt approach as being a deeply respectful and non-intrusive method, where individuals are accepted as they are and where there are no expectations of performance. Clarkson (2004:2) further adds that the Gestalt approach is characterized by the use of “metaphor, fantasy and imagery, working with body posture and movement, enactment and visualization, time distortion and the full expression of feelings involving the whole body in action”. This is supported by Totton (2003:106) who emphasised that, from its inception, Gestalt therapy included working with the body and addressing body experiences.

However, its approach seemed rudimentary and limited according to Kepner (2001:98). In his original work Kepner (1987) developed and articulated the concept of Gestalt body process

psychotherapy to expand and differentiate a way of working with the body from the traditional Gestalt methods and other body-oriented schools of therapy.

Gestalt therapy has been practiced in groups and with individuals ranging across all races and ages. Previous works by authors such as Oaklander (1982; 1988; 1994; 1997; 2001), Lampert (2003) and Blom (2004) have demonstrated that all Gestalt therapy principles and concepts can be considered extremely useful and effective when working with children and adolescents health, growth and development, as well as with their pathology. However, the application of these Gestalt principles and concepts may differ from those of adults because children and adolescents are constantly changing, growing and developing organisms. The chronological age and stage of development will determine the individual's level of physical, cognitive and social development and therefore their individual needs and differences (Van Der Merwe, 1996:6). McConville (2001:28) is of the opinion that Gestalt therapy theory provides a theoretical base for comprehensive and functional adolescent development as well as an intervention model that allows the adolescent to be understood in their inward and outward complexity, while supporting intervention on all levels of the field.

Latner (2000:13) defines Gestalt theory as a system that provides the context for concepts, techniques and applications that facilitate the structure and organization of living in terms of aware relations. The available literature presents a large body of theoretical concepts and principles that underpin this mode of therapy. The main theoretical foundations are grounded in field theory, phenomenology and dialogue (Clarkson, 2004:31) and will serve as a theoretical framework for this study.

2.2 THEORETICAL PRINCIPLES UNDERLYING THE GESTALT APPROACH

The underlying assumption in Gestalt therapy capitalizes on the individual's natural capacity to gain insight into whole patterns as they occur. As a treatment method, Van Heukelum (2003:39) is of the opinion that Gestalt therapy has proven to be most effective for persons who are overly socialized, restrained, inhibited and who have limited experience of life. The core-principles have been identified and described by Perls, Hefferline and Goodman (1951) and will be briefly described to procure insight into the process of Gestalt therapy.

2.2.1 HOLISM

The German word *Gestalt* has no direct translation into a single English term. It encompasses concepts such as a shape, a pattern, a figure, a whole form and a configuration (Clarkson, 2004:1). Gestalt therapy draws on all of these meanings, with equal emphasis on the organized whole and on the notion of pattern (Kirchner, 2000). Latner (2000:19) explains the concept of *whole* as meaning that something is experienced as a unity or singularity although it is made up of elements. Each element in its own right can be considered as a whole.

Latner (2000:19) states that anything experienced as a whole can be considered to be a Gestalt. A Gestalt is composed of many elements from the field which include physical elements, ideas, history of a person and past events. In the Gestalt context it is believed that individuals cannot live without forming or making wholes of their experiences (Latner, 2000:19). Gestalt therapy is concerned with the wholeness of the individual, which includes the unity of mind, body and spirit; and with ecological wholeness, the oneness of ourselves and the environment. Therefore the person is never reduced to parts and structural entities, but viewed as an integrated whole with innate potential of growth and mature self-expression. Kepner (1987:2) states that body processes such as the individual's posture, movements, gestures and bodily experience must be understood in the context of the whole person. He further proposes that the body is part of the self and the person as a whole, and is related to the person's emotions and enduring life themes.

2.2.1.1 APPROACHING THE PERSON AS A WHOLE

A holistic view is based on the principle that the whole is greater, or different from, the sum of its parts (Kepner, 1987:38). The whole has an intrinsic unity of its own, a particular structure and the integration of its parts. Therefore, the person should be seen as "the integrated functioning of various aspects of the whole in time and space" (Kepner, 1987:39). However if the person, who is a whole, has come to experience him/herself as fragmented or in parts such as body separated from mind. Then disease or dissociation may result from this splitting. All physical processes, which includes somatic symptoms such as back pain and all psychological processes such as emotional conflict are considered "a part of" or "an expression of" the larger whole, the organism.

2.2.1.2 SELF WITHIN THE GESTALT CONTEXT

In Gestalt, the self is not viewed as an object or a static structure but is considered to be as fluid as a process. The self has no nature of its own except in contact or in relation to the environment. It can be seen as a system of interactions with the environment or be considered as an integrator of

experiences (Kepner, 1987:10). In the classical text of Perls *et al.* (1951:315), the self is described as a "system of excitement, orientation, manipulation, and various identifications and alienations". From this perspective the self is considered as a system of contact functions. This is the method of how the organism interacts with the environment to satisfy its needs and adjusts to environmental changes (Kepner, 1987:11). Oaklander (1994:143) supports this principle stating the total organism consists of all biological and psychological structures, process and functions and therefore the body is seen as an integral aspect of the self. This is emphasised by Kepner (1987:10) who states that "our bodily being is intrinsic to our relationship to our world and forms a base of our contact with our environment – our physical and especially our human environment – so that we may meet our needs and grow."

The Gestalt approach to body therapy is that the self or "I" is an embodiment as well as a thoughtful one, as organisms are constantly satisfying their changing needs through their physical being and their contact with the environment. Therefore the experience of the body is the experience of self. Embodiment is a concept that refers to the state of being united or as stated by Totton (2003:62) as "being at home in your body" as opposed to being alienated from it. If the body experience becomes an "IT" (a part that is split from self) instead of an "I" the person may feel out of control, dissociated or fragmented, which can be seen as loss of contact with earthly reality.

2.2.1.3 ORGANISATION OF BODY AND SELF: BIOLOGICAL BODY STRUCTURE AND ADAPTIVE BODY STRUCTURE

Kepner (1987:48) describes two types of body structures; namely the biological body structure, the genetic given base through which all biological growth and maturation occurs; and the adaptive body structure which is formed out of the individual's unique way of creative adjustment to life experiences usually characterised as postures, stances and tensions.

The Gestalt approach views the body structure as *the total* of the person's organismic adaptation to life and becomes only *meaningful* when seen in context, which is different when compared to other body-oriented therapies which attempt to classify body structures according to the individual's temperament, childhood trauma and character (Kepner, 1987:49).

Variations in body structure are as a result of organismic self-regulation occurs within a certain context. According to Kepner (1987:49), the person's unique family history, life experiences, and

sense of self provide the context in which that individual adapts and responds by shaping his/her thoughts, attitudes and embodiment. It is how the person physically responds, moves, stands, and interacts. Kepner (1987:48) states that the adaptive body structure is characterised as postures, stances, and tensions which are:

- (1) constantly and persistently used over time;
- (2) frozen into musculature and is visible, or are pre-programmed muscular responses that channel energy and movement into stylised movement pattern;
- (3) automatic and involuntary; and
- (4) not easily modified by moving differently or by changing the posture (behavioural change)

An initially adaptive and flexible process, for example hunching shoulders to protect the neck in response to danger, becomes habitual and eventually a fixed structure if the environment constantly requires the same response; or by going in confluence and making it a fixed part of the sense of self; or by compensating for a physical trauma, a disease or a genetic defect. When parts of body-self unity are disowned, then frequently the bodily aspects of those contact functions are alienated from the sense of self. The disowning of the body self is the removal of the “I” from the body experience, through inhibiting of certain movements or by desensitising of bodily feelings. Over time, unfinished physical expression may become structured into the body (Kepner, 1987:51).

Kepner (1987:15) describes that the self includes feelings, movement, painful experiences and a sexual identify which are expressed through the mind (the vocal self) and kinaesthetically through the body. These aspects of self are described by Kepner as:

- **Feeling and emotional Self, an aspect of body-self:**

According to Capacchione, (2001:1) the word *feelings* describe both physical sensations and emotions. Kepner (1987:15) describes feelings as emotional sensations which are felt in the organism’s body and states that within Gestalt therapy, the “existential event called *feeling* is a whole involving body sensations, mental events such as images and thinking, movements, and the environment”. From this, it is thus clear that physical sensations are part of the whole. For example feelings of sadness may involve constriction of the throat and tension in the diaphragm; nervousness may be described as “butterflies in the stomach”. Kepner (1987:16) states that feelings either flow naturally, like a river, or get dammed up. If a feeling is blocked or not supported by the environment, for example if expression of anger is not socially acceptable, the individual may have to suppress (stuff down) the expression of that feeling in normal contact or repress (deny) that

feeling and may label it as something “bad”. To remove a contact function is to deny the existence of a part of self and therefore removing bodily sensations of feelings.

- **Moving Self, an aspect of body-self:**

Through movement as in muscular action the individual expresses feelings, manipulates and shapes the environment, relates and reacts to others, creates and modifies boundaries and defends its organismic integrity. Movement has two functions, one of affect and the other of interacting with the environment (Kepner, 1987:17). Payne (1992b:28) states that movement therapy focuses on the qualitative (as in expression of feelings, and aesthetic qualities) function of movement.

- **Painful Self, an aspect of body-self:**

Situations in which a child is constantly exposed to or in threat of pain in form of physical violation, demeaning punishments, manipulation on body through medical treatment and emotional pain of loneliness will cause splitting of self. Children respond by shrinking away from their contact surface of skin and muscle in order to reduce the damage. This is a disowning of their sense of self and becoming detached from the body. Kepner (1987:18) argues that as adults these individuals often seek out abusive relationships that reinforce the need to disown the body and maintain protection against pain and hurt.

- **Sexual Self, another aspect of body-self:**

Like other aspects of the body-self, sexuality can be an integrated aspect of functioning or be disowned. If a person’s sexual nature is denied or distorted, then contact with the body, especially the erogenous areas, are disowned. Kepner, (1987:20) argues that experiences of societal and parental approval or moral condemnations on the expression of the child’s natural sexual urges and impulses can create fear and anxiety about one’s bodily being. Other experiences of intrusion such as incest, sexual abuse and parental-child seduction cause feelings of disgust, separation and complete disassociation, depersonalisation and disembodiment.

2.2.2 FIELD

The field is an important aspect of aware relations in the Gestalt approach. The field is defined as a network of interactions where all phenomena are linked (Latner, 2000:20). The Gestalt approach embraces all aspects of the field be they objects, animate life, ideas including their characteristics and the interplay in time and space, and the effects of relatedness over time. Nothing is

independent, everything is related to everything. Elements in the field become altered by their position in relation to other things. Therefore there is no such thing as objectivity as nothing can stand outside (Latner, 2000:20). Instead, there are only different perspectives or different positions which include the interplay in space and time.

From a Gestalt approach this implies that the researcher including their style of experiments, experiences, and perspectives are part of the field and can not be excluded from the therapy or study (Wolfert & Cook, 1999:5).

2.2.3 PHENOMENOLOGY

In Gestalt, therapy is based on the phenomenological approach which “studies the field as experienced by the person at a moment. Phenomenology takes as its only data what is immediately and naively experienced at a moment” (Yontef, 1993:239). This means it is the therapist’s role to focus on the truth by concentrating on the immediate experience of the individual, whilst simultaneously bracketing off his/her own ideas, judgments, beliefs, interpretations and not to interpret, explain or prescribe the meaning of an event (Clarkson, 2004:15). The individual is assisted to explore, find their own meaning of their field and experiences of being in the world (Joyce & Sills, 2001:16, Clarkson, 2004:15). This is facilitated by the phenomenological method of enquiry, which is a technique for investigating the quality of another's experience by means of

- (1) *horizontalism* – by giving all aspects of the phenomenon equal value, and by
- (2) *bracketing* - noticing, but setting aside one's own internal process, and by
- (3) *observing*, which means tracking the individual visually, kinaesthetically, and auditorally, and by
- (4) *describing* – by reflecting back or saying out loud to the one being observed what one notices and/or experiences in their presence, and with
- (5) *active curiosity* – is the therapist showing interest in the individual’s process and how they make meaning of their experiences (Joyce & Sills, 2001:16-17).

The Gestalt approach supports the concept that each person is an expert on their own experience, being able to organise data and give meaning to it. The phenomenological perspectives are dialogued (verbal and nonverbal) or communicated between client and therapist, where differences in perspectives become the focus of experimentation and continued dialogue.

2.3 AIM OF GESTALT THERAPY

Gestalt therapy is considered a process therapy which focuses on the *what* and *how*, the process rather than the content, and the *why* (Oaklander, 2001:51). Clarkson (2004:1) states that the aim of Gestalt therapy is for the individual to explore and experience their own patterns and wholeness; and to integrate all dissociated parts. It is a process that facilitates creating awareness or insight into the individual's process – what s/he is doing, how is s/he doing it, and how can s/he change and at same time learn to accept and value themselves (Yontef & Simkin, 1989:323). The goal of Gestalt therapy is not to change or fix but to facilitate self-healing (Lampert, 2003:9). The Gestalt therapist is not interested in the *why* or what caused the conditions but rather in the *how* or what is experienced in the *now*. Therefore, the therapist is focused on the actual experience and the awareness of thereof; and how to effect the integration of body, sensations, thoughts and emotions (Blom, 2004:53). They are to provide experiences, that experiment with parts of self that strengthen self, promote appropriate contact functioning, to complete unfinished business on the foreground, to promote healthy interactions with self and environment, creating healthy expression and satisfying of needs in the here-and-now which results in learning, growth and fulfilment of potentialities (Oaklander, 2001:52). Change, then becomes an inescapable product of contact and awareness (Kirchner, 2000).

2.3.1 AWARENESS

Awareness is considered a primary therapeutic tool (Yontef, 1993:139) and a major cornerstone in Gestalt therapy (Ferguson & O'Neill, 2001:98; Joyce & Sills, 2001:27; Rubenfeld, 2000:152). Information from the sensory systems leads to awareness, leading to figure formation. Full awareness is the process of being in vigilant contact with the foreground issue with full sensory, cognitive, emotional and energetic presence. It implies taking responsibility for sensations perceived, for feelings felt, for thoughts that were conceptualized and for directing action in accordance with conscious choices (Yontef, 1993:12).

2.3.1.1 QUALITIES OF AWARENESS

Latner (2000:18) states that awareness has five distinct qualities. These include:

- *Contact*, which is the meeting of difference and is also seen as the flow of awareness (Joyce & Sills, 2001:33).
- *Sensing* determines the nature of awareness. This embraces, close sensing such as touching or feeling; far sensing such as visual and auditory perception; and internal sensing called proprioception which will include thoughts, dreams, body sensations and emotions.

- *Excitement*, including a range of emotional and physiological excitations.
- *Figure formation* is the manner in which awareness is shaped and developed.
- *Wholeness*, which is defined as “the whole is greater than the sum of its parts” (Latner, 2000:19).

2.3.1.2 NATURE AND SHAPE OF AWARENESS

Yontef (1993:27) describes the term awareness as being “a form of experience”, a nonverbal sensing or knowing and being in touch with one’s existence, in the here and now and in one’s own body (Joyce & Sills, 2001:27). As the organism constantly seeks homeostasis, attempting to satisfy needs, awareness can be seen as “an energy used for assimilation and growth at the contact boundary, for self knowledge, choice and creativity” (Joyce & Sills, 2001:27). It also seen as a continuum, which can vary from moment-to-moment. Full awareness is considered to be a sense of connection or having full contact and on the other end of the continuum minimal awareness such as sleeping (Joyce & Sills, 2001:27).

Latner (200:17) sees awareness as a process in which the individual and the environment participate, therefore awareness is considered to be active and passive in nature. As previously stated, the aim of Gestalt therapy is to make individuals aware of their own process, sensations, feelings, wants, needs, thoughts and actions (Oaklander, 2001:52; Blom, 2004:50). It is the task of the therapist to make the individual aware of what s/he is experiencing, how awareness is blocked (resistance), lost or gained through working with fixed Gestalts or unfinished business, thereby facilitating the individual to restoring their awareness and re-establishing healthy self-functioning and growth (Joyce & Sills, 2001:28).

As the individual becomes increasingly more aware of what s/he is doing, feeling, thinking, what causes dissatisfaction, how s/he make contact with others and the environment and vice versa, this then can lead to change (Oaklander, 1994:145). Increased awareness in the here-and-now leads to discovery of choice and the possibility of experimenting and exploring with new actions that strengthens the sense of self and self-determination (Oaklander, 1994:146; 1982:71). Awareness includes responsibility for choice, self-knowledge, self-acceptance and ability to contact (Yontef & Simkin, 1989:335). All of this could lead to natural change (Oaklander, 1994:145).

Experiences are a crucial component when working with awareness in a therapeutic context (Oaklander, 1994:146; 2001:52). The therapist's task is to assist the individual to raise their awareness by showing genuine interest, expanding on and reflecting back on the ongoing experience which is happening at that moment; by staying in the here and now; and directing and focusing awareness with the use of interventions. The main focus of this research has been the use of experiments in forms of movement activities that were used to explore and experience awareness with the late adolescent.

Joyce and Sills (2001:30-33) believe that awareness is holistic, consisting of an inner, middle and an outer level, which Perls referred to as "zones of awareness". These authors believe that this is a useful metaphor and tool when assessing at what level of awareness the individual is functioning and to determine what intervention to be applied. Healthy functioning is indicated by the ability of the individual to oscillate between these zones, whereas being stuck or fixated in one area of awareness is considered as a pathology or dysfunction (Joyce & Sills, 2001:30-32). These zone are summarised in the following list box:

Joyce and Sills (2001:30-33) definition of zones of awareness	
Zone of Awareness	Techniques to increase awareness
Inner zone refers to the internal world which includes the subjective phenomena such as bodily sensations and feelings, visceral sensations, muscular tension or relaxation, heartbeat and breathing.	Verbal questions that bring attention to the body and its sensations are by asking questions such as: "How do you feel?" Or "I notice you hold in your breath".
Outer zone is awareness of contact with the outside world and utilises contact functions such as sight, sound, taste, touch, smell and movement. Having more awareness in this zone will increase experiences of senses, and create awareness of possible choices, and the ability to make changes in the way the individual responds and interacts with the environment.	Bringing attention to the choice of the individual's actions, movements, behaviours and the responses of environment by asking questions such as "What are you noticing? Or what can you hear or smell?"
Middle zone is the mediator making sense of external and internal stimuli or between the outer and inner zones. Its function is to organise and label experiences so that there is emotional and cognitive understanding. It contains memories, beliefs,	Asking questions such as "What sense do you make of this?" Or "What do you wish you could do about it?"

thoughts, fantasies, expectations and ways of understanding the environment.	
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2.3.1.3 HERE-AND-NOW

Latner (2000:13) states that Gestalt therapy is considered a present-centred approach based on two central concepts, namely the *here-and-now awareness* and the *interactive field*. The essence of "present-centered" is described by Latner (2000:16) in terms of (1) the time aspect, which focuses on the actual, the present or the **now** and not what was in the past or will be in the future or will be a potential; and (2) the location aspect, which focuses on what is **here** in front of the individual. Both awareness and the field only have meaning in the present moment, which implies that the Gestalt approach stands in the present and looks at any situation in the here-and-now. For example, this means that the past is here, now, imbedded in the present. In a Gestalt context the present contains everything, which includes memories, dreams, reflections, planning, anticipating and all present activities (Latner, 2000:17), also called the middle zone of awareness (Joyce & Sills, 2001:31).

2.3.2 CONTACT

Contact can be understood in terms of (1) its location, called the contact boundary; and (2) its distinguishing quality, called *meeting of differences*; and (3) its organization quality, called figure/ground (Latner, 2000:22).

Latner (2000:13) states "It is only possible to truly know ourselves as we exist in relation to other things". This supports the writings of Ferguson and O'Neill (2001:89) and Yontef (1993:107) that contact is about relationships and they are always in context. It also implies that contact is based on a belief that no person or thing can exist outside of relationships with other persons or things. These authors further emphasise that there are two dimensions that need to be kept in mind when considering contact. The one initially described in the classical work of Perls *et al.* (1951) which focused on aggressive energy that *acts upon* the environment to satisfy self needs. This means according to Perls *et al.* (1951:230), that "contact is the awareness of, and behaviour toward, the assimilable novelty; and the rejection of the unassimilable novelty."

The second dimension focuses on aspects such as innovation and compromise or co-operation, a process called *creative adjustments* that is described by Goodman (in Perls *et al.*, 1951). In this context contact is working *with* the environment, rather than acting *upon* it, therefore creating the conditions for intersubjective exchange. Contact is a quality of awareness and it literally means to

connect, to meet or to join (Latner, 2000:18). However, from a Gestalt perspective contact also includes the *meaning* of the meeting. Contact is the experience of difference. An example of physical contact is when two fingers touch then there will be an experience of pressure, if this does not occur there will be no contact. A relational example is when two people try to be like each other without maintaining a difference, this could be interpreted as avoiding contact, and the opposite as being in an I-Thou. For contact to exist or to be relating to each other implies touching where there is a difference, otherwise the individual may feel indifferent or part of the other (Latner, 2000:23).

The experience of no difference is the awareness of an undifferentiated field, which is the field before it is separated into foreground and background. This can mean that there is no focus, no contact or alternatively it may be the experience of oneness, being part of a whole (Latner, 2000:23). Excitement, the opposite of indifference is the trademark of contact and implies a feeling and concern, energetic response or action, and mobilization. Wheeler (cited in Ferguson & O'Neill, 2001:90) expands and rephrases contact previously defined by Perls *et al.* (1951) as contact being "the organisation of the subject in the field", implying that there are two qualities of contact, (1) the one with *individualistic* focus – the *subjective* organising of phenomena, and the other (2) the *contextual or field* focus – the *intersubjective exchange*. These two qualities are always creating some sort of tension which needs to be managed by the individual.

2.3.2.1 HEALTHY CONTACT

Human development, growth and the formation of self comes through the interaction (contact) with the environment (Kepner, 1987:12). This is supported by Gestalt therapists such as Joyce and Sills (2001:112), Oaklander (2001:48) and Clarkson (2004:41) who believe that psychological health is marked by good contact with self and others. Healthy living can be considered as a creative adjustment or continual modification to satisfy the person's changing needs and at the same time to find the best match between the individuals need, needs of others or the environment.

Through the process of contact the organism seeks out what it needs for survival, assimilates what it needed for growth, change and development; and rejects that what cannot be assimilated. This is considered healthy development. Healthy functioning is dependent on contact functions being fully available to the organism to meet changing requirements. Healthy contact involves use of the senses (looking, listening, touching, smelling), awareness and appropriate use of all aspects of the body, the ability to express emotions appropriately, and the ability to use of the intellect in various forms of learning, expressing ideas, thoughts, curiosities, wants, needs and dislikes (Oaklander, 2001:48).

Psychological disease occurs when contact functions become unavailable to the awareness of organism's to make contact with the environment. The more fragmented and, alienated the individual becomes from self or what is organically his/hers the bigger the split or dysfunction within the organism. Disowning intrinsic aspects of one's self such as needs, capacities or behaviours is like rejecting a part of self that continues to be part of us even if the person ignores it or rejects it. These aspects become an "IT", but continue to function within the person.

For example, when an individual disowns or alienates his/her body-self (makes it an "IT") and then relegates the "I" to the mind, the organism is split into a thinking and verbalising "I", and a feeling and nonverbal "IT". In this process many of the organismic functions of physical nature are lost to the awareness of the organism. Kepner (1987:14) states that the disowned aspect of self and lack of awareness can be maintained through:

(1) the physical nature of repression, such as tensing the body in such a manner that can prevent movements which allow the individual to make contact with others; and even tensing against bodily sensations which allow access to feelings of love, anger and compassion; and

(2) the use of language, the verbal vocabulary of identified self will overshadow the kinaesthetic language of the body, which eventually will become less and less available to the awareness of the individual (Kepner; 1987:15). The *range of disowner-ship* from the body can be depicted on a continuum, ranging from mild distancing of specific body feelings to severe psychotic disembodiment Kepner (1987:21-23).

2.3.2.2 POLARITIES OF SELF

Kepner (1987:26) refers to Zinker who stated that the self in action acts according to certain set of qualities which defines the self-image or sense of self. Heath is considered when the qualities of polarities are embraced as part of a person's awareness, for example: mind and body, kindness and cruelty, hardness versus softness, old versus young (Kepner, 1987:27). Each polarity of self is rooted in a bodily feeling and behaviour as well as in the individual's imagery and symbolisation. An example of increasing awareness of disowned aspects of self could be by giving voice as well as physical expression or to an archetypal aspect of a "beggar woman".

2.3.2.3 HEALING REQUIRES THE INTEGRATION OF BODY AND MIND INTO THE SELF

Bringing into the awareness the bodily nature of polarities such understanding the quality of softness and hardness, and being able to express this within the body will aid the healing of the split between mind and body. With greater availability of contact functions, the person is able to access their full range of their needs, behaviours and feelings.

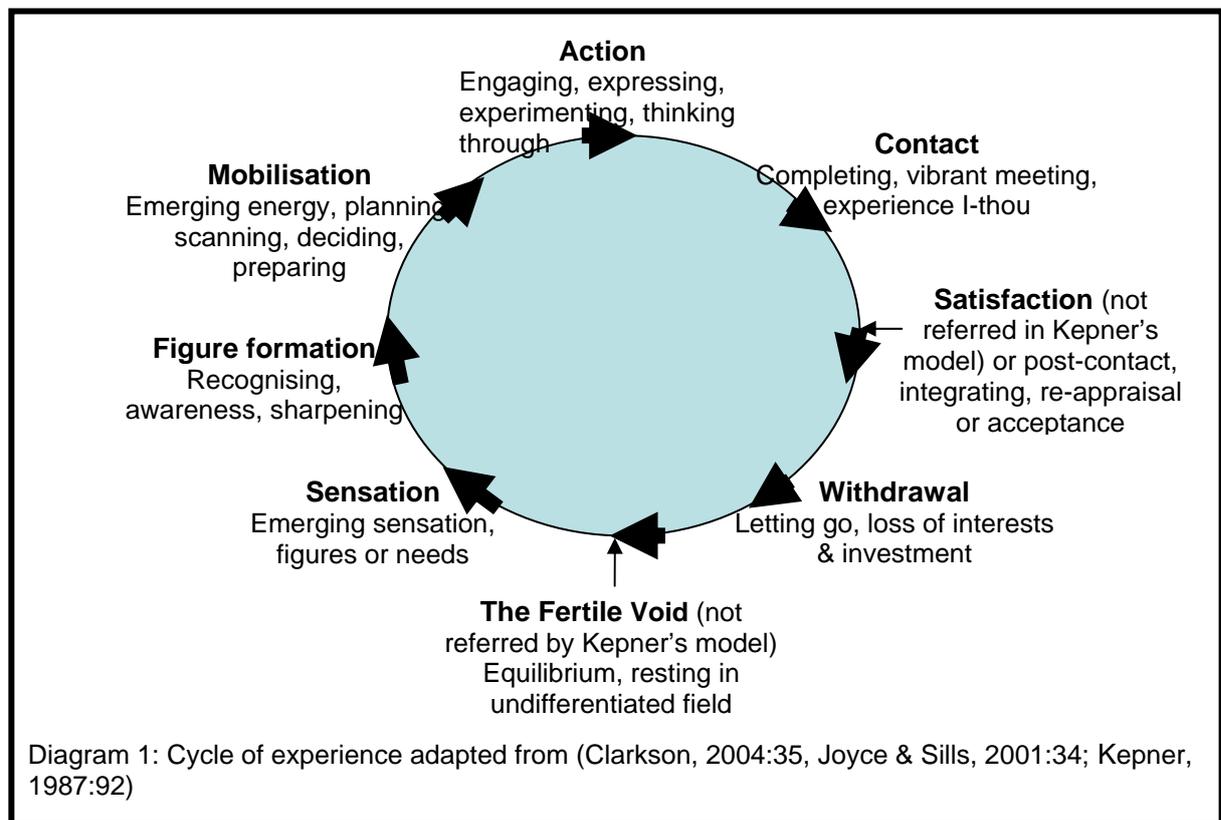
2.3.2.4 CONTACT CYCLE

A natural rhythm of every organism is to make contact or interact with the environment to satisfy any emerging need. It is a process consisting of phases of tracking formation, interruption and completion of emerging figures or Gestalt formation and destruction (Joyce & Sills, 2001:33).

Kepner describes the phases of this organism / environment interaction as a

process of a compelling need (a figure of interest standing out against the background that organises behaviour), contact in the environment the emerging need, the receding of the figure into the background (balance and completion), and the emergence of the next figure of interest. (1987:90-91)

This sequence is known as awareness cycle, instinct cycle, the as contact-withdrawal cycle contact cycle, cycle of experience, or cycle of self-regulation (Clarkson, 2004:34; Kepner, 1987:90). Achieving completion of needs will result in self-regulation, a balance of the organism/environment field.



In a contact episode there are a number of basic processes that form a flow or sequence of perception and behaviour oriented towards the completion of an organism/environment interaction. Although the content (such as contacting food, people or working through major life or body issues) and time spans may differ, the phases of process of each experience (organismic self-regulation) remain the same (Diagram 1). The cycle contact can be viewed from different perspectives (Kepner, 1987:90), from the point of view of:

- the organism, where the cycle is considered as a process or sequence of behaviour and experience that results in self-regulation
- the organism/environment field – cycle describes a sequence of interactions
- the phenomenology – cycle is what is experienced (figure or need) at that moment as the foreground at particular stages of the contact.

The contact cycle can be represented as a circle or wave indicating the continuous nature of the process or interrelatedness and wholeness (Clarkson, 2004:34). This process has been described by numerous Gestalt theorists as ranging between four and seven phases. It is considered a useful tool in identifying which part of the sequence has been interrupted or modified (Joyce & Sills, 2001:35). Kepner (1987:92) summarises the phases or focus points on the cycle of Gestalt formation and destruction as:

- Sensation (fore-contact phase): is the raw data of experience, the background from which the organism begins to organise its functioning. For example, a person experiencing back pain might be as a result of bodily discomfort. Through the bodily nature of excitement, the needs are felt.
- Figure formation, also called fore-contact phase by Clarkson (2004:35): an awareness of the emerging social or biological need; it is creating a meaningful whole from the experience that can organise behaviour (for example “recognising I was hot and needed to move”). Through the bodily nature of orientation the individual organises themselves to meet their needs.
- Mobilisation and excitement phase of contact: is the increase of energy or interest that prepares the figure into action (for example the urge to stretch).
- Action (phase of contact): is the choice of and implementation of movement, manipulation or behaviour that brings the organism into contact (for example the act of stretching).
- Contact: the actual meeting of need and completion of figure (for example satisfying needs such as bodily needs) also called final contact by (Clarkson, 2004:35).

- Satisfaction: refers to Gestalt completion and gradual assimilation making place for other needs to arise, an additional phase called post-contact added by Zinker (cited in Clarkson, 2004:42; Joyce & Sills, 2001; 34).
- Withdrawal: the fading of a figure into the background or organism at rest moving into a fertile void (Clarkson, 2004:43). Through alienation (withdrawal and assimilation) the individual rejects (makes a not-I) what is foreign to their nature. After withdrawal, the person moves into a neutral zone or place of creative indifference, a place with no agenda and being alert to respond to the new emerging sensation (Clarkson, 2004:52; Joyce & Sills, 2001; 36).

Healthy self-regulation implies that there is a smooth flow of figure formation and resolution of the need in the environment. Sometimes the completion is not supported by the environment due to insufficient resources in the environment; or the manner in which the organism interacts may cause unsupported responses from the environment. To temporarily interrupt or delay contact is considered a healthy adjustment, as the organism has the ability to adjust to changing circumstances of experiences and the environment (Kepner, 1987:93).

Disease or organismic disturbance occurs when the contact cycle is habitually interrupted (Clarkson, 2004:55). Interruption of needs and pushing them out the organism's awareness may result in unfinished business that manifest in disease such as anxiety, depression, physical pain and lack of wholeness. To illustrate: to continually ignore the need to move the body from an uncomfortable sitting position may eventually cause lower back pain, an embodiment of unfinished business. The cycle of contact can be seen as a template to locate where the person becomes stuck within the sequence of self-regulation (Kepner, 1987:93). These points are called *resistances* or interruptions to contact. These contact modifications can be seen as creative adjustments that may or may not be appropriate (Joyce & Sills, 2001:113).

2.3.2.5 BODILY NATURE OF THE CONTACT CYCLE AND INTERRUPTIONS (CONTACT MODIFICATIONS)

Action, contact, choice and authenticity are characteristics of good health, whereas ill-health occurs when the process of Gestalt formation-destruction-reformation has been disturbed (Clarkson, 2004:50). For example, a psycho-physiological process such as not breathing completely out that is keeping the chest inflated impedes the natural flow of breath. Unfinished business is an incomplete Gestalt or unfulfilled need which causes energy to be blocked or interrupted. It is part of human

nature to create wholes even if it is distorted or pathological (Clarkson, 2004:52). The incomplete *Gestalten* may manifest themselves in body amount/ character.

Clarkson (2004:54) states that there are seven psychological ways described in Gestalt, which maintain unfinished business and impede good contact. However, all contact functions can be considered healthy when authentically chosen and used in context and are considered unhealthy when becoming fixed, disturbing the flow of Gestalt formation cycle (Clarkson, 2004:55). Particular boundary disturbances tend to be more prominent at a particular phase of the cycle of awareness, but may occur at any of the phases in the cycle of Gestalt formation and destruction (Clarkson, 2004:60). The aim is to make the individual aware of how they make contact and that they have choices.

The next section will discuss the bodily nature within the cycle of contact and its most prominent contact interruptions according to Kepner (1987).

2.3.2.5.1 Phase of sensation and body process

The cycle of experience begins in sensation. Sensations such as bodily feelings, organic drives and wants, images, thoughts and perceptions of the environment are in the sensory background stored as raw and undifferentiated data until organised by an emerging need (Kepner, 1987:94). The organism's sense of reality is based on the degree of contact with the sensory ground or background. The more access the organism's awareness has to a full range of sensations, the more meaningful the figure formation (Kepner, 1987:96).

Bodily sensations are a primary way of grounding the organism and all its experiences. All actions emerge from that sensory background. Kepner (1987:96) states that senses can be broadly divided into two categories, namely those that:

- Focus on internal sense of self, which is proprioception, a sense of location of body parts. Frank (2001:71) states that it encompasses all aspects of movement and includes: *kinesthetic* sense of movement which is active or passive, resistance to movement or weight; *visceral* sensations is a sensitivity to pulsations of internal organs such as fullness or emptiness of digestive system, hunger, heartbeat; numerous receptors of pain and pressure; sensation of thoughts and visual images; and *vestibular* is the awareness of spatial and direction of motion. These inner

sensations indicate the organism's current feelings, needs and ground him/her into their personal reality.

- Focus on those senses such as vision, hearing, taste, touch and smell that ground the organism in the environment and determine the relationship to it.

Proprioceptive sensations form the ground from which aware contacting emerges. Frank (2001:72) describes that kinesthetic and vestibular sensations provide moment-to-moment information regarding "where we are – our existence to earth – and how we can move elsewhere – our relation to time and space." Without clear and available inner and external sensations, the individual may lose touch with who s/he is; what his/her needs are; their location and relation to the environment as well as the ability adapt or adjust to the environment (Kepner, 1987:96).

The ungrounded self occurs due to sensations that can be disturbing to the organism because

- they are uncomfortable;
- they can not be discharged or met
- they conflict with learned beliefs and social norms

Disturbing sensations that cannot be avoided through acting on them or escaping can result in the organism altering its perception of that sensation. The most common way of avoiding contact at the sensation phase is known as *desensitisation*. This is a process of coping, by altering the perception, minimising experience of self, shutting down the inner zone and bodily needs (Clarkson, 2004:60; Joyce & Sills, 2001:118). In the Gestalt context, desensitization occurs when the organism has limited or deadened some areas of its sensory ground. The individual has become less sensitive to stimuli, which is a resistance to contact or as a defence mechanism (Kepner, 1987:98).

The desensitising process can range from temporary avoidance to more structural processes. Examples of desensitisation may range from fleeing of feelings through intellectualisation causing a disembodied life; distorting vision to break contact; lack of identity; detachment and un-involvement due to dulling contact and involvement with the environment; to more severe desensitisation such as depersonalisation or dissociation which is directed at sense of self and disconnection from the world; excessive drinking, not noticing hunger pain, going without sleep or working under extreme pressures or risk (Joyce & Sills, 2001:118).

Kepner (1987:100) states that the organism can desensitise itself to an experience by:

- Selective or avoidance of attention before the internal sensation becomes clear in the awareness.
- Interference with breathing, as shallow breathing deadens the tissue.
- Chronic muscular contraction is the deadening of tissue and preventing movements. This may eventually become static and structural which results in hard and thick musculature or body armour.

The other end of the continuum is known as *sensitivity* or an over-load of stimuli (Joyce & Sills, 2001:119). Examples include being hyper-aware of body sensations, or cognitive and emotional senses.

Suggested interventions or re-sensitising requires restoring of good sensations (Kepner, 1987:101). Work on re-sensitisation is a process that involves engagement, integration and growth working through unfinished business as well as exploring new ways of creative adjustment (Kepner, 1987:107). Techniques that assist in undoing desensitisation involve focusing and sustaining attention; working with breath and body-oriented work to enliven the body ground. Techniques described by Kepner, (1987:101-105) and Joyce and Sills (2001:118):

- Focusing: is the process supporting the client to pay attention on the body experience, and where the energy is held and to sustain that focus long enough for the sensation to become differentiated and allows a clear figure to emerge. At the same time the client is encouraged to develop a language to describe the body experience: "I have a sad heaviness around my heart".
- Breathing: continuous and regular inhalation and exhalation facilitates development of sensation and creates a charge within the body. Without breath the body becomes frozen and awareness of bodily events are minimised.
- Enlivening: is necessary when body areas have become structurally limited through chronic tension and deadening of tissues. The use of touch and movement can stimulate and open body tissue, releasing desensitisation.

2.3.2.5.2 Phase of awareness / figure formation and body process

Raw or undifferentiated sensations form the base of organismic functioning. To attract attention (need) these must be organised into something meaningful. This process is called the emergence of a *figure* against a background (Kepner, 1987:109). Body sensations are an important part of the figure formation process. For example, the feeling of sadness is a set of body sensations that

include wateriness and tension around the eyes, warmth and heaviness in the chest area, and together they become an emotional figure. Once this emotional figure becomes meaningful, it will guide the organism's functioning, such as expressing of tears or seeking comfort from others. To leave important feelings unexpressed or truncated is to deny an aspect of self. These uncompleted experiences are called *unfinished business* within the Gestalt context. Kepner (1987:113) argues that, allowing the body process to become part of the figure formation adds to and facilitates the creation of unified and meaningful Gestalts.

A common way of reducing or avoiding awareness in the figure formation phase of the cycle is *deflection*. This is an active way of ignoring internal stimulus (feelings and impulses) and avoiding needs or demands of the environment (Clarkson; 2004:60). Examples include endless talking or laughing, avoiding eye contact, focusing on the needs of others rather than self; or a passive-aggressive person might stare out the window or sit sulking. The other end of the continuum is known as *reception* which involves an openness to experience full contact with the environment (Joyce & Sills, 2001:117). Examples of individuals who take in too much information is seen in an over-detailed speech or an inability to make any meaningful Gestalts. Suggested interventions are to become in touch with the inner and middle zone of feelings and thoughts, grounding exercises to enhance embodiment, and identifying and naming of reactions and responses.

2.3.2.5.3 Phase of mobilisation and body process

Mobilisation is the preparation for action or the capacity to shift into action. Kepner (1987:120) states that this phase of the contact sequence is often very subtle and an easily-missed aspect. The type of mobilisation has an impact on the overall quality of contact and effect on the creative adjustment in the organism/environment field. For example, speech can be considered as action. Giving meaning to speech and communication is determined by the tone of voice and the type of breathing that supports the vigour of speech, posture and bodily stance of the individual. Other examples of mobilisation can be seen in the action of meeting the physiological need such as hunger; or how the individual reaches out for others, defends his position, and obtains her goals. Without effective mobilisation, implying sufficient build of energy, life is experienced without excitement, movements are sluggish and behaviour is without force (Kepner, 1987:123).

According to Kepner (1987:123), mobilising for action requires three basic processes. These elements are:

- *Readiness* - is having a sense of focus towards action, which includes cognitive, perceptual and physical orientation towards that action.
- *Support* - is how the person is physically organised to receive support of the environment and supports him/herself for action to be taken. For example: how does the body posture support the person to move or does s/he use a chair that is an environment to support his/her whole being.
- *Energy charge* – is the build up of energy and impetus for action or discharged into action. Energy charge has traditionally been called *excitement* in the Gestalt literature (Kepner, 1987:127). Kepner stated that it is important not to confuse the term mobilisation as being the phase of “energy”. Energy is excitement which is a phenomenon experienced in different ways throughout the cycle of contact.

To mobilise means to be willing to move from the safety of inaction into the unknown. Kepner (1987:128) suggests that the following body processes can interfere with mobilisation and cause interruptions. These are (1) breathing is body process that is most directly connected to the regulation of organismic energy and any changes in breath can cause dysfunction. Experimenting with breath to create energy charge can restore healthy functioning and self-regulation. (2) Body structure is maintained by muscles. Any rigidity or tightly bound musculature will prevent absorption or distribution of energy charge. (3) Energy expressed in body posture (for example, hanging shoulders) can express lack of energy or prevent mobilisation and self-support.

Introjection, a boundary interruption, may interfere with any phase of the awareness cycle but often has a major impact within the mobilisation phase. This is a process usually starting at infancy, where all sources of nourishment (food, relationships and information) are ingested without being evaluated and assimilated (Clarkson, 2004:61). Introjections are when the individual is ruled by internalised ‘shoulds’ and this often becomes the core of other fixed modifications of contact (Joyce & Sills, 2001:125). There is a lack of inner sense or self-directness; for example, a person who is depressed might not stop eating because s/he cannot mobilise energy due to a toxic introject such as “you will never lose weight”. Suggested interventions include phenomenological method of inquiry, exaggeration, role-play and so forth. The opposite pole to introjection is known as *rejection* (Joyce & Sills, 2001:127). Examples of habitual rejection might appear as mistrust, rebellion or excessive self-reliance and refusal of love or advice, love given.

2.3.2.5.4 Phase of Action and body process

The action phase is concerned with expressive movement and energy release, through expression of feeling, movement towards the contact object and interaction with the environment in order to complete an organismic need. Within the Gestalt context, movement is seen in the context of completing organismic needs. Therefore movement must be grounded in sensation and feelings that bring the organism into in appropriate contact. Action is defined as “*movement in service of contact (completion of needs) or movement towards final contact*” (Kepner, 1987:141). Healthy action is considered as “completing” through making contact in the here-and-now, otherwise the needs will remain incomplete and unfinished.

Through action the individual moves their energy, vitality, needs and feelings across the organism/environment boundary. Movement or motoric action is considered a crucial aspect in the cycle of organismic functioning as it influences the organism’s expression and sense of self. Two aspects of movement that will influence the level of healthy functioning of the organism are (1) the manipulation of the environment and (2) the expression of self. These are discussed below:

- Manipulation of environment: Young children use movements such as reaching, grasping, running, walking and vocalising to act in and on their environment to meet their needs such as seeking emotional contact and biological substance. This is contact with novelty which results in growth. Kepner (1987:143) states that the motoric manipulation of the environment does not change when the child becomes an adult. The ability to use physical capability to position oneself towards an object of interest and contact can be seen in the amount of movement and musculature of the individual. For example: does the client actively move towards contact or away from others?
- Expression of self: The process of translating inner feelings into self-expressive movement means bringing an aspect of self into the environment across the organism/environment boundary. Examples are: expressing longing would translate into reaching out for contact; anger would become loud voicing or sadness could be expressed as sobbing. Kepner (1987:144) sums this up as “feeling becomes expression in the environment and the whole is emotion”. Emotions provide the motivation to act. The word emotion is based on the Latin roots *e* (out) and *movere* (to move): to move outwards (Kepner; 1987:16; Capacchione, 2001:2). The visceral and sensory experience of feelings can be expressed as movement (Kepner, 1987:16). For example the feeling of longing if expressed fully may become the movement of reaching out physically to another. From the above perspective movement can be seen as a function of self that serves to move the individual towards completion and wholeness.

Expressing a feeling is a contact function and achieves the following:

- It discharges tension and energy built up in the mobilisation phase.
- It communicates the inner state to others, so that others can respond.
- It connects the individual to others and the environment (external).
- Its awareness of the action shapes and supports the sense of self (internal).

Accurate communication requires congruent expression that includes words, facial expression, vocal volume, and appropriate gestures and postures. Limiting or inhibiting self-expression and communication requires that bodily movements are restricted and inhibited (Kepner, 1987:144). In the Gestalt context the *self* is not a fixed structure but is created through contacting. For example, “I do not have a low self-image” but “I experience myself negatively through something I say”. Kepner (1987:142) states that the “one’s self is found and made through experience (contact), of which motor behaviour (action) is an essential part”.

Healthy action requires a number of conditions. These are having (1) a musculature that has adequate strength and is able to have flexible movement; and (2) the ability of breathing - full and complete inhalation energises and mobilises; full and complete exhalation facilitates discharge of energy and gives focus and strength to the individual’s movements.

Projection, is considered a healthy contact function when used to plan and anticipate the future, or when being creative such as being an artist and when used with imagination. There are circumstances in which the organism’s feelings, the sensory aspect of that affect, must be disowned or temporarily delayed. It becomes a dysfunction (disowned movements from body self), when the individual disowns an aspect of self and blocks it from their awareness and transfers onto the environment – seeing in others what they do not acknowledge in themselves (Clarkson, 2004:62). For example, if the expression of anger or vulnerability are not acceptable or are seen as a weakness, then the movements that express that anger or vulnerability must be prevented by the organism. If expression is denied on a more long term basis, then gradually these movements that express those feelings as threatening to the sense of self and will become disowned. Movements related to those contact functions will no longer be available to the individual’s awareness and part of his/hers contact functions. This is expressed by Perls (in Capacchione, 2001:6) as: “when emotions are repressed, denied, not allowed to be whatever they may be, our network pathways get blocked, stopping flow of the vital feel-good unifying chemicals that run out biology and behaviour”.

The polarity to *projection* is *ownership*, which is the ability to take responsibility for aspects of self (Joyce & Sills, 2001:125). Examples of unhealthy ownership manifests in self-blame or excessive guilt.

2.3.2.5.5 Phase of contact, final contact and body process

The process of contact and the experience of the I-boundary as described by Polster and Polster, (1973:115) and Kepner (1987:166) may differ from organism to organism. The boundary between self and others is defined and experienced due to influences such as value systems, familiarity, exposure and physical or bodily functioning and feelings. Much of the contact with the environment is through touch, involving the boundary of the individual's skin, muscles, physical nature and eye contact. Kepner (1987:167) states that to a large extent the individual's interpersonal contact is the negotiation of physical space through gestures and movements.

Essential functions of the contact boundary that are rooted in the body process and have been described by Kepner (1987:171) and Perls *et al.* (1951:230) as the (1) maintenance of difference, (2) rejection of danger, (3) coping with obstacles, and (4) selection and appropriation of the assimilable novelty. Kepner (1987:168) proposes a model that describes how the body-self participates in maintaining, modulating, selecting and preventing contact. The body-self is described as consisting of a boundary layer and space which includes the physical body and part of environmental field. This is summarised as follows:

- Body as a *boundary layer* - here the skin surface, musculature and body openings is considered a physical boundary, the place where contact is experienced as the “me” distinct from the “other”. Boundaries are considered more than a physical structure. It is an ongoing process of modulation and change. From this perspective, the capacity to regulate the musculature by hardening or softening, is considered a physical process by which the organism changes the permeability of self to contact and thus manages what novelty is selected and assimilated or rejected.
- Body as a *boundary space* – “is the buffer area of self, the place where *me* and *environment* diffuse into one another” (Kepner, 1987:171). The boundary space is a process constantly being adjusted or defined, in order to (1) regulate the actual distance from others, which is the pace and intensity of the contact, and (2) to manage the physical contact onto the body boundary layer. The amount of surrounding space changes according to the organismic needs,

perceptions and the conditions of the environment. The organism regulates, modifies and communicates its body space through the body process, which is mainly nonverbal. This is further divided into two domains:

- distal boundary space – social distance, the space around the body outside the range of touch. The actual distance that is required between self and environment can be regulated and communicated through body processes that involve (1) the sensing of body signals that indicate comfort/discomfort, (2) gross motor activity such as movement through space and (3) the use of verbal and body language including posture, gesture, voice tone and facial expressions. (Kepner, 1987:172)
- proximal boundary space – intimate distance, the space around the body within the range of touch. This space is managed by gross motor actions such as adjusting body positions by leaning back or moving away and use of hands.

Factors that have an impact on the body process at the boundary are stated by Kepner (1987:173) as:

- The ability to adjust the form and pace of contact is influenced through movement, posture and verbal / nonverbal communication which is congruent with needs for self-regulation. Otherwise contact could become intrusive causing a loss of self.
- Permeability of the boundary layer. Good contact is considered as having sufficient openness and at the same time remaining differentiated enough from the other, as well as being able to close the boundary so that the organism is protected against unwanted intrusion and danger.
- Discrimination of the experience of contact is attending to one's bodily sensations, feelings and responses and therefore having the ability to perceive the impact of the contact onto one's own organism and sense of self.

Boundaries do not have a fixed form. Healthy functioning is considered when the individual has the capacity to adjust their boundary and space according to the need and the context of the contact.

Difficulties during contact from a body process perspective occur when the individual does not have the capability to modulate the form and pace of the contact through the negotiation of boundary space, and adjusting the permeability of the boundary layer or the ability to discriminate the experience of the contact. The dilemma of these styles is influenced by the selection of what is the assimilable novelty and the rejection of the unassimilable novelty. One contact style leads to growth and development, the other to dysfunction. *Introjection* as discussed previously in this chapter, is to

take in across one's boundary in an unselective, uncontrolled or unregulated manner (Kepner, 1987:174). Perls *et al.* (1951:199) describes this as "to swallow down whole what does not belong in your organism" – which means to take in what does not become part of self. An example of this can be seen in young children when their own needs and perceptions are displaced and intruded by adults. Intrusion may be in form of expectations for performance; constant rules and regulation for contact; or living out the parent's narcissistic demands. A child can modulate his/her boundary (contact style) by giving up their own needs in favour of others introjected needs; or by closing down of boundaries to any contact and/or attacking any approach that is intrusive as a preventative measure. This is the dilemma of introjection or reaction formation to introjection and from a body perspective. Were no nourishment takes place, this is called *underbounding* and the other is a result of *overbounding* as there is little taken in to be assimilated as a high amount of boundary space is maintained (Kepner, 1987:175). When the boundary is too permeable and the sense of "I" is dissipated or not yet developed, as in younger children, then this is called underbounding.

An identity cannot be maintained without intact personal boundaries (Kepner, 1987:178). Being aware of one's personal body boundary allows the individual to communicate through their body language and posture what personal space is considered as acceptable. With overbounding the person creates a shell whenever their contact is threatened. This can be seen in the body structure where the muscles, whose function is movement, have been converted into acting like bones (Kepner, 1987:179). To become overbound requires the motor development to harden the body, which functions to remain differentiated and maintain organismic integrity. Kepner (1987:179) states that overbound individuals often report symptoms of feelings of insulation, loneliness, being unloved, feeling rejected by others, fears of opening up as all of this results in a loss of control. Suggested interventions include **movements and dance** and physical experiments to establish and explore boundary layer and space.

2.3.2.5.6 Phase of final contact and body process

Final contact is the moment of meeting when boundary between self and other disappears (Kepner, 1987:186). The boundary is temporarily dissolved or rendered permeable allowing for perceived separation between and self to disappear. The new, can then enter into itself, creating the possibility of nourishment and growth.

Retroflection, a contact interruption is suggested to be characteristically occurring around final contact phase. It occurs when the individual holds back the need to take action (speech, expression

or feeling and behaviour) or the energy does not discharge or connect appropriately (Clarkson, 2004:57). If the energy is not naturally discharged or not acted out on the environment, it may be directed onto self, which is often held in the body in form of tensions, cancer, somatic illnesses, depression and self-harm (Joyce & Sills, 2001:115). The other type of retroreflection is to do self that what one would like others to do to oneself (Clarkson, 2004:63). An example of this is to stroke oneself. The polarity to *retroreflection* is *impulsiveness*. Suggested interventions are grounding exercises and heightening awareness of body boundaries (Joyce & Sills, 2001:116).

2.3.2.5.7 Phase of satisfaction and interruption

Egotism, a phase not addressed by Kepner, is capacity for self-reflection (Joyce & Sills, 2001:122). It is like watching oneself and becoming a commentator on oneself and the relationship with environment (Clarkson, 2004:64). This dysfunction often occurs around the satisfaction cycle when the individual cannot derive a sense of completion or satisfaction and rushes into the next experience. There is a lack of spontaneity and by controlling and alienating the physical self and the environment. Examples are: excessive preoccupation with one's own thoughts, feelings, behaviour and its effect on others; or the inability to achieve climax during intercourse. Suggested interventions are grounding exercises to focus on body process and environment. The polarity to *egotism* is *spontaneity* and in unhealthy form can appear as mania and anti-social behaviour (Joyce & Sills, 2001:123).

2.3.2.5.8 Phase of withdrawal, assimilation and body process

Once final contact ends, whether through saturation or other withdrawal, that *what* was experienced must be assimilated so that a new figure can emerge. This phase is called withdrawal from contact. The completion of the cycle requires the organism's energy and awareness to revert from the environment back to self. Kepner (1987:189) views the withdrawal phase as a "rhythmic punctuation" to the cyclic human process of contact. The nature and intensity of contact influences the process of withdrawal and assimilation (Kepner, 1987:189).

Regardless of the nature of the contact, whether developed over a long or short period of time; and whether the method of ending was gradual or abrupt; wanted or unwanted, tasks such as bodily processes of slowing down and moving inwards are necessary and need attending to in order to complete the present cycle so that the next one can begin (Kepner; 1987:191). The body process is

part of the phenomenon of withdrawal, usually involving a certain set of tasks (Kepner, 1987:192).

These elements of the withdrawal phase include:

- *Disengagement from contact* – involves the task of shifting the attention from the contact object towards self. The shift is usually signalled by some *bodily signal* of satiation involving sensations such as fatigue, sense of fullness, dulling of perceptual intensity, or a sense of satisfaction; and *bodily movements* such as physically separating, shifting or breaking eye contact; and a slowing down. Difficulties can occur in the disengagement when individuals are in a state of confluence or enmeshment (Joyce & Sills, 2001:120); and feelings of anxiety and emptiness may occur when individuals have little sense of self or sense or physical sense of bodily boundedness (Kepner; 1987:193). Originally, this dysfunction had a survival function and was necessary for the infant's development (Clarkson, 2004:65).
- *Re-forming self boundary* is a task necessary to reaffirm one's sense of self or defining the "I" after having separated from the contact object. It is a process of returning to "home ground", finding a bodily space to locate a sense of self. Without this clear sense of bodily-self withdrawal can be difficult. It should be noted that this process is part of child development (for example individuation) where the symbiotic bond between infant and primary caregiver starts to separate. However from a Gestalt perspective this is not seen as a development milestone but rather as characteristic of an ongoing contact and withdrawal process (Kepner, 1987:195).
- *Assimilation and closure* – The aim of contact is that the self boundary is recreated to include or assimilate the new experience or material that results in growth which in turn results in the emergences of a new Gestalt (Kepner, 1987:196). Every contact creates some emotional and or body response impact which needs to be digested and assimilated. Each assimilation results in a new whole or Gestalt and an awareness on the impact of the contact in terms of what is completed and what is unfinished. Closure indicates the full turn of the organismic cycle and may be experienced as a sense of calm or a sense of loss and mourning with mixed and ambivalent feelings.

Health is considered when one knows when to move into confluence, manage boundary-keeping and boundary-making. Kepner (1987:198) states, that as much as there could be a fear of losing oneself when moving into contact or final contact, there could develop another dilemma when contact is ceased with the environment. Common fears of losses such as loss of self; abandonment by others and possible feelings of grief, mourning, and anger may be experienced by the individual.

Intervention suggestions include use of 'I' statements; exploring separations and endings; similarities and difference (Joyce & Sills, 2001:121). The polarity to *confluence* is *withdrawal*, such as feelings of alienation or being invisible.

2.4 MOVEMENT

2.4.1 DEFINITION AND THERAPEUTIC VALUE OF MOVEMENT

The meaning of movement, its value and application within a therapeutic context has been described and defined in various ways. These are briefly addressed in this section.

Bloom defines movement within the context of *movement psychotherapy* as:

bodily responses to internal and external stimuli. It comprises posture, gesture, position as well as movement through space; it also refers to freedom or restriction (physical and/or psychic) experienced in stillness. Movement refers not only to what one does, but to a sensoriaffective registering of who and how one is. (2005:56)

Oaklander (1988:127) defines movement as being one of the senses. Being aware of how we stand, move, use our body, how it feels and how it can be improved is important. This is supported by Sherborne (1990:v), a pioneer in developmental movement who sums up her experience of teaching and observation of human movement as “all children have two basic needs: they need to feel at home in their own bodies and gain mastery, and they need to be able to form relationships. The fulfillment of the needs – relating to oneself and to other people – can be achieved through good movement teaching”.

The word dance has been defined as and generally refers to human movement either used as a form of expression or body language or is presented in a social, spiritual or performance setting (The Encyclopedia, 2006). The meaning of what constitutes dance is determined by social, cultural, aesthetic, artistic and moral constraints and values. Dance may range from functional movement such as folk dance, to codified techniques such as ballet. Dance is movement with meaning or intention as it creatively and uniquely combines thinking, feeling, sensing and doing together (Pasch in Elliott, 1998:253). Dance is considered a form in which human emotional images are richly expressed (Sakata, Shiba, Maiya & Tadenuma, 2004:428). These authors continue to state that the body can act as the medium or express body-mediated information through (1) dance, which is conscious and intentional body expressions, and through (2) facial expressions and gestures which are unconscious and unintentional body expressions. Payne (1992b:3) views dance and movement as being “active, body-based, expressive and communicative media”.

Movement can be seen as a useful form of communication when working with populations such as children, adolescence, the elderly and dementia patients or those individuals where the spoken word is not a primary means of communication (Nemetz, 1995:26; Sandel, 1994:38). Authors such as Sakata *et al.* (2004:428) proved in their study that interpersonal communication happens on a verbal and nonverbal level. They further emphasise that nonverbal information is reflected in the tone of voice, manner of breathing, facial expressions, postures and gestures, which are conveyed through the human body. It is said that gestures which are directly connected to human emotions are considered among the most primitive forms of information conveyed through the body (Sakata *et al.*, 2004:428). The quality of movement can be recognized in facial expression, in stillness of the heartbeat, in breathing and body attitude or as “the language of the body” (Berrol & Cruz, 2004:5). Creative thinking and behaviour is stimulated through the utilisation of movement activity as a nonverbal creative process (Caf, Kroflič & Tancig, 1997:356).

Movement, benefits individual's physiological and psychological well-being by facilitating a healthier connection with body, senses, cognitive skills, improving body awareness and body image (Elliott, 1998:253). This author emphasis that movement embodies thoughts, feelings, elicits imagination and animates the spirit providing an avenue for nonverbal communication and a different mode for personal expression - connecting body, mind and emotions, creating the possibility of an experience or sense of wholeness. Espenak, one of the early pioneer's in dance therapy, describes in her classical work that the underlying concepts of dance therapy is based on the “expressive aspects of a personality, in its gestures, movements, and postures, are a function of the individual totality: the intellectual, emotional, unconscious, and somatic totality” (Espenak, 1981:3). She suggests, that based on the concept of totality and interaction of all phenomena, intervention can occur at any of those levels. Payne (1992b:3) states that through the creative act of moving with others in a group or by oneself can enable the integration of mind, body and spirit. Improvisation, re-enactment and creative dance can release tension; aid self expression; allow the experience of close contact within a safe, non-threatening and non-sexual environment; facilitate the experience of being in a supportive and cooperative group; allow the rediscovery of play and joy; create the opportunity to experiment with negative and positive feelings; practice skills in relating to others exploring different contact-making styles such as giving and receiving, assertiveness and so forth; and allow those that experience isolation to connect.

Movement observation and assessment is an integral part of movement therapy and provides data for the diagnostic or psychological formation. Assessment tools such as Laban's Effort/Shape

notation, a specialized language for analyzing vitality affects, or Kestenberg Movement Profile's or Movement Psychodiagnostic Inventory are used to explore issues of validity and reliability of movement (Meekums, 2002:7; Totton, 2003:112; Cruz & Koch, 2004:45). McNeely Tyler (2000:106) states that movement and dance can be utilized without being analysed in the sense of a formal assessment which supports the Gestalt therapeutic approach of non-interpretation (Payne, 1992a:7), thereby allowing the individual to create awareness and explore the meaning of their own movement (Rick, 2001:370). This supports an important element in Gestalt theory, that humans naturally complement or change their perceptual patterns to fit to what they are used to or expect to see (Cruz & Koch, 2004:46). The *making of meaning of one's experience* within this research study was conducted using exploration and experimentation. Meaning is not only an individual process but is also co-created, shaped and reshaped through interaction with others (Bester in Ellis, 2001:181).

In Gestalt therapy, body movement is considered a primary way of experiencing one feelings and promoting psychological growth and organismic self-regulation.

2.4.2 PRINCIPLES OF MOVEMENT

Wethered (1993:15) refers to Laban, as being one of the pioneers of movement therapy. Laban's early focus shifted from dance to movement of the human body. He believed that movement was both, functional and expressive revealing the uniqueness of each individual and could be applied to all fields of activity, as well as in stillness. Wethered (1993:17) further stated that movement "is a continuum" and that the human body is the instrument. Movement, even if it is a small action such as moving a finger, involves some parts or the whole body, as well as thoughts, feelings, sensations and imagination.

2.4.2.1 GENERAL PRINCIPLES OF MOVEMENT

All movement, whether it is bodily activity, purposeful action, movement as a form of expression or communication is based on fundamental principles. These basic principles of movement are summarised into four main categories (Wethered, 1993:17-28). These include:

- **What we move** is the body. What (the body or part of it) is moved, is determined and influenced by the level of awareness of the body as a whole or of the moving of different parts in isolation

and co-ordination; awareness of the symmetry in terms of moving either both sides of the body simultaneously or only one side at a time, and by the shape the body takes on, which is the bodies capacity to stretch, bend, expressing varying attitudes such as being round, flat or pointed. These attitudes are explored and developed starting during infancy and are used during successive actions such as approaching, grasping and handling and setting down.

- **Where we move:** is the type of space in which the individual is moving. This consists of (1) personal space, the space directly around the individual and (2) general spaces such as a room, area. Where each individual moves within their personal or general space is unique. Each movement is created by the combination and usage of (1) levels such as high, medium, and deep, and (2) directions which are left, right, forward and backward, and (3) dimensions which are made up of levels and directions for example: high-right-backward or deep-left-forward, and (4) diagonals such as left forward, right backward and (5) pathways is the way in which the body or part of the body can move which can be in a straight, angular or twisted pattern.
- **With whom we move:** these are the relationships or individuals with whom the individual live, work and play.
- **How we move:** is the quality of the movement. It is the dynamics or efforts in which individual communicates and expresses, relates to themselves and achieves actions. Common movement therapy terms, relating to movement qualities and their elements are summarised by Wethered (1993:23) in the box below.

Movement Qualities Categories:	Elements of each quality:
Energy or force: is the variation of intensity.	Strength and lightness
Space: is how the individual moves into space rather than the amount of space.	Direct and flexible
Time	Sudden and sustained
Flow: is continuity of movement	Free and bounded

Wethered (1993:23) states that the manner in which these movement elements interrelate makes the individual unique. Through experimentation individuals can increase their own awareness of how they express themselves, how they relate to others and how others affect the self.

2.4.2.2 THEORETICAL PRINCIPLES UNDERPINNING MOVEMENT THERAPY THAT ARE SHARED WITH THE GESTALT APPROACH

In addition to the general human movement principles, there are numerous theoretical principles that movement therapy is based upon, which are also shared and applicable within a Gestalt context. The main principles are:

- *Body-Mind connection:* movement therapy is based on the premise that the body and mind are interrelated and that there is a constant interaction between them (Stanton-Jones in Totton, 2003:112; Meekums, 2002:8). Further, it is believed that there is a recursive (or circular) relationship between movement and emotion; or meaning and action (Ellis, 2001:181). Mental and emotional illnesses often have an associated movement component. For example: certain body areas may be abnormally rigid or loose; or experiencing constrained movement patterns or preserving rhythmic movement patterns as seen in autistic individual's; or in sexually abused women the pelvic area is almost immobile (Nemetz, 1995:27). A change in movement can affect the total functioning including an affect on the mental and emotional wellbeing of the individual (Nemetz, 1995:26; Meekums, 2002:8; Stanton-Jones in Totton, 2003:112).
- The therapeutic relationship between therapist and client is central in movement therapy (Meekums, 2002:8). A large aspect of this relationship is mediated nonverbally. The mirroring technique is extensively utilised as an initial way of entering into dialogue. Thereafter the individual is encouraged in joint and dialogic improvisation movements (Stanton-Jones in Totton, 2003:112).
- Movement contains many symbolic functions (Meekums, 2002:8). Through authentic movement subconscious processes such as unaware experiences, conflicts, defences and memories which have been stored kinaesthetically can emerge (Stanton-Jones in Totton, 2003:112; Ellis, 2001:181). Symbolic expression in movement (like dance) allows the individual to connect their internal and external worlds, facilitating the expression and communication of emotions, needs and wishes on a preverbal level while moving together on a common rhythm (Ellis, 2001:182).
- Communicative aspect of movement: The movement metaphor is a form of nonverbal communication (Meekums, 2002:23). It acts as a mediator in the therapeutic process,

increasing awareness and insight into the individual's behaviours, beliefs, relationships and emotional state (Meekums in Ellis, 2001:181).

- Personal change: A change in movement or movement repertoire has an effect on overall functioning, including the mental and emotional wellbeing of the individual (Nemetz, 1995:26; Meekums, 2002:13; Stanton-Jones in Totton, 2003:112). Healing processes are evoked, if the individual is facilitated to move spontaneously (Stanton-Jones in Totton, 2003:112; Meekums, 2002:8). Change that has been initiated by the individual is often reflected in a body image change. Taking responsibility for one's movement actions involves taking responsibility for self in action and one's feelings. "After owning the feeling and expressing it in dance, some communication can develop within the inner world and outer world from self to other" (Payne, 1992b:10).
- Improvised movement is inherently therapeutic and allows the individual to experiment with alternatives (Stanton-Jones in Totton, 2003:112; Meekums, 2002:8).
- Movement reflects personality (North, 1990:9; Espenak, 1981:3; Stanton-Jones in Totton, 2003:112)

2.4.2.3 MOVEMENT AS A GESTALT EXPERIMENT

Gestalt therapy is different compared to many therapeutic orientations by its focus on holism, unity of the organism, and its emphasis on the experimental and phenomenological. It requires the therapist to be a creative and have an experimental attitude towards the therapeutic process (Joyce & Sills, 2001:98) and the therapeutic work is based on the client's own perspective. Experiments are chosen to facilitate and encourage the client to actively explore and express an aspect of self in a behavioural manner, rather than only having a cognitive experience (Zinker, 1978:124). "An experiment takes place in the field of psychological energy between two or more people" (Zinker, 1978:127). This means that the therapist and the client should ideally co-create experiments based on the needs of the individual in the here-and-now. This holistic view embraces the use of a wide variety of techniques that heighten awareness, facilitate the integration of mind and body, action and introspection, and are able to restore the spontaneous cooperation of sensing, feeling and movement (Clarkson, 2004:24). There are many creative, expressive and projective techniques such as movement activities, verbalisations, sensory and body experiences, drawing and creative drama that provide experiences to strengthen the adolescent's contact skills (such as looking, listening, moving, expressing thoughts and ideas) which will assist developing a strong sense of self, promote emotional expression and provide more satisfying way of interacting with the environment (Zinker, 1978:124; Oaklander, 2001:52).

Experiments are techniques, or tools that are not to be prescribed or mechanically applied, but rather to be modified and amended according to the field conditions (Clarkson, 2004:24). They are used to explore and expand the repertoire of behaving, and a way of being, to heighten awareness of body-mind self, to encourage authentic encounters, to express what is unconscious or emerging themes/figure, to re-own dissociated aspects of self, to discover polarities not in awareness, to complete unfinished business, to stimulate integration, to loosen fixed processes and to expand choices and the taking of responsibility (Clarkson, 2004:24; Joyce & Sills, 2001:98; Zinker, 1978:126). Experiments can be ordered according to an increasing level of challenge and amount of risk taking the individual is prepared to experiment with (Yontef, 1993:59; Joyce & Sills, 2001:101). An example of a sequence of experiments could be: to start with talking; then visualisation and then gradually moving to embodying the experiment and finally acting out the new behaviour in the environment.

The therapist and their history, experiences, interests and style are all part of the field and therefore will also be reflected in the experiment (Wolfert & Cook, 1999:5). In the Gestalt context, the therapist does not analyse or interpret the client's body structure or any of the experiences, but rather finds ways for the client to experience the body or any other aspect of self more fully. The therapist is trained in using the phenomenological method of enquiry, bracketing their own opinions and allowing the adolescent client to find their own meaning. This is summed up by Oaklander (2001:54) who states that a "therapy session is like a dance: Sometimes the therapist leads and sometime children lead".

The therapeutic task is to assist with transforming disowned aspects of self such as automatic or frozen body structures to active organismic processes, and to facilitate the integration of these into the self (Kepner, 1987:52). This is achieved through the use of an experiment, an activity or unit of work in Gestalt therapy, which is designed to heighten the individual's awareness by focusing experience or bringing into the foreground an aspect of experience that is vague. Joyce and Sills (2001:102) state that the inner world of the individual is expressed in body language and behaviour. The techniques should implement methods of amplification and moderation which assist in creating experiments that explore polarities, projections, introjection and interpersonal dynamics. Techniques such as movement activities, breathing and touching are aimed at increasing the individual's awareness of his/her body / contact-making styles and increasing choices, rather than changing the

client. The purpose is for the individual to experience the meaning of his/her contact-making style or body structure.

With focus on movement that is emotionally expressive, for example hitting a cushion, strangling a towel, stretches etc. or other techniques such as Reichian approach that breaks down body armour, bioenergetics to stimulate repressed feelings have been used in various contexts and body-oriented therapies (Kepner, 1987:155). Compared to other philosophies, expressive movement is applied differently within the context of a Gestalt as stated by Kepner (1987:156) in the following manner:

- Movement is seen as part of a whole cycle of organismic functioning and does not occur separate from sensation, awareness and contact. It is not about understanding the actual movement but rather from where in the organism's awareness and experience it comes from; the nature of the movement; how it is prevented or to what it is directed towards.
- Understanding of resistance - In this scenario movement is not used to break down any resistance of expression, but movement is applied in a manner that explores and creates understanding of polarities, so that the energies which are directed to self (retroflexion) can be redirected towards the environment.
- Experience in the here-and-now, the focus of expressive movement is developed out of what occurs in the here-and-now.
- Movement given by the facilitator with the emphasis on doing it "correctly" may result in imitation. The individual may not experience the movement as originating from self which results in little ownership being acquired.
- Movement is used in the form of an *experiment* rather than exercise.
- Emphasis is not making something happen, but discovering what does happen, allowing for the phenomenon of ownership, non ownership and resistance.

2.5 CONCLUSION

The importance of movement, awareness and contact-making styles in late adolescence validates the inclusion of this paradigm of thinking as part of a realistic contextual reasoning before conducting the empirical research. The Gestalt perspective as paradigm of thinking which underwrites the relationship in which movement, awareness and contact-making can take place, provides a suitable philosophical context within which treatment is to take place.

In Chapter 3, the methodology and empirical findings for this study are introduced. The reader is enlightened on how the process of inquiry was structured to deal with the objectives of this study.

CHAPTER 3

METHOD OF ENQUIRY AND FINDINGS OF THE STUDY

3.1 INTRODUCTION

The procedure that was followed in conducting this study and the findings of this study are introduced in this chapter. The methodology for this study was structured around the aims and objectives which were introduced in Chapter 1.

In Chapter 1, it was outlined that a case-study design was the strategy best suited in a qualitative research to obtain an in-depth information about the process of movement, awareness and contact-making styles. The case study consisted of a group of eight, late-adolescent females, which was bounded by time, place and activity (Fouché, 2002b:276; Creswell, 2003:15). Specifically, the intrinsic case study focused on gaining a first hand in-depth understanding and detailed method of data collection. This was achieved by means of the method of triangulation, which employed a literature study (Chapter 2 and 4), semi-structured interviews (both as part of the therapeutic process and as a data-gathering technique, and observation and post intervention interviews (De Vos, 2002:341). The data collection steps that were followed included the following: setting the boundaries for the research, as outlined in Chapter 1; focussing on the formulation of the research problem, the aim, the objectives and the research question; collecting of information through semi-structured interviews within the therapeutic process and observation and establishing a protocol for recording of information (Creswell, 2003:185).

The literature review as part of the theoretical assumptions was an integral component of the qualitative research process, which was presented in Chapter 2 and 4. The sampling criteria are presented, followed by a brief discussion of the participant selection process. The data results from the initial group interviews, semi-structured individual interviews with the late adolescents, as well as the final interviews with the participants are presented in this chapter. Thereafter, a detailed description of the progression of the therapeutic sessions is given. Movement, awareness and contact-making styles, as the Gestalt therapeutic strategy, were introduced as a method of intervention, followed by a framework for data analysis.

In qualitative research the relationship between data collection and data analysis are inseparable and there is a continuous process of interaction between them (De Vos, 2002:341). The findings represented in this chapter relate to the sessions on movement, awareness and contact making-styles. It also refers to the findings pertaining to the Gestalt therapeutic process, which were used during the movement, awareness and contact-making styles in the therapeutic setting.

This intrinsic case study design was the approach that was utilised by the researcher. Furthermore, it was through the method of triangulation, that the trustworthiness of the study was ensured. The reflective field notes of the assistant observer are attached in (Appendix 5). Strategies used to ensure trustworthiness and rigour was described in Chapter 1. This chapter makes reference to field issues as they arose during the study. Particular attention is levelled at ethical issues pertaining to the research which have been addressed in Chapter 1. The findings in the form of concepts and categories will be presented for literature control in Chapter 4.

3.2 THE RESEARCH PARTICIPANTS

The population consists of a select group, which has the possibility of being the focus of the research (Strydom & Venter, 2002:198). In this study the population were all late adolescents attending high schools/colleges and other tertiary institutions in the Johannesburg area. The group consisted of eight English-speaking, female volunteers ranging between the ages of 17 and 22.

As explained in Chapter 1, the researcher selected the late adolescents according to a non-probability sampling technique (Strydom & Delport, 2002a:334), namely purposive sampling. This method is based on the judgement of the researcher regarding the characteristics of a representative sample. The sample was chosen on the basis of what the researcher considered to be typical. In this case, late adolescents were chosen according to the following characteristics: being of voluntary participation, of similar cultural and economic background, and having expressed interest in self growth and self awareness.

For purposes of confidentiality the research participants in this study selected pseudonyms for themselves from a deck of cards (Brailsford, 1999). The following list of participants' reflects their pseudonyms and participant code, which will be used for reference purposes:

Participant code	Age	Pseudonym	Tertiary Level
CT	17	Dragonfly	Scholar grade 11

J	19	Hawk	Student 1 st year
N	18	Mantis	College student
L	20	Kingfisher	Student 1 st year
M	19	Squirrel	Gap year
E	19	Sparrow	Student 1 st year
C	21 turned 22	Glow Worm or expectations	Student final year
K	21 turned 22	Sunrise or renewal	Student final year

3.3 INITIAL INTERVIEWS

The research was preceded by initial group interviews with the aim of informing all potential participants of the aim, the process and possible outcome of the study (Greeff, 2002:295). At this stage a few of the potential participants decided not to participate. A second group interview was conducted consisting of additional potential research participants.

Once agreement was obtained amongst potential participants, the researcher scheduled and conducted individual, semi-structured interviews (Greeff, 2002:297). An interview schedule (Appendix 4) was used as a guideline (Greeff, 2002:302) during the interview process to ensure repeatability and consistency. The aim was to obtain commitment and permission of each participant to participate in the research and clarify the aim, process and possible outcomes (Greeff, 2002:295) of using movement intervention in a Gestalt therapeutic context. Further, the researcher wanted to establish each participant's perception and motives for wishing to participate, obtain and record personal information for background purposes (Appendix 3); and obtaining a signed participants consent form (Appendix 1).

The outcomes of the one-on-one semi-structured interview are summarised by the researcher. Participants shared the following information about themselves and the reasons for participating:

- (L) Stated she was a first year psychology student and works as an au pair. She also had recovered from a recent injury that required skin-graphs. She described herself as being too emotional, took everything personally and worried a lot. Although relationships are most important to her, she felt that her relationships with her father and sister were rocky. *"We never talk. He thinks I am a rebel. I loose my temper a lot and get very defensive"*. She further stated she did not understand herself and expressed a desire to *"self bettering – want to come across better without being judged by others."*
- (E) Stated she was first year BSC student. Although she stated that she had no issues, she said *"I am worried and confused about my future"*. She described herself as fun loving, athletic

and that she constantly fought with her sister. *"I have two controlling mothers"*. Further she said that she should be more organised and have more energy. The researcher observed that throughout her interview many introjections (should and should not) were part of her explicates. *"I want to let go and make decisions."*

- (N) Was a first year interior design student. She described herself as being very competitive *"I need to win"* and *"I rather do things than think. I am very impatient, hot headed with a sharp tongue"*. She stated that she needed to be more organised and that she did not have close or good relationships at home.
- (C) Was a final year commerce student and the older sister of another participant. Her mother described her as being depressed since the break up of a long term relationship. She described herself as being very sociable, studios and confused about the relationship *"my broken heart"* and having much anxiety due to moving into a career and possible leaving home. She stated that this work might help her clarify her confusion *"I am excited to participate"*.
- (CT) Was a high school student who had recently experienced a violent high jacking with her mother. Her mother felt that she bottled up her experience and that she needed to learn to process them, as she was worried that by not expressing what had happened could have long term negative implications. (CT) stated that she was happy to participate in the research project as *"I like doing things which require energy. I know that my big problem is that I shut down, go inward and block my feelings"*.
- (K) Was a final year student and had a history of drug abuse, bodily self harm and numerous suicide attempts and was currently undergoing medical and physiological treatment. She said that she came from a home where her father had in the past inflicted physical and emotional abuse on to her and her mother. (K) described her relationships as *"my father is an asshole and control freak and my mother is my best friend. I am rebel and rules piss me of"*. She stated that her physiologist suggested that this research would possible assist her in dealing with her anger.
- (M) Was taking a gap year before deciding what to do and was currently working to save money to travel overseas. *"I don't know what I want to do. I want to see the world and discover myself. I am nervous. J (a friend) persuaded me to come. I am close to my sister and my mother. She has a brain tumour which makes her behave like a child as well as sleeping for 18 hours a day. I don't talk about it. I don't want them to think I am weak. [How do you cope?] I block it out. I have many broken bones and have torn ligaments many many times. I don't*

like moving because people are watching me. [Are you aware that is a movement group?] Yes I want to learn to cope better."

- (J) Was a first year fashion design student and she had just returned from a European trip. She stated she was happy at this stage. She was worried and felt very unsure about her study and her career choice. Her reason for joining the group was to learn more about herself and at same time to be with her friends.

The parent/guardian of each participant was contacted telephonically or seen after the completion of the initial interview with the adolescent. The researcher informed the parents of the aim, process and the possible outcomes or effect the research could have on the participants. Written consent (Appendix 2) was obtained and any questions and queries regarding the use of movement intervention within a Gestalt therapeutic context were addressed.

The parents/guardian, in this case only mothers, were extremely positive regarding the research and the process. They were of the opinion that the therapeutic intervention may assist their adolescent daughters in supporting them through the transition years; help them in clarifying issues regarding career choices, relationship with opposite sex and within their own families.

Although four of the participants knew each other, the researcher felt that each of the participants selected met the selection criteria proposed for the study. Once interviews were completed and all questions and concerns had been dealt with, as well as having received signed consent forms, the research project progressed with the therapeutic movement sessions at previously agreed time, date and venue.

3.4 THE PROGRESSION OF THERAPEUTIC SESSIONS: A PROCESS OF DATA COLLECTION AND ANALYSIS

3.4.1 INTRODUCTION

The researcher presents in this section descriptive data which leads the reader to an understanding of the meaning of the experience or phenomenon that was studied. Authors such De Vos (2002:340), Mouton (1998:161) and Hervey (2000:49) suggest that data analysis is a process that makes sense of data. It usually involves reducing the wealth of research data into manageable parts, organizing and reorganizing, finding patterns, forming similar meaning units,

recognizing themes, making comparisons and contrasting one set of data with another in the search for general statements about relationships among categories of data.

For the purpose of this study the researcher used purposeful sampling to select “information-rich” participants. Through observation and the Gestalt therapeutic process/semi-structured interviews were held with participants, the researcher gained insight and understanding of each participant’s personal experience of how movement created awareness of their contact styles. The results from observation and the therapeutic process/semi-structured interviews guided the literature review as discussed in Chapter 4. Interpretation of the findings led the researcher to conclusions and recommendations for future studies as outlined in Chapter 5. The data (including the drawings) of experiences provided by the participants throughout the therapeutic process as well as semi-structured post interviews were used in the data analysis process and included in the recommendations.

The researcher highlights the process of data analysis and interpretation that was used which led to the answering of the initial problem formulation, thereby achieving the aim of the study. Case study research involves detailed description of the participants followed by the analysis of the data themes (Creswell, 2003:191). It involved continuous reflection about the data, asking analytical questions and involved the use of open-ended data supplied by the participants.

Data analysis and interpretation

As data analysis is not a linear process, the researcher followed the five iterative steps suggested by Creswell in De Vos (2002:340) for the process of data analysis and interpretation, these are as follows:

Step 1: Data collection and recording

In qualitative research the relationship between data collection and data analysis are inseparable and there is a continuous process of interaction (De Vos, 2002:341). Through triangulation or the use of multiple methods and investigators the researcher seeks out different sources that can provide insight in using movement intervention to create awareness of contact-making styles (Creswell, 2003:196; Babbie & Mouton, 2001:275). The researcher attempted to overcome personal bias and thereby enhance validity and reliability in the study by following the triangulating procedure:

- The researcher was able to compile a comprehensive study by triangulating the data obtained:

- From the therapeutic process/semi-structured interviews with “information-rich” dialogue produce by participants with that of a literature review.
- From observation using descriptive field notes and reflective notes with that of the participants dialogue and literature review.
- From the videotape recordings and documents, specifically the drawings/sketches produced during the session.
- Using multiple observers, the researcher herself and the research assistant field and reflective notes (De Vos, 2002:342).
- The researcher herself conducted all interviews.
- The data from the observations and therapeutic process guided the literature control that included information that justified the results of the study.

A research question developed as a result of the data recording process and was formulated as follows:

- How can movement assist adolescents to become aware of how they make contact with themselves and others?

Step 2: Managing data

Data was organized by transcribing the videotapes which contained the recorded process of the therapeutic movement sessions and all dialogue between researcher and the participants (in form of semi-structured interviews); by optically scanning the drawings and notes made by the participants; by typing up field notes and by obtaining observation notes from the research assistant (Creswell, 2003:191).

Step 3: Reading and writing memos

The researcher explored the text data by reading through the transcriptions, breaking it into parts, highlighting and writing short phrases, ideas and key concepts in the margins of the transcriptions, as well as optically scanning drawings (Creswell, 2003:192).

Step 4: Describing, classifying and interpreting

The researcher identified and organized major themes and sub-themes, recurring ideas and patterns of belief that linked the data from the various interviews to form concepts and categories.

Step 5: Presenting and visualizing

The content of the concepts, the categories and the literature review enabled the researcher to reach conclusions and recommendations regarding the use of movement intervention as a Gestalt therapeutic technique in creating awareness of contact-making styles for late adolescents. This is outlined in Chapter 5.

The above-mentioned steps allowed the researcher to bring order, structure and meaning to the collected data, thereby allowing the reader to come to an understanding of the meaning of the experiences of late adolescents exploring their contact styles, awareness through movement activities within a Gestalt therapeutic setting. The therapeutic process in the form of a descriptive case study design, as well as the concepts and categories of meaning that emerged from the data analysis process after each session are discussed next.

Qualitative data such as words, visuals and quotes is information-rich and often difficult to condense (Fouchè & Delport, 2002c:357). The qualitative data presented below integrates the voice of the participants in the research reports. This is done through direct quotations which is the basic source of raw data in qualitative inquiry (Patton, 1990:24). This method gives the reader a direct “feel” of the participants’ phenomenology (Fouchè & Delport, 2002c:357), as well as revealing the experiences and perceptions.

The Gestalt therapy approach guided the research movement intervention sessions. This included the use of projection techniques. The use of drawings, metaphors and symbols were used to record data and facilitate the participants in identifying their unique experience after having completed some of the movement interventions. These drawings guided the therapeutic dialogue and feedback given during the sessions. Examples of these drawings are added to the research report (Appendix 6 to 13).

The progressions of the eight sessions are described and the results of each session are discussed next. The data that follows is based on the theoretical considerations and paradigm of thinking as introduced in Chapter 2 and 4.

3.4.2 PROGRESSION OF THERAPEUTIC SESSIONS

Once the initial interviews were completed, relevant consent obtained, research participants were informed of the aim and objectives of the research and all their concerns and questions were addressed, the eight therapeutic movement session progressed. As part of the introduction during

the first session, the researcher discussed her role, set up initial group rules and boundaries, as well as having obtained agreement on starting times and the number of sessions. Participants were invited to add their own rules and needs, which were agreed by all.

The research project exposed the eight late adolescents, for eight movement sessions ranging between two to three hours a week over a two month period. Each movement session was prepared, planned and conducted within a Gestalt therapeutic context. This included the use of Gestalt principles as here-and-now, dialogical relationship and the nonverbal aspects of the therapeutic relationship suggested by Meekums (2002:53), the participants and the researcher's phenomenology, "I" statement, projections techniques (metaphors, drawings) and the application of numerous movement activities. To facilitate the research question and the aim of the study as suggested by Payne (1992b:9) the movement techniques and the themes were chosen by the researcher. Although each session was prepared by the researcher, each session relied on the therapeutic process and on improvisation, which was often directed by the needs of the participants, rather than based on a set of fixed exercises (Nemetz, 1995:29). Without losing the emphasis on improvisation and natural and emotional movement, each session was structured according to the phases of (1) warm-up, (2) thematic material and creative movement and (3) warm-down, integration, grounding and closure (Nemetz, 1995:29-30; McNeely Tyler, 2000:109-115; Payne, 1992b:69). This facilitated the participants to make their own meaning of their personal experiences and to provide feedback to the research process.

3.4.2.1 SESSION 1

The aim of the first movement session was to build trust and cooperation amongst the late adolescents, as well as building therapeutic relationships (Meekums, 2002:53). The intention of the movement activities introduced during this session was to lay the foundation for subsequent movement themes within a Gestalt therapeutic approach and to support each adolescent's process in exploring their awareness of self and how they relate to others.

As indicated in literature review, movement is core to human development and has profound influence on the learning of speech, socially acceptable behaviour and cognitive skills. It influences the way individuals interact with others, and how relationships are formed. Movement is nonverbal and preverbal and is the first method of communication between mother and infant. The earliest memories are nonverbal and are stored in the nervous system. The first relationship occurs in the

symbiotic phase, through kinesthetic sensations influenced by the holding and handling of the mother or first caregiver. Body image, sense of self and the mind structure emerge from here (Payne, 1992b:7). Movement interventions for this session focused on:

- Exploring preverbal communication, personal rhythm and awareness of physical body and bodily sensations.
- Preverbal and motoric stages of development in early childhood (Payne, 1992b:23; Sherborne, 1990); exploring and experiencing specific stages of childhood, first relationships and creating awareness of how this effects the life of each participant in the here-and-now.

Being the first Gestalt movement intervention session, the ground had to be set. The researcher achieved this with a discussion on the administrative aspects, including the setting up of the group contract and ground rules, such as start and ending times of each session, number of sessions, dates and venue; aspects of confidentiality and willingness to participate. Further, the researcher in the role of the group facilitator, discussed issues relating to physical safety; that leaving during the session was not encouraged without discussion with the researcher and other participants; to allow others an opportunity to experience their processes without prejudice; to make use of the “I” statement - a Gestalt technique which encourages the process of owning dissociated aspects of self and taking responsibility for that; that it was “ok to feel that experiences could seem odd or strange”, and that the researcher would actively encourage each adolescent to participate to their fullest. The importance of confidentiality was highlighted referring back to signed consent forms. It was stated that what happened in the group, remained in the group and that participants were not allowed to discuss each other outside the group. Any issues or unfinished business would be addressed immediately or at the beginning of the next session. Participants were invited to add to the group norms and rules. One participant reiterated that they needed trust and a non judgmental attitude from the group.

The introduction was concluded by the researcher reminding the participants of the aim of the study and emphasising that each individual was unique, including their personal journey and their experiences, and this was not to be interpreted by others.

Warm-up phase: Introductions begun with each member introducing themselves verbally and nonverbally by simultaneously shaking their own rhythm using a hand rattle and at the same time stating their name. The group would then repeat that name back to that person. This allowed the

name caller to hear themselves, as heard by the group. Thereafter each participant was asked to share their selected pseudonym; their personal contract and drawing of how they were feeling.

Typical responses of the participants' personal contracts included:

- *"My personal aim is to start believing in myself.. I don't want to feel that I need somebody in my life to validate who I am"* (K)
- *"that I would like to discover myself; to find out what makes me happy; and to be ok with myself and being ok being alone"* (C)
- *"is to improve myself and to become more confident"* (L)
- *"except to know myself more than I doahm"* (N)
- *"to find out more about my weaknesses, to kind of understand were I am going wrong, what my problems are, to solve them and learn how to deal with them"* (J)
- *"know how to express myself and my feelings"* (M);
- *"to take part as much as possible"* (E).

Before moving onto the middle phase participants were required to take deep relaxing breaths (Meekums, 2002:63; Payne, 1992a:62).

Middle phase: The first exercise required each participant to scan their body with closed eyes and to note or become aware what they felt, thought and sensed. These experiences were then drawn or sketched, which was followed by an experiment utilising preverbal and motoric developmental movements. The researcher facilitated participants by actively participating and demonstrating some of the movements. During the movements participants were asked to become aware of the sounds and space in the room; of their current thoughts, feelings, memories that had connected them to their mother's heartbeat. The movements then progressed through a birthing process and simultaneously participants had to be aware of their own sound, the lights, the air around them and their relationship to their mother; then progressed to experiencing of small movements such as moving various body parts including the hands; fingers, knees, elbows; then rolling onto the stomach and pushing themselves up; and rocking from side to side and kicking. Movements progressed with each member crawling around and exploring the environment from that level; then they had to sit up and pull themselves up into a vertical position. Like toddlers participants started walking forward with the support of another; stumbling and falling; then starting to walk, jump and crosswalk. At that point participants were encouraged to play alongside the others (Weathered, 1993:41), touching and copying the movements of others; thereafter interaction was encouraged through movements and playing together while making eye-contact. This series of movements was ended with each participant walking the way they walked for the first time they went to pre-school or school. At that point, attention was directed to what they were feeling in the here-and-

now and how it felt to be independent, as well as becoming aware of any memories, thoughts or feelings that came to the foreground.

The main movement exercise ended through a guided meditation focusing on internal processes, to enable the participant to recall their experiences, feelings and memories. To assist the integration process as well as the collecting of data, all group members were asked to draw or write down their experiences including the feelings in their body, emotions, any thoughts or memories (Appendix 6 to 13).

Interpreted categories of the perceived effect that evolved from this process were:

Concept 1: Body processes expressing the inner world as experienced by the participants

- **Category 1.1: Awareness of internal sensing included body sensations and proprioceptive awareness**
 - *“I am tired. I am frustrated. ahm nervous jaaa that's how I feel” (L);*
 - *“I don't know how to express feelings” (M)*
 - *“My picture is ‘the twirling vortex of death’ ...just came it sounds cool. I am feeling blah, I am calm and tired and I am sick of emotions, so I just don't have any right now” (E)*
 - *“Extremely hungry I suffer from headaches... Extremely hungry I suffer from headaches” (N)*

- **Category 1.2: Awareness of internal sensing included mental sensations such as memories, flashbacks, thoughts and images**
 - *“I felt like such a little girl. The fire for the warmth and love and everything family. [Crying while speaking and pointing to her drawing] The rainbow is for purity, youth; the happy smile face for being so happy and carefree and then I drew grey over it because I forgot all this stuff. Now. yeewizz I forgot all about this stuff was so amazing” (C);*
 - *“Why he would not stop hitting everyone ...Why? It is a time I rather not remember. Because I never been so alone [You are safe here. You are in the here and now there are people around you!] I still feel alone [How are you now? Are you still alone? ... If you look at that little girl, can you visualise her?] She was an awesome little girl. She did not deserve what her dad did to herno she did not. [sobbing] [Your little girl is safe now with you. Does she feel safe?] She is scared? What does she want? She is her moms. So protect her from him. [sobbing] [At this stage every person in the group was crying]” (K).*
 - *“That fluffy thing that's supposed to be a cloud. Umm its just going back in time reminded me of a happier time, no issues” (M)*

- *"I drew a heart there... [Sniffing and rubbing the tears] I never walked alone my parents and C was always there. My best friend when I was small [sobbing] she's gonemiss her. My cats and dogs [on drawing] is big part of my life. My blanket [Blue Square on drawing]. [Have you still got your blanket?] ha-ha that was a very happy time and it still is" (E)*
 - *"I had memories and flashbacks many from the past of certain people [sniffing]. Certain moments with certain people just everyday, significant things umm things um I felt immensely at peace almost a like release, that I was thinking about it. That it was actually there. I was just a release. It also makes it hard in a way to have such a happy childhood, the people that I trusted in my childhood I don't trust now" (CT).*
 - *"Some members had totally regressed, some had actually returned to a foetal position and one member had actually began sucking her thumb, almost unconscious of their surroundings and goings on" (observer comments).*
- **Category 1.3: Contact functions (sight, touch, sound, taste, movement and smell) as sensory channels which form part of body processes that maintain or break contact with others**
 - *"A bit screwed up ...ok .. Heart broken is the biggest one right now. I ... the happy sad faces [pointing to drawing] is that I am extremely sad but will never show peoplethe blood, believe it or not... ahm.. Very angry, got lot anger which are the thunder through the heart ..my emotions are always up and down, but I will always appear to be calm" (K);*
 - *"Just colour and shapes. So I said the red is confusion and sort of bit of hurt a bit of anger am in a funny place right now, confused about my future, confused about my present, confused about my friends .. here [pointing to the blue part of the drawing] A bit of sadness, I sort of feel quite alone at the moment for some reason although even though my life is full with a lot of people, I am somehow feeling alone ..this [pointing to the green part of the drawing] a bit of worry and expectationThe purple heart [pointing to the purple heart on the drawing] is love from is my family, my friend and everybody who is wonderful in my life. The yellow [pointing to the yellow part of the drawing] is content. I am very happy. I am ... just these thing" (C);*
 - *"it was a hard decision to make because I felt self conscious" (E),*
 - *"it was difficult because I don't like have people looking at me or being a centre of attention. Which is why I looked down when people focused on me." (L)*

Concept 2: Therapeutic relationships – verbal and nonverbal (embodied)

- **Category 2.1: Relationships between participants had not yet been established causing vulnerability**
 - *"I feel like an idiot" (K). [Would you like to test that in the group?] "I think I am overreacting to my childhood... in front of people like C [being ashamed] I don't want people to feel sorry for. That why I don't tell people" (K) [ask C] "Makes me respect you more ...make me feel: myself I feel selfish to think that I have problems ... she a friend of life...friendship" (C). Others in the group felt that K process allowed them to feel and experience themselves.*

Warm-down and integration phase: The session was concluded with a circle dance, all joining in and holding hands moving together with joy and energy. The purpose was to create a sense of oneness, to build trust, to integrate and to ground the participants.

The experiences expressed by the adolescents and through the observation made by the researcher indicated that emotions, sensory and body sensations, thoughts and beliefs in the form of introjections came to the foreground and awareness of all. Re-enacting developmental movement activities seemed to have triggered a host of feelings, emotions (crying, laughing, touching) and memories amongst the participants bringing up past experiences, memories and causing somatic transference. This was summarised and expressed by the assistant observer as *“the music, the energy and the symbolic meaning of each presented task lead every member to make some sort of emotional connection with a childhood energy, their inner child seemed to have emerged almost magically yet truly powerfully and the room became consumed with emotion that stemmed from the unfathomable depths of what seemed to be deep and complete childhood issues”*.

This session supported the notion that the inner world and attitude towards life are expressed through the body and nonverbal behaviour such as in breathing patterns, body images, postures, gestures, facial expressions and in the tone of voice (Rubinfeld, 2000:153).

3.4.2.2 SESSION 2

The aim of the second movement session was to explore and experiment with creating internal awareness or a sense of self, including the bodily self as stated by (Kepner, 1987:96; Joyce & Sills, 2001:30-32). Movement interventions focused on:

- Continued building of trust and cooperation amongst the participants, as well as building therapeutic relationships and encouraging ownership of their experiences through the use of “I” statements.
- Exploring how various body parts are used to make or break contact with the environment.
- Exploring inner and sensory awareness, and experimenting with the five natural rhythms developed by Roth (1999:24).

Warm-up phase: Aiding participants to focus on their inner movement, on vocal work and to bring them into the here-and-now, the session began with stretching of the body and deep breaths slowly released through the nose (Payne, 1992b:90; Khalsa, 2004:23). Other sensory awareness (such as sound) and developing of a personal rhythm was encouraged by each member stating their name/pseudonym and simultaneously making a sound with a chosen musical instrument (for example rattles, drums and finger thimbles). Participants seemed to be more relaxed and confident doing this exercise than in the previous session. Despite that, there was high level of energy expressed as somatic symptoms and intense emotions, comments included:

"I am quite nervous right now and I am shaking. So I have a headache today", "Today I feeling a bit stressed, very stressed ja a bit panicky actually but keen for tonight", 'I am extremely happy and relaxed", "me feel comfortable .. being in the group", " Today I am tired and frustrated otherwise fine".

Middle phase: Theme development for this session proceeded with a guided body meditation journeying through the body parts ("let your body talk"), making contact with the physical body and raising intrapersonal awareness by noticing any physical sensations, emotional, spiritual, thoughts and other aspects of self. On completion, participants had to draw and write what they had experienced. Initially without making eye contact participants had to walk around the space taking note of what was happening within them, the way they walked, the rhythm they walked, the speed or pace, which parts of the body were engaged in the walk, the quality of the walk (lightness or heaviness), any thoughts, sensations or feelings. This was followed by five movement activities which were based on Roth (1999:24) five natural rhythms called flowing, staccato, chaos, lyrical and stillness. Roth believed that practicing these rhythms applies awareness and attention to the energies the individual already inhabits. With appropriate music, the researcher demonstrated all five rhythms, starting with the flowing rhythm and comparing flowing of water. After each movement dance exercise, participants were asked to record on a piece of paper what they had experienced, what they were feeling emotionally and physically in their body.

One of the participants participated only in the first walking exercise. She seemed to experience resistance or discomfort. This was clearly demonstrated through facial expressions, her body posture and the manner in which she observed the group from outside of the circle. It seemed that her previous issue of "being judged and observed" came to the foreground. As part of the therapeutic process the researcher encouraged her to "stay" (allow her to experience resistance) with her current experience and normalised her feelings of not wanting to move and interact. This overt resistance to participate detracted others from their own movements. Some participants

were very aware of her and started to make contact by dragging her into the exercises which caused increased talking (specifically breaking of contact) and distractions.

Interpreted categories of the perceived effect that evolved from this process were:

Concept 1: Body processes expressing the inner world as experienced by the participants

- **Category 1.1: Awareness of internal sensing included body sensations and proprioceptive awareness**

- *"I was much more touchy around people which I am normally not" (CT)*
- *"Last week was pretty intense; I did not think I would open but I did. I was kind of an eye opener. The next day I felt like a bit nauseous and my stomach was not ok..." (J)*
- *"Physically my focus in on my feet... Flow felt uncomfortable at first once I closed my eyes I felt quite feminine, smooth, calm, passionate and free. I quite liked it once I closed my eyes I did not bother me, the others. My heart and stomach were I felt the most energy"(C)*
- *"End feeling was great – I thought stuff you – I did it. Lyrical was anxious. Stillness was kak I couldn't stand it at all. Heart was racing and I was short in breath. I felt angry and I could not breathe. I felt tense and I did not want to get up and walk around."(K)*

- **Category 1.2: Awareness of internal sensing included mental sensations such as memories, flashbacks, thoughts and images**

- *"Old memories things that made me really happy and smile. So relaxed ..." (J)*
- *"Last week was quite heavy. It was quite amazing nothing that I had expected. I connected to something that I had forgotten about" (C)*

Concept 3: Contact styles (including contact modifications) as experienced by participants

- **Category 3.1: Movement creates awareness of how one (re)organises self**

- *"I felt most comfortable with flowing. I could feel a lot of myself. It feels very natural. With flowing and stillness my mind wanders. I forget about very body else. The fast movement [staccato] using the energy to create another energy and creating another energy did not feel anything at the time.[Feel anything in the body or part of?] In the floating, swaying and stillness ..yes in my chest and upper body. I don't really use my lower body" (CT).*
- *"Chaos was liberating. It was nice to be out of control. If got direction in control. I perform well under stress. Lyrical I did not like tiptoeing ... Stillness was amazing. My heart takes over. I love this feeling. You can almost hear your heart .. I love that that's me." (C)*
- *"My walk was determined. I felt energy everywhere [pointing to her drawing]. My awareness right here" (N).*
- *"To be quite honest I did not really like last week. I felt uncomfortable" (M)*
- *"I was quite surprised how much we opened last week" (E)*

- **Category 3.2: Awareness of and the exposure of unhealthy contact styles (for example breaking contact and projections) can facilitate the (re)organising self in relation to others.**

- *“As everyone saw – I didn’t really do anything, except in the stillness. Ha-ha I not really comfortable in situations like this. I feel like everyone is always watching me. They are most probably not. I was uncomfortable with myself and the surroundings.. that why I didn’t really do anything. [Did you feel anything in your body?] I got lot hotter in my face. [Emotions?] No feelings came up [thoughts] ja I thought everybody is thinking about me [pointing to her drawing which indicated many injuries and thought]” (M).*

This sparked an intense debate amongst participants, which can be seen in the following statements:

- *“As we were doing the movement we all felt like that. [at this point the researcher asked to use I statement] I felt the same like you did. I .. I don’t think you [M] should feel stupid just standing while you standing there” (L); [another participant added]*
 - *“I also felt silly maybe embarrassed first. Not with the walking. I am fine I did not feel, but when we started with the flowing I felt every uncomfortable. Once I closed my eyes and focused on myself alone, did I actually feel I could let go. It was the hardest one. Once I got over it I was fine. Then I could do the others. Maybe because it was wired” (C);*
 - *“Not doing something embarrassing singles me out even if it is not embarrassing” (CT);*
 - *“I felt something. I felt she [M] had the outside perspective. I felt like she was watching. She could see what I couldn’t see but once I blocked it out, it I was ok ...In the beginning I though I was being judged No That how I am .. I think everybody is judging what I do. That’s how I feel” (L);*
 - *[How do you feel about that?] “I wasn’t judging.” (M)*
- **Category 3.3: Exposing self resulting in the breaking of contact, resistance and closing down of contact boundaries.**
 - *Last week I felt vulnerable and did not really want to share with anybody for the week. Sorry nothing to do with anybody. It’s just me. I don’t like being vulnerable. I close myself up..” (N)*
 - *“My walk I didn’t like. Had not emotional effect. With the flow felt stupid at first, you feel silly and you kind of watch everybody else and also see that they are doing it. Once I go into it, the rest was fine” (J)*
 - *“I felt most comfortable with flow my favourite one. Still did not want to look at people – avoid eye contact. My mind and heart felt free. Jaw was locked – I was irritated. I don’t know why” (K).*

Warm-down and integration phase: As part of integration and feedback the group came together to share their experiences. The session was concluded with a group meditation and breathing exercise.

Movement seemed to have heightened awareness of the participant's inner self. Some of the experiments created a bodily experience highlighting the relationship with their own body and the existence of different personal rhythms. Awareness of how nonverbal communication such as using eye-contact or focusing on certain body parts such as feet created sensory sensations in form of knee pain, feeling of vulnerability or exposure, resistance by avoiding eye contact, stopping movement, emerging thoughts of been judged and self consciousness, and bringing up emotions ranging from joy, anxiety, peace, fulfilment, love and anger was experienced and expressed by the participants.

3.4.2.3 SESSION 3

The aim of this movement session introduced awareness of contact-making process as a whole, starting with internal awareness, then utilising contact functions requiring eye and body-part contact; then becoming the other (going into confluence); and experimenting with an I-Thou moment. Movement interventions focused on:

- Continued building of trust and cooperation amongst the participants, as well as building therapeutic relationships and encouraging ownership of their experiences through the use of "I" statements.
- Continued experimentation with exploring the relationship with self, becoming aware of personal walk, personal space, rhythm and referred direction.
- Exploring contact using parts of self (body parts) and contact functions (eye contact and touch).
- Exploring becoming the other (confluence) and working in pairs becoming aware of relationships.
- Exploring connections of wholeness and possibility of I-thou connections.

Warm-up phase: This session started with the researcher reading an abstract on "living in the moment" from Khalsa (2004:210), followed by a yoga movement sequence creating awareness of the here-and-now and facilitating participants to connect to self and others in the group. The mood expressed by the group at this moment ranged from being tired to irritability as demonstrated in the comments: *"I am tired"*, *"irritated"*, *"very good"*, *"ok"* and *"apprehensive"*. To complete the check-in phase the researcher asked the group if there was anything that needed to be addressed or shared from previous session. One of the participants had phoned the researcher before the

start of this session to state some of her makeup had disappeared in the prior session. This issue was brought up and the group was asked to assist in the matter. Everybody agreed to look out for the lost item. This incidence caused unpleasantness amongst the participants and strain on the researcher as the alleged theft had to come from within the group. Thereafter the main movement exercises started.

Middle phase: Movement activities that explored the process of contact making started with the personal walk, a continuation of a previous week's theme, with added focus on personal and general space. The subsequent exercise required participants to work in pairs: one participant following the other, this being a preparation for the mirror exercise. This activity called "walk in somebody else's shoes" requiring the follower to become the other person (to go into confluence), feeling their rhythm, emotions, thoughts and physical dimensions of others participant's body. This movement activity triggered lots of laughter and build-up of energy. Subsequent movement activities continued the theme of making contact, exploring the use of contact functions, bodily senses such as eyes and body parts in relation with others and the environment. Some of the participants reported that making eye-contact appeared to be difficult, embarrassing and even too personal. This process created high levels of nervous energy and contact was broken though continuous chatter and laughter. This was immediately followed with the movement activity which required the participant "to become a body part" (project into it) such as a knee, elbow or a hip. Walking around the room participants experimented with greeting or making contact with other participant's body part. The last movement in this series explored the possibility of finding a balance or homeostasis between two participants. In two's or threes, participants had to walk in union or move with another without pushing or pulling, being able to give and receive. This caused even more laughter and chatting than previously.

Interpreted categories of the perceived effect that evolved from this process were:

Concept 1: Body processes expressing the inner world as experienced by the participants

- **Category 1.4: Using body parts to make or break contact with others resulting in the awareness of body sensations, mixed feelings and reactions highlighting personal likes and dislikes.**
 - *"Movement least comfortable was cheek and chin. Most comfortable was elbows, back, shins, knees. Most personal were hands.....Hands are a personal thing. You make the most contact with our hands."* (C)
 - *"With the touching I liked it all. I have no problem touching and feeling"* (K)

- *"I didn't like my face being touched. Its personal" (L)*
 - *"Didn't enjoy touching chins and necks. Hand and bums where fun But enjoyed the rest as a whole" (E)*
 - *"Face was uncomfortable, body normal ..not comfortable. Don't like feet. I have a feet phobia – so I don't like. They gross, sweaty. No positive thing" (M)*
 - *"Don't like chin because people breathe and to close" (N).*
- **Category 1.5: Somatic sensations through movement activities (such as "loosing self" or "walking in somebody else's shoes") that experimented with unhealthy confluence.**
 - *"Becoming her made my stomach feel strange" (M)*
 - *"I had a sore head and my mind was somewhere else" (E)*
 - *"I relaxed, calm in touch with myself, escape" (C)*
 - *"My head is heavy, falling from side to side, my hands had a tingly feeling" (J)*
 - *"I used my arms, hips and knees in the movement. Now my back is sore and tight"(L)*

Concept 3: Contact styles (including contact modifications) as experienced by participants

- **Category 3.4: Although there was increasing level of trust and cooperation amongst the majority of participant, overt resistance was expressed**
 - *"I was not really comfortable with the first and second exercise. I don't know why I did not want to do it – felt uneasy the circle thing was better for me because everybody was connected. I felt connected. Not so bad but still didn't like it" (M)* [The researcher noticed that during some of the movement exercises other participants tried to involve (M) by dragging her hand or through verbally communication into some activity and participation – sign of transference amongst some of the participants. (M) was asked to share her feelings with the group]. *"I am not happy have with these sessions. I don't like dancing in front of strangers. Its not you".* [This statement triggered a group debate about M not moving and how it impacted the others and how they felt responsible for her and what. (M) responded to the group by stating her contact style was on of closing up or deflecting] *"I choose to do this. I need my space. I feel people are watching me.. I never feel nice and people are going to judge me.... I don't want to impress".(M)*
- **Category 3.5: Movements using confluence (specifically working in pairs) created feelings of connectedness and awareness of differences which can be considered healthy contact modification.**
 - (M) *"For me it was fun, crazy, wired. I felt free. I did not worry about anything and ...I noticed she had a sore shin. It felt easy and comfortable for me"* and replied by (E) *"M was fast, fun, I found it difficult to copy because M has her own moves!! She's very sexy & hippy & found it difficult to follow that"*
 - (CT) *"I felt today a lot easier to follow. I am very neutral today. Independent. Happier to follow just for today. I felt more comfortable then to be copied. I noticed she had unusual ideas but also happy. I need my own space"* and (L) responded *"I felt she*

(CT) *was nervous unsure and uncomfortable. I could do it (follow CT). I didn't really feel anything.*"

- (C) *"When I was following K, I felt she had a lot of rhythm and her moves very constant, nothing erratic. I don't think it was easy at first but then it was much. When I was being followed I enjoyed. It fun. I liked it. it was exiting to see that she [K] was doing what I was. I liked being followed" and (K) replied which "When I followed C, I felt very happy, carefree – it was fun, easy. I felt free and silly. It was very easy to get into her vibe. When I was followed by K I felt uncomfortable. I did feel constant. I did feel I was being looked at by her [K] I was trying to think what to do".*

- **Category 3.6: Using eye contact to connect to others created awareness of how contact is broken or maintained.**

- *"Easy to look at. Some more easily than others, I generally do make eye contact. Some people felt awkward when I looked at them. They looked away because they felt awkward then" (C)*
- *"Others seemed not want to look at me which then made me feel so uncomfortable looking at them. I feel much more comfortable looking at strangers into their eyes. I can make direct contact with them and feel nothing staring at them" (K)*
- *"I don't like the eye contact thing because I was born squint so that's why....eyes they are familiar and friendly. I don't have problem with eye contact especially if I am talking to somebody important, then I don't have problem with that. Generally I don't make a lot of eye contact. When I talk to someone I do make eye contact because its rude if you don't..." (L)*
- *"With the eye contact I needed to talk a lot. I could not keep eye contact for very long, had to keep moving around to different people eyes. Different eyes short glimpses. Felt more comfortable looking into the eye of people I knew well." (N)*
- *"I didn't really like the eye contact. I felt a little uncomfortable. Needed to talk, could not keep eye contact except with friends. When I was starring into people eyes I felt like people were looking for faults on face" (M)*
- *"Talking – is nervous, breaking the ..uhmm contact" (L)*
- *"I am extremely comfortable with eye contact when I am talking to someone. But if its deliberate I feel its almost a joke" (CT).*
- *"I needed to talk and joke but could feel myself constantly looking for distractions" (E).*

Concept 4: Experiences of wholeness, integration and self (all aspects of self)

- **Category 4.1: Moving in a circle or a group created experiences of oneness, connection and expressed trust amongst the participants**

- *The group thing was fun. More fun more eye contact" (N)*
- *"As a group –I felt like I knew all the people really well and that I was comfortable. It was exciting and feel happy" (J)*
- *"Generally I feel comfortable. I am opening up. I don't worry about them now" (L)*

- *"How I feel now: I feel much more comfortable in the group. I was very tired when I came in tonight and now I am ready to go again. I feel very happy, energetic but my chest feels extremely tight (smoking probably). Very hot but excited" (K)*
- *"I am happy now but I was irritated when I came but now I am fine" (E)*
- **Category 4.2: Moving with another can create I-Thou moments**
 - *"flowing as if I became one element of the earth - felt at one with myself" (C)*

Warm-down and integration phase: This began with circle dance (repeated from the previous session) supporting the Gestalt principle of holism as "the whole is greater than the sum of its parts", the group started moving in an integrating joyous dance. The researcher and the observer noticed how the participants had connected with each other. This was expressed through natural eye contact, which could be interpreted that a certain level of trust and connection had developed amongst most participants. The mood had shifted from being low and tired to a joyous and relaxed. The session was concluded with verbal yoga meditation employing elementary sounds of *Sat Nam* that cleared the mind, and balanced the body and emotions (Khalsa, 2001:160).

Movement that used physical contact seemed to create awareness and realisation of how much the body is engaged in making contact with the environment. Furthermore it highlighted that many messages are communicated nonverbally, increased body awareness, and that sensations and emotions were evoked through this process (for example feet and facial areas caused mixed feelings of disgust, laughter and embarrassment). Physical contact also allowed the experience of positive and safe physical connection and touch with others.

3.4.2.4 SESSION 4

The aim of this session continued expanding on the theme of making contact with self and with others through the use of touch; exploring the skin as a contact boundary; using the body as a vehicle of communication (sending and receiving messages on a conscious or unconscious level) and exploring resistance within oneself and within relationships. Movement intervention focused on:

- Using touch to explore the body's skin as the physical contact boundary between self and the environment; to explore one's "personal bubble" or personal space by sensing, touching, imagining its size, shape, texture and resistances.

- Experimenting with evolutionary and early childhood development movements based on yoga for children (Khalsa, 1998:39) and the basic movement principles suggested by (Wethered, 1995:15).
- Exploring relationships (such as working in pairs) experimenting with resistance using fingertips to send and receive messages; and moving synchronistically together allowing a feeling or state of homeostasis.

Warm-up phase: This session began with a visualisation exercise. Using breathing with closed eyes participants were guided to imagine and experience their body as a conduit for receiving and sending information while making contact with self and the environment. After personal introductions, the researcher asked the group if there was any unfinished business that needed to be addressed or shared. It was noted that one research participants [M] was not present. She had phoned the researcher to apologise. Despite having verbally shared her dislike for movement “*dancing thing is not my thing*” and based on her body language, the lack of participation and body stances during the previous sessions, she had previously commitment to attend this session. The researcher interpreted her absence as a form of resistance or impasse. Another participant arrived 15 minutes late. The researcher acknowledged the general tired mood of the group and proceeded with the movement interventions.

Middle phase: The session explored the skin as being a physical boundary between self and the environment, thereby increasing sensory awareness. With closed eyes, using the hands, participants were asked to explore using “touch” the texture of their own skin, to explore the shape and contour of their body starting from their feet, moving towards the head and face, as well as taking note of any sensations, emotions or thoughts that might arise from this experience. The second exercise experimented with developmental and evolutionary movement exploring the environment on different levels including elements such as height, spaces and directions (up, down, back, floor, sky, and side ways). To encourage participants to explore alternative contact-making styles, playful movements were introduced emulating insects, for example stretching like a spider making contact with arms and knees on the ground; then crawling like a turtle; then walking sideways like a crab to explore diagonals; leaping like frogs, hopping like a bunny and thereafter walking like a bear, like an elephant (as well as making corresponding sounds), like a dinosaur and eventually transforming into a human (the self). While moving around, participants were asked to explore their personal space (bubble), imagining its texture and depth, exploring what it felt like, where the boundary was (using the floor, walls or just the imagination) and if any resistances

emerged. Working in pairs, using the pressure of finger tips as concept of physical dialogue, initially with open eyes / then with closed eyes participants were asked to meet and feel the other exploring what was communicated. This was accomplished by one partner pushing (being the leader), while the other gives/resists, and then the roles were reversed. The last in this series of movement activities, the pairs were asked to allow the inner impulse of the body create a natural and improvised movement, creating synchronised movements together (organismic self-regulating or homeostasis).

Interpreted categories of the perceived effect that evolved from this process were:

Concept 1: Body processes expressing the inner world as experienced by the participants

- **Category 1.6: Touch created awareness of internal sensing which included body sensations and proprioceptive awareness**
 - *"I did not enjoy not comfy on my feet very ticklish and my chest uncomfortable, hands smell a bit funny has been cutting up a frog all day. I enjoyed rubbing my back because its sore and hands I liked" (E)*
 - *"Relaxing fulfilling. I liked it, gave myself Goosebumps" (C)*
- **Category 1.7: Touch triggered awareness of internal sensing which included mental sensations such as memories, flashbacks, thoughts and images**
 - *"Brought back memories of past boyfriends which made me sad. I miss touch". (K)*

Concept 3: Contact styles (including contact modifications) as experienced by participants

- **Category 3.7: Awareness of habitual patterns (physical contact making with environment) emerged**
 - *"I am used to walking repetitively up and down - I do waitering" (N)*
 - *"Get frustrated when I can't see where I am going" (L),*
 - *"I wanted to walk forwards a lot" (CT).*
- **Category 3.8: Personal spaces and contact boundaries that could potentially be considered as unhealthy emerged**
 - *"I need people constantly people in my space. I am reliant on people. I can't be by myself. Most people I like in my space" (L)*
 - *"Anybody can come in. But then I have a very small amount that is my space that nobody can come in." (CT)*
- **Category 3.9: Personal spaces and contact boundaries that are considered healthy emerged**
 - *"My wall [my personal bubble] was soft. Got frustrated when chair stopped with my back movement. I don't mind people coming into my space. My boundaries are open, flexible. Some people not allowed to come" (C)*

- “I have a lot of space in front of me, but my back and sides don't have much space and I feel more restricted there [pointing her back]. [Is there a reason?]. Ja because I can't see what is going on the back. [Oh is that because you are not in charge?] Yes.” (N)
- “this is my space stops here [arms showing] Even with people you are getting to know. Physical contact is a different connection. If friend does put arm around me it is a nice emotion for me and good feeling. I definitely like and need my own space but not too much. If somebody comes beyond my bubble or to close I back of [step back physically]. I felt independent & in control & confident in my space. Emotionally I didn't though. It felt best with my hands on my heart. Felt good in my boundary”. (K)
- **Category 3.10: Resistance was interpreted as a physical and sensory sensation**
 - “I felt some resistance in my heart like its sore.” (E)
 - “I like my space. I am quite touchy with other people. Message we send is understanding. I felt cold when I was doing this exercise. I felt uncomfortable about my stomach again in this exercise. I gave it a lot of room”. (L)
- **Category 3.11: Working in pairs created an awareness of how a contact forms such as resistance or flowing can impact one another**
 - “I can see how N is. You have to do it her way [others agreeing that is her personality]. She is decisive”.
 - (N & E) “I enjoyed being a leader being in control. I don't follow very well. When my eyes closed it was harder. In the beginning I could not follow but then relaxed and trusted that person to lead. We could create something together. I found myself leading and following at times. When my eyes were open I trusted myself. When my eyes were closed I had to trust the other” which was responded “I Could lead, found N [partner] could not follow! She was better when she closed her eyes. Easy found balance - enjoyed that the most. She [N] can't follow. We were not talking. I lost contact with you – we could read each other really well. I could sense her really well” (E)
 - (C and K) “I found it hard at first to follow but I got used to it and then really enjoyed the feeling. Fingertips very sensitive. Work together no pattern movement, could feel if someone tried to take control. When I led the follower found it hard to move towards me. Felt more in touch with eyes closed. I was watching the hands when my eyes were open. When my eyes were closed I was more concentrating on the feeling.” Which was responded by “I thought she [C] was pulling away. Enjoyed being a leader more. Following was very peaceful. Felt very calm and safe. Both our hands sweating so the grip was hard. Difficult to find each others rhythm” (K).

Warm-down phase: To complete and integrate the experiences of this session, a completing movement dance was named the “snake dance walk” representing a whole organism consisting of many parts was performed. The leading participant set the rhythm and the movement activities, while the others held onto the hips of the participant in front of them. Like a train and its wagons, each person had the opportunity to lead (communicating through the body) and the others followed (receiving messages with the body). At the end of this session the group naturally formed

a circle dancing with authentic movement and improvisation. The session ended with participants having a choice between a shoulder massage and a relaxing sound meditation.

Using touch in a safe and progressive manner; exploring physical boundaries and personal space; and experimenting with different ways of making contact with self and the environment brought the participants processes (some being subconscious and dysfunctional) and preferences into the foreground on a non-cognitive level.

3.4.2.5 SESSION 5

The aim of this session was to continue with movement the exercises that would permit the participants to explore and experiment with self awareness, understanding their processes (likes and dislikes), and how they relate to themselves and others. Movement interventions focused on:

- Continued building of trust amongst participants, and exploring how trust was communicated through body processes.
- Experiencing inner awareness through body sensations (sensory, emotional and physical) and body impulses.
- Exploring of contact-making styles through activities that experiment with the body (parts of or as a whole) that meet, part, mirror, flow (that is confluence) and resist with other bodies at the contact boundary.
- Exploring how proprioceptive awareness influenced contact-making styles (Frank, 2001:71). Experiments involving the skin, as a metaphor for the boundary layer, are used to explore “me” distinct from “other”; to explore how information or communication and conveyed through the use of body weight (through pressure), speed (rhythm), breath, direction, and physical sensations (texture and temperature, smells).

Being the fifth session, half way through the research project, the researcher felt that the participants were more aware now and had a better understanding of the aim of the sessions. It was necessary for the participants to review and adjust their personal contracts for the remainder of the research. The aim of this therapeutic action was to facilitate the continued co-operation and commitment between participants, refocusing of the study. Previously agreed group rules were reviewed and adjusted to continue to create a safe therapeutic space. Based on the amount of chattering and other disruptions whilst a participant was sharing, the researcher felt it necessary to add the new group rule “one person to speak at time whilst somebody was sharing”, which was agreed by all participants.

Warm-up phase: The session progressed with re-contracting for the remaining sessions. Personal experiences and benefits received were shared, typical comments made were:

- *"I want to continue ...my aim ...Guess I want to participate more" (M). This participant had rejoined and committed to stay with the group after missing previous session and showing large amount of resistance to the work done so far.*
- *"I am more calm and less emotional" (CT)*
- *"I am much emotional know" (J)*
- *"I am more aware of my impatience" (N)*
- *"I don't pick so many fights.. can see their rhythms" (L)*

Deep breathing movements, designed to balance the left and right side of the body and to focus on inner awareness brought the participants into the here-and-now. The check-in was completed with each participant using a body movement, a posture or gesture and/or accompanied with gibberish talk, to state how they felt, while others had to respond to the caller by guessing what it meant. This activity caused a bit of shyness and laughter, indicating a mixed mood ranging from tiredness, being energetic, feeling relaxed and statements such as *"here I am"*.

Middle phase: A series of movement exercises were developed for this session's theme: the process of an emerging aspect of self. The first activity involved the movement of the hips, then the whole body, moving in circular motion and in the figure of eights, which was accompanied by slow, flowing music. The intention of this experiment was to connect, release and balance emotional aspects of self and thereby focusing on any issues that arouse from this process. The next exercise worked in pairs, one participant blindfolded and the other leading, connecting at the hips to create a feeling of safety. The intention of this technique was to explore how trust was communicated through body sensations, creating impulses of inner awareness.

Frank (2001:81) states that the reciprocal qualities of yielding and resisting is the experience of one opposing and adjusting to the other, and are present in every meeting. Through creating the experience of resistance (one body meets another, one force opposing the other) the individual can become aware of themselves and their orientation towards the environment. Resistance experienced through physical force of gravity, earth and space, shifts muscular tension. This aspect of yielding and resisting was experimented with in the subsequent three exercises. Starting with moving activities of meeting, parting, connecting (specifically contacting) of body parts (knee to knee); followed by experiencing resistance through pushing against each other (back to back) and finally moving into creative movements, by practicing healthy confluence

through physical contact, creating increased awareness of the partners body, shape, heat, breath and thereby exchanging messages or information flowing over the contact boundary.

Interpreted categories of the perceived effect that evolved from this process were:

Concept 1: Body processes expressing the inner world as experienced by the participants

- **Category 1.1: Awareness of internal sensing included body sensations and proprioceptive awareness**
 - *"I felt feminine, sensual, energising, tension releasing, enjoyable I did not notice anybody else"* (K)
 - *"I was a bit nervous. I do not have balance"* (M)
 - *"I felt her body"*. (C)
 - *"When it came to E I felt her. Ahh [Did you use your physical senses?] Ja ... she walked backward. after while I got her rhythm and I was comfortable"*.(J)
 - *"But don't like being touched. It's easier no physical contact is good for me"* (K).
- **Category 1.2: Awareness of internal sensing included mental sensation such as memories, flashbacks, thoughts and images**
 - *"I felt zoned out from the whole process. I did not notice my own movement and nobody else. ... clubbing is my favourite place to be dancing and zoning out makes me happy"* (K)
 - *"My mind very busy – thinking of all the things I need to do and have done"* (N)
 - *"That is calming and brings back to yourself and your own inner peace. She seemed more self conscious"* (CT).
- **Category 1.3: Contact functions (sight, touch, sound, taste, movement and smell) as sensory channels and are part of body processes that maintain or break contact with others**
 - *"Together was relaxing, harmonious, comfortable warm. We were swaying. I picked up her breathing"* (C)
 - *"So I felt she didn't trust me. [Is that what you thought?] Yes [Did you walk in silences? Or did you use your voice to guide you?] We were talking. ahh"* (E)
 - *"Felt close connected, powerful and strong. Comforting warmth, spine is strong"* (C)
 - *"Wasn't so bad as long as I didn't stay for long"* (M)
 - *"I avoided eye contact"* (CT)
 - *"I felt resistance in my stomach, my arms"*(E)

Concept 3: Contact styles (including contact modifications) as experienced by participants

- **Category 3.12: How the participant (re)organises self in relationship to others ("me" distinct from "other")**

- *"I enjoyed the clashing and mirror the most and the mirror movement was ..nice to have contact I was comfortable"* (N)
- *"I didn't like being pushed; made me push back harder; I wanted to be in control. "* (N)
- *"I found that through her back she was sick and has limited balance – yummy ...all through her back. I did maintain my balance. Going together didn't work all we managed to do was side by side"* (E).
- *"Flowing together was comfortable and relaxing. She had a very bony back could feel her spine easily. Could not feel breathing, had warm back, it was hot and comforting ... maybe to hot"* (N)
- **Category 3.13: Contact modifications are considered healthy if there are no fixed structures and should be evaluated according to their function, feedback and within context**
 - *"I feel energised. ..very competitive. I refuse to give up never never give up.. even when I used to fight with my .. I am always right in own my mind. It is a bad thing. Its stupid. I should learn to admit defeat [Or know when to stop? What happens to you?] I just happens and then I go mad .. I can't control.. can't admit I am wrong with men"* (K) example of contact style of egotism
 - *"Something about giving up. I think it about letting go of control. Even if you want. You have lost it, then I give up"* (CT)
- **Category 3.14: Boundary dysfunctions such as confluence can be considered as healthy contact modification**
 - *"Together I felt that we had good rhythm, at times it felt like she was leading. I didn't mind I didn't have to do anything. Could feel her breathing and stress in shoulder. Message was relaxing"* (J)
 - *"Makes me think, that I have some anger issues. I felt much more comfortable to give it to everybody.. well you expect to get it back"* (K) [This is an example of an introjection that previously served as defence mechanism against abusive relationships.]
- **Category 3.15: Fixed / unhealthy contact styles seemed to emerge through physical contact**
 - *"I tried to explore but I couldn't. Could only go in one direction – in that direction."* (E)
 - *"She (M) was blindfolded and still tried to lead the way (laughter)"* (K).
 - *"I did not like to make the first move. I waited for person to come to me. I tend to back of. When I meet people I have to interact. uhm life but just stood there. Make me feel uncomfortable. That's how I am in life. I wait for them to come [How does it make you feel?] alright. I am quite a confident person but realised that it is not there"* (L).
 - *"I felt weak; I did not like I could not resistance. I had no power [How did you feel? What did you do?] I gave up. [Does this ... happen to you life?] ..I got headache. Blinding headache, the more I tried the worse it got"* (E)
- **Category 3.16: Movement triggers body transference**
 - *"I kept my eyes open following (E) I realised it was not me. [Were you tuning into her?] Yes I was. Because it (E) was and it was easy"* (J).

- *"I wanted everyone else to be comfortable so I could feed off them and feel more comfortable exploring more. [How did you feel?] I was hesitant or what M said feeding of you a bit. I wanted to explore but I couldn't I felt a bit stupid"* (N)
- *"I felt she was comfortable with me. She seems flexible, breathing deep healthy breaths. I was nice it was nice because I am a smoker I tried to go with it. It calmed me down"* (K)

Concept 6: Feedback on the therapeutic process as experienced and observed by the observer

- *"Somehow the sessions seem to evoke much emotion. This I sometimes sense to be strange as I sense I am not really "a part of" the group but on the side, a mere observer."* (O)
- *"The exercises all seem to be, at least from my perspective, metaphorical representations of what occurs in life itself.... This seemed to have evoked images of past connections experienced with people and present mirroring of trust/distrust issues with self and others experienced personally in my own life."* (O)
- *"...or because of what the surrounding energy was provoking, or because of a combination of things, I became strongly aware of how, in my personal life, connecting with people on a true, deep level scares me ..."* (O)

Warm-down phase: To end and integrate the experiences of this session, participants including the researcher formed a circle (creating a whole Gestalt). Holding hands the group moved into dancing motion which triggered high levels of laughter and joy. Some participants broke into spontaneous movements expressing a creative aspect of self, and others followed suite. This act of authentic movement supports a major movement principle: if the individual is facilitated to move spontaneously, then healing processes can be evoked (Stanton-Jones in Totton, 2003:112; Meekums, 2002:8).

This session ended with utilising intentional touch and self-nurturing (Rubenfeld, 2000:152). An exercise, based on an intervention from "Healing Touch" originally developed by Mentgen (2000:81) for medical staff to restore balance in the organism, affecting their physical, emotional, mental and spiritual health, was chosen. The researcher directed participants through a specific sequence of touch movements creating nurturing and balancing experience, as noted in comments such as *"I am relaxed"* and *"calm and sleepy"*.

From the above themes, it appears that the body expresses the inner world of the participant and effects the movement towards contact with the environment. Experiments that utilise sensory channels such as touch, sight, sound and movement are different entry ways to the Gestalt of the person and heightening awareness of self (including bodily self) and with the environment. The

adolescent's choice of contact-form must be seen in context of fulfilling their need, others needs, as well as possible feedback they could receive.

3.4.2.6 SESSION 6

The aim of this session continued development of the previous session themes, such as trust, contact-making styles and utilising the Gestalt therapeutic approach. This involved participants becoming aware of exiting polarities within one, the taking of responsibility through the use of "I statements" and awareness of alternatives (choices) and integration of experiences. Movement interventions focused on:

- Exploring the symbolism, meaning and impact of feet and how they represent being grounded and connected to earth through gravity.
- Exploring the contact boundary as a concept of an edge; how resistance symbolises the meeting of differences "me" versus "other" versus experiencing an "I-thou", as well as other ways of relating such as being stuck or in impasse. This was achieved by movement experiments that explored traits such leader versus follower; controller versus controlled; people person versus loner; being rigid versus flexible and flowing. The purpose being one of creating awareness of the more prominent traits and how this was communicated through body processes and physical contact, body sensations (sensory, emotional and physical) as well as body impulses.

Warm-up phase: Participants came into the session with a lot of outside material. During the week, two of the participants had experienced love relationship problems which influenced the energy and the mood of the whole group. Emotions in the group were divided, some were tired and frustrated, as stated by (E) "*Too many emotions, negative emotions, crying, hateful uum angry and upset, frustrated and none trusting. This half [pointing to the group] is cheerful that and this side is frustrated*", and (J) "*I feel calm, the group seems mixed stressed*" and others seem to be calm. These statements sparked an animated discussion on how everybody else in the group was feeling. Typical comments were: "*the group seems emotional today. Me I have no clue why I can't stop laughing I don't know*" (CT) and "*I am relaxed except and happy, I just hate men*" (K).

The warm-up phase was completed with shaking of body parts, deep breathing and stretching movements.

Middle phase: The first movement exercise explored feet through the use of symbols, metaphors and embodied language that expressed and communicated aspects about each participant's personality, self image and behaviour. This was expressed in participants' statements such as: *"my feet carry me forward"*, *"I am down to earth"*, *"I have my feet on the ground"*, *"stop pussyfooting around"*, *"to tiptoeing around"* or *"dragging his feet"* or *"she has not got a leg to stand on"*. This activity included exploring texture of body parts through touch and massage; gravity by walking on different parts of the feet such as on the toes; and how the feet connected onto the ground, which part of the foot was used to walk on. Working in pairs or in three's and being linked through elastic rubber bands at the feet, the theme "contact to the ground" was extended by moving into a walk of co-operation experiencing being interpedently-dependent, as well as exploring "moving together" by listening or tuning into each others impulses travelling through a specific points of contact for example the hips, hands and arms.

The subsequent movement activities experimented with being restricted (stuck into a physical position) or experiencing a psychological impasse (barrier) through one body-part being pinned down by another participant's body weight. The purpose was to enable the participant to explore alternate routes of moving/thinking/feeling while being restricted. Alternatives empower and enable the participant to become aware of their strength, flexibility, emotions. This process evoked much embodied transference between participants. This here-and-now need, to discuss issues around relationship with the opposite sex and trust was supported by the Gestalt therapeutic process. Once the group had settled, the previous theme (material) was integrated into the next exercise. The first part of this movement series required each participant to experience flowing within themselves, from left to right, up and down, and then between others; and the second part was working in pairs back-to-back experiencing the flow through movement that caused no separation or distinction between organism's, only continuous change. These flowing movements (yin-yang or tai chi like movements) created experiences of harmony and awareness of emotions and somatic sensations, allowing the integration of body-mind-spirit.

Interpreted categories of the perceived effect that evolved from this process were:

Concept 1: Body processes expressing the inner world as experienced by the participants

- **Category 1.1: Awareness of internal sensing includes body sensations and proprioceptive awareness**
 - *"Being grounded was sore and frustrating"* (CT)

- *"I feel my feet keep me stable and support me emotional. I feel that their size is so small for everything they have to carry."* (C)
- **Category 1.2: Awareness of internal sensing included mental sensation such as memories, flashbacks, thoughts and images**
 - *"My roots [feet] are heavy"* (E)
 - *"I felt squashed and crazy. When wrestling I did not feel bad at all. [You seemed to have enjoyed it.] It was awesome. I felt it was my father that I was pushing.[Did you feel powerful?] Ya, it was coooool"* (M)
 - *"I felt very calm. Flowing was very peaceful. I could feel the energy in my hands. I was pushing out all the negative things in my life and pulling the good towards me. I am filled with happy energy now good memories back into me."* (K)
- **Category 1.8: The body expresses embodied language and movement metaphors**
 - *"My feet symbolise pain and represents failure in my life". [Is this true of your life at this moment?] Umm It [feet – also a dissociation of self] restricts me in sports and that why it's a failure.. I can't achieve what I want to do."* (M)
 - *"Walking tippi-toes. [What does that mean to you?] Very cautious [Does your walk tell something about you?] Yes I am cautious. [Do you daydream?] Yes, I forget my feet and roots I think it symbolises how I generally go through life"* (J).
 - *"My feet represent my income. I am waitress. It's my income and they are very NB to me. Sometimes I am rushed of my feet"* (K)
- **Category 1.9: Body-mind dissociation, making the body an aspect of "IT"**
 - *"I dislike feet in my life. Me and my feet don't have a good relationship. My left foot makes me feel restricted and isolated"* (M)
 - *"When I get stressed my energy goes to my head. [Do you notice your feet?] no I don't even know they exist"* (N)
- **Category 1.10: Awareness of how polarities can exist within oneself**
 - *"Sometimes I like my feet but other times dislike them. I appreciate that they move me but don't like them being touched."* (L)
 - *"They (feet) represent positive and negative in my life"* (C)
 - *"Was pleasant massaging my feet and unpleasant doing the different walks"* (CT)

Concept 2: Therapeutic relationships – verbal and nonverbal (embodied)

- **Category 2.2: The therapist's body as part of the therapeutic relationship and transference**
 - *"I could feel the researcher's calmness through her back. She made me feel very safe. [I felt you were very receptive, sensitive and were able to listen. It was easy to work with]"* (K)

Concept 3: Contact styles (including contact modifications) as experienced by participants

- **Category 3.17: Experiencing power and control during physical contact exposed feelings of guilt (topdog/underdog dialogue)**
 - *"I felt powerful being in control and holding her down. I don't like being pinned. I felt helpless. When she sat on me I could do not anything. I felt helpless.."* (J)
 - *"I felt guilty putting my weight on L and wanted to help her out of the pinned position. I don't like being pinned because I don't like being out of control"* (E)
 - *"I actually felt bad. Restricting somebody. Sat on some one, pressure on hand, feel bad causing pain."* (C)
- **Category 3.18: Body movements that explore alternatives can create a sense of empowerment**
 - *"Gave me a sense of control; to see someone struggling under me. I thought I was holding back.."* (N)
 - *"Easy to find other ways of getting around. Was powerful when I escape. I have a little competitive streak that came out."* (C)
 - *"Stable and I felt a complete sense of independence focused. Centered, mind and body aligned"* (C)
- **Category 3.19: Participants (re)organising self in relationship to others (peers and authority)**
 - *"I felt very uncomfortable holding someone down. But it was challenging for me to fight back when I was pinned down. I like rebelling against control"* (K)
 - *"I was scared I was going to hurt her. I felt challenged, had to work. I had to prove I was better then N. That came out. Even if I felt bad I still had proof I was better."* (CT)
- **Category 3.20: Confluence created feelings of connectedness and flowing which can be considered as healthy contact modification**
 - *"I felt flowing was an amazing feeling winding through the people. And finding my centre and without knocking into anybody."* (J)
 - *"Enjoyed flowing back-to-back with the support because you can't do this by yourself but you need to trust."* (E)
 - *"I was connect to her spine when we were standing there was a connection"* (C)
 - *"I felt very relaxed and in tune. I felt flow. I felt very peaceful and in sync very centred."* (N)
 - *"Teamwork. I felt not alone. Warmth penetrated my back."* (C)
- **Category 3.21: Breaking contact**
 - *"I felt silly. Could not image yin-yang thing. I just couldn't get into it. [Could you imagine the air?] No not really [What about you're laughing?] I was picking her wrist...sorry"* (M)
 - *"lost my balance and I was quite creative in my way of getting out"* (N)

Concept 6: Feedback on the therapeutic process as experienced and observed by the observer

- *“The exercises that involved working in sync with others, were so powerful, every person’s inner process influencing every single gesture, every single connection with others;” (O)*
- *“This session, magically followed a consciously unplanned but possibly naturally unfolding of one process into another, one session always seems to mold itself into the next as though naturally born of and unconscious, yet deliberate necessity to be the way it is. From a natural birth into the world, we are born alone and connected only to those that immediately surround our world ..” (O)*
- *“The group moved from movement alone to movement with others, I found this progression from the one to the other truly powerful.” (O)*

Warm-down phase: The flowing movements brought calmness to the group, continuing with the theme (being connected) and simultaneously integrating the experiences of this session. All participants including the researcher, formed a circle and moved into a dancing motion. The session was ended with a grounding nurturing cradling exercise.

From the above it appears that the body is an active source of knowledge and discourse. The process of learning to express embodied feelings, thoughts, memories and unfinished Gestalts through verbal and nonverbal communication such as movements, gestures and posture heightened awareness of the participants. They became aware of existing polarities within themselves, mind-body connections, that language is a symbolic/metaphoric expression of disowned parts of self and body process, how contact-making styles can be un/healthy, and that there are alternative ways of interacting. The movement process demonstrated the importance of the role of the body of the researcher as being part of the therapeutic relationship.

3.4.2.7 SESSION 7

The main aim of this session was to heighten the experience of integration of previous movement themes through merging movement activities and incorporating of Gestalt therapeutic aspects (building trust, working with polarities, taking responsibility, the use of “I statements”, exploring alternatives and integration).

Warm-up phase started with an exercise that created a space for participants to overcome embarrassment, shame, guilt, and an opportunity to reveal themselves without losing their boundary integrity (Auerbach Stolinsky, 2002:113). Using gibberish language participants had to tell each other their story, which was a technique to practice to speak freely without shame, being

able to express emotions without consequence and at the same time making authentic contact with body. The introduction exercise caused high levels of nervous activity and laughter; some were slapping each other out of irritation and frustration. Feelings of tiredness, stress, anger and being relaxed were shared.

Middle phase: Heightened awareness and facilitating integration was achieved through movement activities that included making contact with the body, explored personal and general spaces, explored the transpersonal, and dealt with unfinished Gestalts as well as preparation for termination.

The first exercise of a series, explored the body boundary, by pummelling the soft areas of the body of another participant. The aim was to develop trust, awareness and sensitivity of how self affects others and the ability to give / receive feedback from others (Payne, 1999b:214). The outcome of the first activity, as observed by the researcher, released irritation and aggression for some of the participants (E, M, N and J), while the others experienced nurturing and enjoyment. This was followed by walking/dancing movements, which explored creating physical interpersonal pathways (consisting of a beginning, middle and end point) through the space of room and between others. Participants had to become aware of others and self while walking their personal pathway, noticing their bodily sensations while maintaining an inward frame of mind, then noting others and objects with/without interacting. Based on request, the group moved with closed eyes and deep breathing into trance-dancing exploring the transpersonal. Trance dancing is an ancient healing technique using breathing patterns, movements and rhythms that impact the brain in such a way that the mover starts to see with all their senses (Natale, 1995:2). This can be considered a body-mind-spirit integration facilitating psychological growth, change and development (Clarkson, 2004:13). The last activity, being carried, lifted and cradled in a big blanket by the group, allowed each participant an opportunity to let go of control and experience trust and nurturing support.

Interpreted categories of the perceived effect that evolved from this process were:

Concept 1: Body processes expressing the inner world as experienced by the participants

- **Category 1.11: Physical contact at body boundary evoked awareness of personal preference, body sensations and “me” versus “not me” – experiencing differences**
 - *“I felt comfortable. I am aware of my body it was nurturing. I liked it hard was relaxing. The massages were all enjoyable” (CT)*
 - *“Yes there are differences. Some were more forceful than others. I enjoyed being hit and stroked. I felt anger leave my body. I feel much more calmer now” (K)*

- *"I didn't like the pummelling because of my hands [Pointing to her injury. This participant had serious injury on her wrists from falling through a window] I preferred stroking them. I had a very nurturing approach". (L)*
- *"No hang-ups about contact. I felt more comfortable, if they were more comfortable. Those that who were not afraid I could feel if they were comfortable or not with it." (C)*
- *"I was bit sore on my legs, but happy and calm amazingly. I noticed that I was uncomfortable uneasy about myself. What are they noticing about me.. then when I to interact – it was hard to mix with every one else's. I was very different" (K)*
- **Category 1.12: Physical contact within a safe environment gave permission to express and act out of aggressive energies and frustrations**
 - *"I enjoyed beating (pummelling) everyone up. I felt that M back was awkward to beat. I took my anger out from N out on M and J. If somebody hits me I hit them back. [Was this an opportunity to express that side of you?] Yes yes I did not mean to beat them but I needed to [Did the others oblige to it?] Yes they participated. I did not try and hurt you (N) I dumped my pain and frustration onto you" (E)*
 - *"This is how I felt. Ya when J did it first I hit her back" (M)*
- **Category 1.13: Negative body image block completion of needs**
 - *"I was lifted up, I did not like it. I am very conscious about my weight; don't like people having to lift me. I did not like it. I hated it, made me even more self- conscious." (J)*
 - *"It was fun, a bit claustrophobic. Carrying was fun, but extremely painful. Very self conscious I was also had more self conscious of me – weight, hands everything." (L)*
 - *"It also made me self conscious. My height and not only weight, very self conscious. I would not ask for it if you. I do not have an issue with my height but I feel self conscious." (CT)*

Concept 2: Therapeutic relationships – verbal and nonverbal (embodied)

- **Category 2.3: Trust and nurturing between group participants were expressed**
 - *"Felt awesome. Felt nurtured and loved and safe. Trusted everyone but has a little adrenaline rush". (E)*
 - *"Relaxing to let go and trust other people to carry me" (N).*
 - *"Loved it (the cradling). I experienced trust, freedom, flying and faces smiling." (C)*
 - *"It (the cradling) was awesome. I just laughed but I don't have a reason." (K)*

Concept 3: Contact styles (including contact modifications) as experienced by participants

- **Category 3.22: Increased self awareness of personal processes and contact preferences (to be loner or with others) through interpersonal walk/movements**
 - *"When I am alone again [walking own pathway] it was hard because I was looking for interaction again. Had more fun with other [Did this process show you something of yourself?] Yes, the process taught something about myself that I like to do things with others more than being alone" (J)*

- *"I was comfortable being alone but did not like my pathway. [Did you change?] I kept it. I interacted, then when I am walking alone again I was comfortable and happy on one level instead of going up and down because of injuries. I changed my movement to something more myself" (CT)*
- *"When I was walking alone I was tired. I moved in up and downward movement. I thought about ups & down of life. That's my life. Then I got quite bored with it, my life, my walk" (L)*
- *"When I was walking alone again I enjoyed not being looked at. Felt a bit silly. [Is this what you prefer?] No it's weird I like being the centre of attention. I used to. Uhm I learned being by myself .. was very enjoyable" (K)*
- *"When I interacted with my walk I noticed a bit of conflict kept knocking into people; could not complete my path. Later I became a bit more understanding moved a bit more freely. When I notice again, I noticed people changing their paths/ adjusting to one another. Then I walked alone again – that calming but again tedious. [Is this true in your life?] Yes I get bored I need others" (N)*
- **Category 3.23: Somatic transference with to open contact boundary can cause introjections**
 - *"I was opposite of everyone I felt suffocated, restricted, isolated – kept picking up everyone else's breathing pattern. Didn't like it. Conscious of surroundings couldn't get into it at all. [What about your own breathing pattern?] I couldn't find it. I felt like fishbowl, wanted to run out of them" (M)*

Concept 4: Experiences of wholeness, integration and self (all aspects of self)

- **Category 4.3: Integration and empowerment through dance, shifting energy, and experiencing wholeness or many aspects of self**
 - *"This dancing was a tension release and very energising, it was very peaceful. It gave me confidence; calming at one with myself; energising; I felt liberated and lighter. It placed me in a zone – just wanted to laugh out loud at how happy it made me just to move. Truly with confidence. This was me – free – I felt expanded. Me and myself. "(N).*
 - *"I got rid of tiredness tension first. Then listened to music then I started dancing which I never ever ever .. I never because I am self conscious, but I did. I felt free happy alive. When music stopped I became aware.. I love fast moving. That's me I love dancing but I never do it." (L)*
 - *"When in a trans I felt like was taking E too many of them. I was at a rave. It felt like I was taking loads of drugs .. Bring back a lot of good memories. Took me back haha... yes I did drugs.. [Did you feel ecstasy or wholeness without drugs?] Yes it just felt like it, if I did I would be going mad. Was very nice to have this experience without the drugs [Yes, this type of experience can be induced without drugs only breath and movement]." (K)*
- **Category 4.4: Awareness of polarity and mind-body connection as an experience of empowerment**

- *“My body and mind were together. My feet were like a brick pulled me back grounded. I was rocking cloud was free floating and the beat carried me away; didn't need a thing.” (E)*
- *“Music made me grounded I felt Africa, I have a passion for sand, feet on the ground, drums. I love that! My soul and very happy my spirit is alive. I felt peaceful and in tune. I love the body-mind connection.” (C)*

Warm-down phase: The session was ended with two grounding techniques; the first was the traditional circle dance which had taken on a new intense and spontaneous form as the sessions progressed. Each participant spontaneously improvised and demonstrated their unique movement and rhythm which was copied and encouraged by the whole group. The group generated much energy, that they requested a repeat of this dance. Once everybody had their turn the group came together, quietly sitting in pairs connecting in a yoga meditation for a few minutes. The researcher reminded everybody that the following session was the last session and each participant was asked to take some time to prepare and become aware of how they approach endings.

The dance/movement process seemed to have connected the participants on a trusting and supporting level which provided enough safety to express negative feelings of anger, frustration, body-image issues and destructive behaviour such as the use of drugs. Heightened awareness of own process and parts of self was explicitly expressed verbally and nonverbally. The expression of spontaneous movements and self-nurturing movement activities aided with restoring of self-regulation, healing and integration, joy and empowerment.

3.4.2.8 SESSION 8

The final session of this study was used to create a conscious experience of termination and evaluation through a process of probing and receiving feedback (Meekums, 2006:174). Closure is an important part of the Gestalt therapeutic process and this can be compared to the withdrawal phase in the contact cycle (Clarkson, 2004:157). Withdrawal will complete the Gestalt formation cycle and restore homeostasis for each participant and for the research process.

Warm-up phase: started with participants sharing their feelings about this session and how it relates to endings. Typical statements were:

- *“I got a bit of a headache but I am feeling very positive. The end is sad because this was fun.” (K)*
- *“I am fine, have to many deadlines to meet. The end is new.. I am going to miss the group chat and all.” (N)*

- *"I am tired but and happy.. uhm I will miss the drawing" (E).*

Techniques chosen for this session aimed at heightening awareness of the termination process, and facilitated the experience of an active withdrawal cycle. Interventions that enable "letting go" of Gestalts, withdrawing of psychic energy and dealing with any emotional responses such as loss, unfinished business that may relate to endings.

The researcher re-stated the purpose of the study and equated it to a process or journey consisting of a beginning, middle and end phase. The theme of this session was based on the analogy of movement within a circle or cycle of life as taught by many cultures. The Native American medicine wheel (the sacred hoop) as a symbol of life cycles and lessons, utilized as a tool of knowledge and guidance was stated as an example. Natale (1995:78) compares this to the mandala (meaning centre or magic circle) which reflects the individual's total personality; their full potential; their natural history, their innate connection to mother earth and all living beings. This author states that the design of a mandala symbolizes how the individual relates to self (including all life experiences), others and the universe. Authors Bartal and Ne'eman (1993:5) state that this unification expressing paradox and polarity can be compared to the Chinese circle (symbol of the Yin-Yang) depicting balance and harmony of two primary and supreme forces of the universe.

Using this theme, each participant had to become aware or notice at which stage in the cycle of life (such as planting, gestation, birth, growth, death and rebirth) they were now at. With that awareness each participant created a mandala drawing, including aspects of self (emotional, physical and spiritual); their relationships with others; and their personal journey as experienced during the last eight weeks. The objective was to reflect their experiences including: movement activities starting with birth and childhood; personal and preferred rhythms such as flowing, staccato, chaos, lyrical and stillness; relating to others in terms of follower/leaders; working with or against each other; ability to listen to others; ability to receive and give; ability to nurture and support.

In preparation for the last set of dances, participants (including the researcher) decorated each other with face-paint. This activity could be interpreted as an expression of trust, co-operation and cohesion.

Continuing with the above theme the researcher guided the group into the five dances. Each dance represented a stage of life, and a geographical direction (south, east, west, north), and a nature element (air, fire, water, wood), and an aspect of self. Between each dance, participants

had the opportunity to verbally share what the dance (that part of their mandala) represented. The final dance focused on completion and integration, symbolising self as a whole. One of the participants, who in previous sessions had great difficulty in expressing spontaneous movement, showed a marked change. Her embodied emotions and inner thoughts came to the foreground. She opened up to the group and shared her deepest need “*I wish for my mother to live*”. This statement triggered deep emotions and tears, which was mirrored by other participants through embodied empathy and gestures.

In Interpreted categories of the perceived effect that evolved from this process were:

Concept 5: Feedback on the level of awareness of self as experienced by the participant

• **Category 5.1: Awareness of relationship with self**

- *“From the group I learnt not to be so distance. [Did it work for you?] Yes when I was open, when I wanted to do it.” (CT)*
- *“One of the things I learnt in this group is to reach out be comfortable with people, because I realised I don't like being touched. I never realised that though. ..I realised I don't let people into my space. The ending what I would like to end anger and hurt, put my dad behind me. What represent me know is that heart with me in it. What I can take away from this group is that I can actually talk to people about what happened to me about my childhood. [Did you feel supported]. I felt supported and never felt judged by the group and never anybody felt sorry. This was a huge shift for me. And I realised what my needs are”. (K)*
- *[What have you learnt about yourself in the last 8 weeks?] I think I have been quite naive in a lot of situations and towards a lot of people. I also have been quite selfish in terms I talk about myself instead I should be listening to other. Also naive that other people could have problems. [Did this work for you?] ya its opened my eyes to a lot of things” (N)*

• **Category 5.2: Awareness of relationship when interacting with others.**

- *“In the east I put my mother. I want to stop living in the past and hope, instead I want learn to build a new relationship with my mother rather then try and change her, because she has changed”. (M)*
- *“Rope [in the drawing] symbolises bonds. I want this out of relationships. [Do have that?] No what I want I don't really have them now ..Love. I have to give away my pride and say sorry when I am wrong. I want to be successful and explore. I want relationship in my family to improve.” (N)*
- *“E it has helped us a lot our relationship. We have respect for each other now. [Did you parents notice?] Yes, my mother had commented she has noticed that we both get on much better. [Did relationships change?] From my side I did things different. I radiate my energy to people now. Whole academic thing I found to balance party, friends and study”. (C)*

• **Category 5.3: Awareness of needs**

- *“My drawing is called Sunny side up. I want to see the positive in every situation and not to focus on negative. South, is my job, I am very proud that I could do something for myself. My reward to myself is Europe trip.” (M)*
- *“In the south [point to the drawing] I feel I grew up to quickly. I was cheated out of my childhood. My goals now to focus on me me, me. It is going about me the first time in my life. One of my problems is I drink too much at parties.” (K)*
- *“My friends are so widespread that I realised that I am never going to be alone. I also realised I have been very selfish. I have been doing for everybody everything now I realised I need to define what I stand for and I need to do what is good for me. I saw myself as a rainbow which is magic. Drawing is called acknowledgement and hope.” (J)*
- **Category 5.4: Awareness of personal growth as expressed through concepts such “lesson I have learnt” and “who I am”**
 - *“My drawing is called Inner joy. I drew myself and friends, big arrow. Now I feel I want to be away from them. Now I feel ok to stand away from them, friends and family. I can stand on my own. I made it. One thing I have learnt in this group is to sift [ha-ha] I am not going to stand for anything but the best for me and that includes relationships, money, work, love, joy whatever. I have got rid lot of people that I have always held onto over the last 8 weeks. If they irritate I have always given people to much of a chance.. I have always given too much; I always say ach shame. Now they of my Christmas list I will not take it. I feel I have been able to do this because I am ok to be alone now. I quite like me. My whole balance thing .. has to change a bit. To much play ...” (K)*
 - *“This is you guys [pointing to people in drawing] it is coming to an end now and I am upset, but positive lessons I have learnt from myself and by other people. The group is like different not something I would normally do [Did you get something out of it?] Yes it took me long time to get into it, I am still hesitant now but I feel I have learnt something, not consciously I cant put word to it BUT I feel different [smiling]” (M)*
 - *“You guys taught me to experience new things. I think it was amazing. This frustration I am going around in circles with projects makes me irritated. [What did you get out this?] I have learnt things from everybody, just to do things and not being judged and I cherish my new friends.” (J)*
 - *“Myself, this my past. In north I learnt that everybody is alone. That a huge step. East, is sadness and confusion.” (CT)*
 - *“Name of my drawing is naivety. Uhm I have a job at moment which gives makes me independent. What I got out it was to get know people, the same people very differently. I learnt that I need to organise things and take responsibility for them and plan. And then patience which I not likely have don't have. At the moment I am not sure... I want to explore. (N)*
 - *[What did you get out of this?] The last few sessions helped me a lot. The beginning ones did nothing, however I have been thinking about me “you can't shut me down”. This what it has done for me! My drawing is the chronicles of life and everything between.” (E)*
 - *“Mine [drawing] is emotions. I have a lot of anger, but I am much better with my anger. I calm myself down myself more... Am not sure what is. I am much calmer. I have*

love. I give all my energy to people, I don't want to do. My awareness of self - I am love, to love and to be loved." (L)

- *[Did the group work for you?] I think first session had most impact on me. Hearing other people sharing I really appreciated it. It created a bond and some kind for understanding. With me it was appreciation what I have got. I have failed to see that and that was very selfish. I grew a lot. It was self discovery, knowing what I am about. To make a decision to make something out of it" (J)*

- **Category 5.5: Awareness of career choice and future**

- *"Hum Fashion design. I am not sure if that I want to do. Its so superficial industry. You don't know if you meet real people." (J)*
- *"My future is my thesis at this moment and going oversees. I want to fix my broken heart and get rid or transform my anger into something creative" (K)*
- *"Growing up, me moving away from home. The grey [on the drawing] is because I am not sure were I am going and what is going to happen. The mountain [pointing to the drawing] shows conflict if I should go follow my industry or do travelling or do charity" (C)*
- *"I need more clarity of my aspirations" (M)*

- **Category 5.6: Awareness of reorganising the process itself as expressed in dualistic thinking or in polarities**

- *[Did the group work for you?] Yes/no. I have taken a lot away but not consciously". (L)*
- *"I disliked the speaking [sharing part in the session] yet in real life that all I do" (CT)*

Part of feedback and evaluation participants were required to completed a set of statements provided by the researcher. The data collated from this process was analysed and categorises as follows:

- **Category 5.7: Awareness of how same body process can break/avoid contact**

- *"I break contact by laughing and looking away" (E)*
- *"I hide my emotions" (CT)*
- *"I avoid expressing my emotions with others." (M)*
- *"I don't break contact – I look for it (L) –polarity does not like being touched."*
- *"I avoid contact by talking and listening" (C)*
- *"I don't like touching hands." (J)*
- *"I avoid it by not making eye contact and crossing my arms." (K)*

- **Category 5.8: Awareness of how similar body processes that avoided contact, can make contact**

- *"I make contact by looking at them. Make a personal joke that they will understand". (E)*
- *"by eye contact and touch" (CT)*

- *“by letting them in my life, by being open.” (L)*
- *“with miles, touching, talking and listening” (C)*
- **Category 5.9: Therapeutic relationship had a positive impact on participants ability to become aware of themselves and their process**
 - *“Helped me by getting involved in the group that was good. I give gratitude to the facilitator what she has given me. She has helped me open up; making me listen and appreciated others.” (N)*
 - *“She was very supportive and understanding. She helped me in alternative ways of relaxing.” (K)*
 - *“Being enthusiastic & coping with our group chats.” (E)*
 - *“I appreciate her kindness and not judging me, by listening, accepting, and working together with us.” (M)*
 - *“By giving me this opportunity, by listening and being honest and supportive.” (L)*
 - *She aided by understanding, leading and moving as an example, by being patient, explanatory, guiding, and sharing.” (C)*
 - *“By allowing me to my emotions and my problems. She aided me to understand myself and others.” (J)*
- **Category 5.10: Movement alone is not sufficient - other intervention techniques impact level of awareness aid body-mind integration**
 - *“The music aided my movement, my body and my rhythm” (E)*
 - *“The music assisted me and played a huge role in my emotions” (CT)*
 - *“I liked the wrestling each other the most.” (M)*
 - *“The sharing with people and the strength I saw in people. It gave me strength.” (L)*
 - *“The group sharing. (C)*
 - *“The group therapy, touching of hands and movement with eyes closed.” (C)*
 - *“Working with others, and knowing that we are a team.” (J)*

Warm-down phase: The session ended with the same circle dance as in the previous session. As part of the evaluation and reflection process, participants completed the sentences on the sheets provided. The researcher terminated the movement sessions by reading a poem and a give-away ceremony (presenting a small gift), which expressed gratitude and reflected her experience of each participant, acknowledging their process and uniqueness.

Movement intervention, as a major part of the Gestalt therapeutic process including the therapeutic relationship, verbal interventions seemed to have increased the level of awareness of each participant. This was observed in the manner in which each participant (re)organised their process, including body awareness (physical symptoms, emotions), their needs, their relationship

with self, peers and authority figures, and how challenges such as career and immediate awareness were (re)organised.

3.5 FINAL INTERVIEWS

On completion of the eighth movement intervention session, eight individual one-on-one semi-structured interviews or debriefing sessions were conducted (Greeff, 2002:303). The aim of the interviews was to debrief and collect additional data; to seek clarification on issues that came up during the session which were not discussed in the group; to verify and clarify the written feedback received from the last session as well as dealing with unfinished business and obtaining suggestions. The following questions served as a foundation for the interview:

- What, if anything, has changed for you since the beginning of the eight week movement session? Express your general feelings and impressions.
- How did the group therapy or any particular participant affect you?
- Is there anything you would not disclose to the researcher or to the group?
- Which aspects of the movement activities did/ did not work for you?
- Do you have any suggestions or recommendations that could assist others in future?

The researcher provided a summarised account of the eight individual interviews. All participants reported that the overall experience had a positive outcome in their lives. Remarks included:

- *"I think more about people. I am more aware of them and not only myself. I have become more considerate and communicative person."* (N)
- *"I don't shout as much and I am able to sit back and listen. I have learnt to focus and how I need to react in a situation. I learnt my space is too big. I let too many people in and not the right ones. I am scared to be alone. I don't feel confident I realized."* (L)
- *"I learnt a lot about myself. With the resistance I realized my aggression. I am now more comfortable to be alone. The first session was really good it increased my awareness. I could never understand what happened. Now I have an insight and I know I don't have to think of suicide anymore. I have stopped drinking so much but I still have many nightmares."* (K)
- *"The first session changed my perspective on my life. I made a huge jump. Crying about that guy [ex-boyfriend]."* (C)
- *"I got more confident. My relationship with my parents, especially with my dad has changed. I don't argue about silly things. I learnt to back away. But my weight worries me."* (J).
- *"My relationship with (C) changed. Yesterday something changed. I feel different. I connect to myself."* (E)
- *"Things seem pretty stable, I wouldn't say that anything has changed drastically for me, maybe I just haven't noticed. I think that I did benefit from it I just think that it is on more of personal thing rather than say something someone else would notice."* (M)

- *"I am more aware of me. I think more. I have matured a lot and am more sympathetic and less abrasive. I am more aware of my weaknesses"* (CT)

Four of the participants were friends which had an initial positive influence as they felt comfortable experimenting with the movement. Later this became a disruptive factor. One participant had overtly stated her dislike for movements which affected her peers. They stated that they felt responsible for her participation and well-being. Resistance, in form of chatting and laughing, emerged during the fourth session. The researcher utilised this as part of the therapeutic process. During the feedback, participant's demonstrated awareness that this behaviour was a way of breaking contact. For example, one participant stated that she had been very cynical in the beginning and only got into it after the fourth session. *"I did not enjoy the first four weeks. I thought it was a waste of time. The last session I enjoyed. It went quite deep. I like the Trans music. It felt like something was happening. Session one, seven and eight were good they went deep"* (E). Others reported that the group had a positive effect on them: *"I learnt from others. I am very naive"* (N); *"The group therapy is extremely powerful and put things into context."* (C). Participants had mixed feelings on how other group participants had affected them. Everybody agreed that groups of friends should not participate in the same group, even if it was initially more comforting. Remarks were:

- *"It showed me that people all have their own individual problems and they deal with them differently".* (M).
- *"M she hindered me"* (E)
- *"Positive for me was the meaningful conversation. Some things made me feel sorry."* (N)
- *"C and K had the most positive affect on me. Group helped me to open up."* (CT)
- *"Some of the group talking really irritated me. Friends if I can recommend to you do not have them in the same group"* (K)
- *"I enjoyed the group. (L) Opened my eyes. Despite her (M) resistance acknowledged her breakthrough wow that was a breakthrough. Despite her (K) past it did not change my relationship towards her at all."* (C)
- *"The group made my day. Working with others, and knowing that were a team".* (J)
- *"I worry about (M). She makes me nervous and she takes it out on us friends. M does not share with anyone. I thought it was a BIG thing for her to open up. I started crying"* (J)

Participants reported that were comfortable with and trusted the researcher, and there was nothing they would not have disclosed. Suggestions made by the participant on the movements and the therapeutic session were:

- *"What benefited me the most was the first session, touching of hands, flowing and the relaxation movements."* (C)

- *"I think the group work was fine I just thought that the sessions were a bit too long."*(M)
- *"The music really worked for me. It takes me there."*(CT)
- *"It is better if there are not too many friends in the group I felt cut off and a bit lonely."* (L)
- *"Although I only came because of my friends I would have done some things different."*(N)
- *"I am glad I did this. It was good and I would recommend it to others."*(C)
- *"I was sceptical, but it has been a learning and meeting of new people. I have much more respect for all and I would recommend this type of work."*(J)

In summary, one or two participants stated that they did not like being touched; others felt the circle dance was irritating; the first session (moving into the birthing process) had the most profound impact and the last session was appreciated by all. Based on the observations and the feedback received during the sessions and the personal one-on-one interviews, it can be concluded that all participants reported that they had a positive and a growing experience (heightening their awareness of themselves and how they relate to others).

3.6 CONCLUSION

Participants had mixed feelings of the movement session, but soon came to enjoy them. The themes that evolved during these sessions included: issues regarding peer friendships; relationships with the opposite gender; changing relationships within the family setting; attitudes towards and feelings on socially and sexually acceptable touch; stresses and challenges relating to studies and moving into independence created a common connection and sparked much conversation and debate amongst the late adolescents.

The active participation and involvement of the researcher facilitated therapeutic process, building of relationships, trust and cooperation. It is the researcher's opinion, that her personal style, body language, attitude towards movement, touch and bodywork was an important influencer during the movement sessions. Challenges experienced in the field were (1) the size of room and the hardness of the floor, which influenced the choice of and restricted some of the movements; (2) the disruptive chatting of some of the participants which had to be dealt with in a therapeutic context and (3) outside influences such as exam pressures had to be worked around. The researcher had no problems in adapting to these field conditions, as she supported the notion that the ultimate goal of the therapist is to increase awareness and facilitate contact (Ferguson & O'Neill, 2001:98).

Further, the Gestalt therapeutic approach includes the total field of each participant (their process and attitude towards body work). In a short term movement group, factors, such as absenteeism (possible sign of resistance) can be disruptive. However, if integrated into the total therapeutic process, this becomes valid and appropriate experience to facilitating some level of exchange based on the participant's developmental goal. The researcher is of the opinion that movement intervention, accompanied with relevant music, seemed to have kept the commitment, interest and involvement of all of the participants for the duration of the study.

Movement and dance is innovative, creative, spontaneous and relevant to all age groups. It is a technique that facilitates the experience of the here-and-now; it is nonverbal dialogue suitable for those that find it difficult to express themselves verbally; it creates opportunities to test and experiment with contact-making styles (behaviour), ideas, thoughts and topics.

It can be concluded that the empirical study progressed without difficulty and that none of participants had left the study. All participants reported they experienced growth and awareness within themselves and others. They felt that this type of intervention was a creative way of maintaining their interest and focus.

A discussion of the concepts and categories of meaning which emerged from the results of the therapeutic process and post semi-structured interviews the late adolescents were presented in this chapter. The discussion of the empirical results formed part of the data analysis process. These results correlated with the literature review that was discussed in Chapter 2 and 4 and therefore concludes the process of triangulation that was used for the purpose of this study.

CHAPTER 4

LITERATURE CONTROL

4.1 INTRODUCTION

In the first three chapters of this study, creating awareness of contact-making styles through movement within a Gestalt context was explored and described. Data was gathered by means of semi-structured interviews in the form of therapeutic case studies. New insights were obtained from the experiential world of the participants and presented as concepts and categories.

In this chapter, aspects from the empirical study are triangulated by literature are addressed. In Chapter 2 specific theoretical assumptions were stated. The usability of this knowledge in terms of the common goal of the research as well as the data gathered from the empirical study form an integral part of the value of this research and need to be controlled with reality and practice before it can be represented as part of the knowledge base of Gestalt therapy. New insights that need to be literature controlled are:

- The adolescent
- Human development with emphasis on late adolescence
- Contact and contact-making styles
- The therapeutic process, dialogue and movement intervention

In order to accomplish the above, it should be iterated that the most fundamental mode of human expression is movement and without it life would not be possible. This assumption is supported by Nemetz (1995:26) statement: "in movement we speak of truest expression of the human soul. In all stages of life the body reflects its impression of the world through its movement."

Movement can be seen as a universal phenomenon and a common denominator of all human activity (Payne, 1992:9; Nemetz, 1995:27; Wethered, 1993:13). Throughout history, the use of movement and dance has been associated with the process of healing. It has been used as creative expressions and celebrations during events such as birth, death, marriage, ceremony, rituals, art, shamanic and religious practices (McNeely Tyler, 2000:105; Elliot, 1998:252; Payne, 1992b:3).

Hervey (2000:8) and the American Dance Therapy Association (ADTA, 2006) state that dance movement therapy is practiced with groups and individuals of all ages, races and ethnic backgrounds, and individuals with different diagnoses and various emotional, developmental, cognitive, medical, social and physical needs. Totton (2003:111) states that movement therapy has been practiced mainly in institutional settings such as in mental health rehabilitation, medical, educational settings, nursing homes, day care, forensic, disease prevention. This author emphasizes that dance movement therapy had become an integral part of health promotion programs. The researcher is of the opinion that the Gestalt approach of creating awareness, restoring healthy functioning and growth is in line with Totton (2003:111) view, that movement intervention is an approach of “working in a growth and personal developmental context”. Dance and movement therapy has its own traditions and techniques which are primarily focused on the role of human movement. This modality has not aligned itself to any particular therapeutic approach despite having searched for a theoretical home within at least eight different therapeutic modalities (Stanton, 1992:125; Totton, 2003:111).

One major developmental task of late adolescence is to find the balance between growth and stable structure. It is the researcher’s experience and opinion that movement intervention for late adolescents is a suitable intervention technique as it easily facilitates the process of finding the balance between experiencing and integrating (McConville, 2001:27). The research was based within a Gestalt therapeutic context utilising some of the fundamental therapeutic elements and processes. Throughout this document when referring to the term *movement*, the researcher embraces all the aspects as defined by Caf *et al.* (1997:356) which embraces movement including activities such as breathing, movement in space, movement formation, playing with movement, expressive and creative movement, improvisation with movement and dance.

4.2 THE ADOLESCENT

McConville (2001:26) describes the adolescent as “a child who is no longer exactly a child, but also not yet self-organised or directed enough to make a viable life on his or her own”. Adolescents, like any other individuals, cannot be grouped into a homogeneous group as they display wide variability in biological, emotional growth and each responding uniquely to life’s demands (Radzick *et al*, 2002:52). They differ among themselves as unique individuals; as males and females; as members of different educational, social, cultural, religious or economic communities; and as a result of divergent life-style experiences (Corr & Balk, 1996:6).

Heaven (2001:xiii) states that there are many challenges and changes. This author describes that period of adolescence has become much longer and more difficult in the twentieth century, as most individuals under-go post school training, thus remaining financially dependent on their parents. Other changes include the erosion of traditional family and social support networks; easy access to drugs, alcohol, vehicles, internet and weapons. This is further substantiated by Berryman *et al.* (2002:239) who states, that recently in Western culture, there is a growing trend of ending childhood earlier and at the same time extending the period adolescence and not acknowledging their maturity until their 20s and 30s.

The term adolescence is defined and described in literature and in society in numerous ways. Some cultures focus on the physical development, defining adolescence as a period of life that begins with the appearance of secondary sexual characteristics (onset of biological markers) and ends with the cessation of somatic growth (Radizk *et al.*, 2002:52). In more western cultures it has become an extended and more complex period including behavioural aspects of the individual. Further Van Heeswyk (1997:2) and Balk and Corr (1996:4) describe that historically there are many differing opinions amongst authors and developmental theorist to when exactly the period between childhood and maturity or adulthood in the human life cycle was considered a definite developmental stage, termed adolescence. So the question arises: What is meant by adolescence? Is it a process; is it a chronological age or social and cultural phenomenon? The section will briefly review some of these perspectives, including a Gestalt view.

Whilst this study was primarily concerned with individuals considered as late adolescents, a brief overview will be given on adolescence and its related developmental phase as experienced during the empirical phase of this study. As many authors believe that although each individual is unique, there are similarities in that particular stage of development which may impact the way the individual fulfils and achieves their adulthood roles.

4.2.1 DEFINING ADOLESCENCE

The word adolescence is derived from the Latin verb *adolescere*, which means “to grow up” or “to grow to maturity” (Rice & Dolgin, 2005:1). Balk and Corr (1996:3) and Van Heeswyk (1997:59) designate this period as the “process” were the individual is in a growing age.

To demonstrate that adolescence can be considered a cultural and social phenomenon, seeing that its endpoints are not easily tied to physical milestones and chronological age, and may vary from culture to culture, theorists to theorists, the following definitions or meaning of adolescence are presented:

- Berryman *et al.*, (2002:313) define the term adolescence as “the stage in development which begins with puberty and ends when physiological or psychological maturity is reached. The attainment of maturity is impossible to specify precisely.”
- Rew (2005:3) describes adolescence as a time of transition and experimentation where children undergo multiple physical, social, psychological and cognitive changes that move them towards physical maturity and adult life style.
- Van Heeswyk (1997:3) and Berryman *et al.* (2002:238) view adolescence as beginning by the onset of puberty (biology) and ends in culture or with psychology.
- Bee (1996:56) refers to (1) Erik Erikson psychosocial stage theory, which defines the approximate age between 13-18 years as “identity versus role confusion”; here the teenager must achieve a sense of identity including aspects of gender roles, occupation, politics and religion; and defines the approximate age between 19-25 years as “intimacy versus isolation” – here the young adult must create more intimate relationships or suffer feelings of isolation; and Bee (1996:65) further refers to (2) Levinson’s theory who defines the ages between 17 to 22 as the era of pre-adulthood or adult transition.
- Shaffer (2002:4) defines the period of adolescence as a chronological age ranging approximately between 12 to 20 years. He states that many developmental theorists define the end period as “the point” when the individual begins to work and is reasonably independent of their parents.
- Balk and Corr (1996:8-12) divides the period of adolescence into sub-periods starting with early adolescence beginning around age 10 or 11 lasting until the age of 14; middle adolescence spanning between ages 15 to 17; and late adolescence are individuals roughly between ages of 18 to 22 years. This last phase is also supported by Newman and Newman (in Heaven, 2001:6).
- Arnett (2000) states that the late adolescence period is a new conceptualisation of “emerging adults” ranging between the ages of 18 to 25 years. These are individuals that have begun to accept responsibility for their behaviours, have started to make decisions and are trying to be financially independent.

- Authors such as Radizk, *et al.* (2002:52) further suggest a framework that describes adolescence as a biopsychosocial process which may start before onset of puberty and may terminate beyond somatic growth. This is similarly stated by Berryman *et al.* (2002:238) as the process that begins with biology and ends in culture.
- Rice and Dolgin (2005:2) suggest that there are various approaches that are useful when classifying or contextualising the adolescent, these include (1) a biological approach, which focuses on the process of sexual maturation and physical growth such height, weight and issues related to body image; or (2) a cognitive approach which deals with the cognitive changes which effect the adolescent's personality and behaviour; or (3) a psychosexual approach which deals with the development of emotions and self (including self-concept, self-esteem, gender and identity) or (4) an approach based on social relationships which views the adolescent in context of all his/her relationships such as parental styles, family constellations, peer, sibling, friendship and other relationship types.
- Due to these definitional differences, it has been suggested in literature that the process of adolescence can be divided into early, middle and late sub-periods. Authors such Radizk *et al.* (2002:53), Rew (2005:4) and Berk (in Thom, Louw, Van Ede & Ferns, 1999:385) use a similar definition for adolescence developmental phases, this is:
 - *Early* adolescence: approximately age 10-13/14 years or middle school individuals
 - *Middle* adolescence: approximately age 14-17 years or high school individuals
 - *Late* adolescence: approximately age 18-21 years old, or years of tertiary education or work after high school

Whether the period of adolescence is defined as a physical development linked to a chronological age period or as a biopsychosocial process it can be assumed that adolescence are not monolithic and uniform. There are tremendous differences among individuals biological and emotional growth (Radizk *et al.*, 2002:52). These authors further state that maturing into adulthood is an asynchronous process of biological, social, emotional and intellectual growth and change which lasts to end of a person's life.

From a Gestalt field approach, terms such as "adolescence", "self" and "personality" must be defined as integrators and part of the field experience, as organisers of the contact boundary of the child or adolescent and his/her environment (McConville, 2001:29). McConville (2001:38) describes that in the Lewinian-Gestalt developmental theory that adolescence is a "progressive unfolding of the comprehensive field. This unfolding includes de-structuring of childhood unity,

expansion and differentiation of the life space and the transformation of the boundary processes that organise and integrate the field”.

The researcher supports the above view that neither the beginning nor the end of adolescence is an exact science, but should be rather considered as an adjustment at the contact-boundary. The ability to assimilate and growth from childhood into adulthood can cause many feelings of confusing. It is generally assumed that adolescence begins at puberty and ends somewhere when the individual becomes financially independent. This study involved a group of adolescents ranging between ages of 17 to 22, which are considered as individuals falling within the developmental phase of late adolescence.

4.2.2 DEVELOPMENT FROM CHILDHOOD INTO LATE ADOLESCENCE

McConville (2001:28) is of the opinion that Gestalt therapy theory provides a theoretical base for a comprehensive and functional adolescent development and intervention model. It allows the adolescent to be understood in their inward and outward complexity and supports intervention on all levels of the field. Development is largely mediated by interpersonal relationships, such that the adolescent self which is part of the wider social field. As the self evolves, it begins to segregate inner and outer worlds of experience and behaviour (McConville, 2001:27).

Most developmental theories make assumptions concerning the unit of analysis (table 1). The Gestalt view, as defined in Perls *et al.* (1951) classic text state that “the dynamic, interactive field of the organism and environment” is considered this unit of investigation (McConville, 2001:28).

Authors such as Ferguson and O'Neill (2001:72) state that every period or stage of human development has its own crisis which requires some sort of adjustment were previous ways of making meaning seem inadequate. These authors state, that from a:

Gestalt perspective individuals are in developmental crisis when experiencing a new level of challenge in the ongoing forming and destructing of phenomenological figures, and the sense of lost meaning may be so distressing that the person feels that as if the very ground has shifted. (2001:72)

The section below will review developmental tasks to be completed by late adolescents from various theoretical perspectives.

4.2.2.1 DEVELOPMENTAL TASKS FROM A NON GESTALT VIEW

Many developmental theorists believe that the process of healthy development from child to adulthood requires the individual to master and complete a set of developmental tasks. These have been summarised in table 1 according to authors Radizk *et al.* (2002:57) and include the following:

Task	Early adolescence	Middle adolescence	Late adolescence
In-dependence	Less interest in parental activities Wide mood swings	Peak of parental conflicts	Reacceptance of parental advice and values
Body image	Preoccupation with self & pubertal changes Uncertainty with appearance	General acceptance of body Concern over making body more attractive	Acceptance of pubertal changes
Peers	Intense relationships with same-sex friend	Peak of peer involvement Conformity with peer values Increased sexual activity & experimentation	Peer group less important More time spent in intimate relationships
Identity	Increased cognition Increased fantasy world Idealistic vocational goals Increased need for privacy Lack of impulse control	Increased scope of feelings Increased intellectual ability Feeling of omnipotence Risk taking behaviour	Practical, realistic, vocational goals Refinement of moral, religious and sexual values Ability to compromise & to set limits

Other authors such as Van Heeswyk (1997:3), Newman and Newman in (Heaven, 2001:6) suggest that the developmental tasks to be achieved by late adolescence, individuals roughly between 18 and 22 years of age, include:

- Achieving autonomy from parents which is the separation and emotional independence from family of origin. This involves moving away from familiar security of the home and school, and inclusion of the wider environment of people and ideas, increasing financial independence and sense of being equal to adults.
- Attainment of personal autonomy.
- Development of a sex role identity which is congruent with one's self-concept and body image, which implies achieving appropriate social roles and developing mature relationship with peers.
- Achievement of intimacy with others based on secure personal boundaries.
- Ownership of body and integrating this into a new body image.
- Achieving internalised morality, which implies the development of a set of values, socially responsible behaviour and an ethical system, that allows the individual to exercise moral judgements and accept principles of justice.

- Making career choices which are congruent with self-concept, attitudes and values.
- Adaptation to the adult world of work and caring of the young; as well as pursuit of personal and career goals, commitment to agreements entered into and tasks undertaken.

Based on the above late adolescence is seen as the period when individuals achieve a stable character formation by achieving and completing distinct challenges (Corr & Balk, 1996:7). Van Heeswyk (1997:5) and Berryman *et al.* (2002:248) suggest that according to Eric Erikson stage theory a central psychological task is the forming of an adult identity. According to Erikson this is a psychosocial crisis called 'Individual Identity vs. Identity Confusion' which usually occurs between age of 15 years to adulthood. This process can be experienced as an extreme time for some adults as it happens through the process of choosing, adjusting to new adult roles or experimenting with a variety of roles, relationships and behaviours. It is here where the individual should achieve the ability to establish close personal relationships with members of both sexes (Berryman *et al.*, 2002:54).

This process also involves a synthesis of sexual identity, social roles and personal identification, and a decline in the experience of inner crises. A positive outcome of this phase according to some developmental theorists is considered the achievement of a strong moral identity and a readiness for intimate relationships. If the previously mentioned tasks have not been completed, then problems such as depression, suicidal tendencies, or other emotional disorders may develop (Radzick *et al.*, 2002:56). It is suggested that if the adolescent does not master the task of developing warm personal relationships, then identity confusion or diffusion may occur. This could take on one of the following forms (1) being directionless and experimenting with many roles and behaviours such as drug abuse or (2) developing a fear of commitment resulting in possible social isolation or (3) having anxiety about change and inability to plan for future or (4) having an inability to focus on more than one task (Berryman *et al.*, 2002:54).

The researcher supports Van Heeswyk (1997:6) point of view which states that even if the therapist adheres to developmental timetables and sequences, they should keep an open and sceptical mind to what is in the here-and-now, rather than what is expected development based on theoretical norms. Heaven (2001:6) cautions the readers that having a fixed or set of development tasks may exclude such individuals who are not heterosexual and those individuals in developing countries, thus developmental tasks may not be fixed and apply equally to all youth. The researcher chose to view the phase of late adolescence from a Gestalt approach.

4.2.2.2 DEVELOPMENTAL TASKS FROM A GESTALT VIEW

McConville (2001:38) states that in the Lewinian-Gestalt developmental theory, adolescence is defined as a progressive and recursive process of unfolding the individual's whole field. This process includes the de-structuring of the childhood unity, expansion and differentiation of life space, and transformation of the boundary processes that organise and integrate the field.

Ferguson and O'Neill (2001:72) perceive the period of late adolescence, ranging between ages of 18 and 22 years, as a distinct stage of development. According to Erikson's theory, the dominant tasks initiated in earlier life stages are to consolidate the sense of personality and to gain increased capacity for intimate relationships. This is a life stage often marked by the decision making of major career and lifestyle choices, as well as being capable of taking on many adult responsibilities.

Ferguson and O'Neill (2001:77-86) describe five dimensions of growth or/and crisis based on their experience as Gestalt therapists and on other major developmental theories related to late adolescence. These dimensions of growth are based on the *process of how* the late adolescence (re)organises his/her immediate awareness; (re)organises peers relationships; (re)organises relationships with authority; (re)organises self and (re)organises the reorganising process itself. This is also known in Gestalt therapy as the process of creative adjustment or organismic self-regulation. Oaklander (2001:48) describes this as a process whereby organism is seeking homeostasis and is constantly striving for equilibrium and health. There is a natural tendency to grow and search for equilibrium will even if the individual has restricted aspects of self such as blocking of emotions, restricting body movements and thoughts. It is the therapist's goal to facilitate the late adolescent to become aware of their own processes thereby facilitating the individual to restore healthy functioning, growth and the possibility to reach full potential.

These processes of growth and crisis are briefly discussed (Ferguson & O'Neill, 2001:77- 86):

- **The process of how the late adolescent (re)organises immediate awareness**

McConville in (Ferguson & O'Neill, 2001:77) describes the stages of development as "preferred focus of attention". In early adolescence, the self is experienced through focus on external

awareness. Here individual learns about the world, his/her boundaries and separation from his/her family through experimentation with interpersonal boundaries. At middle adolescence, the self is experienced through focus shifting into inward awareness. This is time marked by attending to inner life, becoming self-conscious of one's own emotion, reflections and fantasy. At this stage, the adolescent often experiences increased levels of anxiety. It is his/her task is to integrate the relationship between the interior and exterior world, and to understand how they influence each other. This means the focus of awareness shifts from an external to an internal awareness. When reaching late adolescence, the individual should be able to integrate both styles. Delay or failure of this developmental task (integration) implies being stuck on one of the two figural experiences (external or internal focus). Related developmental crisis of organising immediate awareness may characterised by (1) possible social rejection of peers due to lack of or over-sensitivity to interpersonal cues, and (2) being too focused on others by succumbing to pressure to be more intimate than one's own desire or disclosing of self at expense of oneself.

- **The process of how the late adolescent (re)organises peer relationships**

In the process of reorganising peer relationships the late adolescent may be struggling with questions of intimacy, such as "Am I doing it wrong? Or Will I ever get it right? Or How much should I share about myself?"

The process of reorganising peer relationships is the task that requires the adolescent to expand and develop more meaningful and reciprocal interpersonal relationships with friends and romantic partners. It is a shift from dependent to interdependent peer alliances, while at the same time peers still remain the major source for need fulfilment, support, and social network. When experiments of building of more intimate relationships and new levels of intimacy are not being supported; or when intimacy is punished or rejected, then developmental crisis may occur.

- **The process of how the late adolescent (re)organises relationships with authority**

In the process of reorganising relationships with authority late adolescent may be struggling with questions such as "Can I be my own person? Or Will I be a successful adult? Or Can I trust my own judgement? Or Will others respect me?"

The process of reorganising relationships with authority is a lifelong task beginning as a toddler, being dependant on a prime caregiver and then moving towards one's own personal authority. The late adolescent has to master the skill of dependence and autonomy from those who supply support, guidance and those perceived as trying to limit personal freedom and experimentation. It is process of learning new competencies, new ways of self, peer and adult-support. Successful or healthy self-regulation of the need to individuate is marked by development of a personal conduct code and some degree of ambivalence towards authority. Any developmental crisis related to responding to authority may be manifested in forms of (1) high dependence or confluence on authority figure – difficulty with autonomy; or (2) dysfunctional variations of independence such as being preoccupied with self entitlements and egotism, or remaining extremely self-contained or counter-dependence through rebellious behaviour; or (3) alternating between high dependence and reactionary anti-dependence expressing inner conflict through passive-aggressive behaviour.

- **The process of how the late adolescent (re)organises self**

In the process of reorganising self, the late adolescent may struggle with questions such as “Who am I really? Or How do I want to fit in or With whom do I fit in?”

The self within the Gestalt is seen as holistic and embodied inclusive of anatomy and neurology (Kepner, 1987). The self consists of two interrelated functions, namely of *process* and *structure*. The two phenomenological views of self are (1) *self-as-process* is considered as an evolving, changing and constantly negotiating how things appear to consciousness; and (2) *self-as-structure* consists of cohesive, stable pattern of values, biases, memories, cultures and habits. The complementary functions of self and their differences have been summarised by Ferguson and O'Neill (2001:81) in table 2 below:

Table 2 : Complementary functions of self (Ferguson & O'Neill, 2001:81)	
<i>Self-As-Process</i>	<i>Self-As-Structure</i>
The subject of consciousness is in process.	The subject of consciousness is organised as structure.
The “now” self: figure-oriented: experimental.	The organised sum of all previous experiences available for the creation of meaning and continuity: a structured ground that influences self-as-process.
The subject is experiencing <i>what is</i> .	The subject is focused on what is familiar.
The subject is focused on the boundary or its experience as a conscious being.	The subject is synthesising <i>what is new</i> with <i>what is familiar</i> and creating enduring patterns.

The subject has a sense of being influenced by what has happened.	The subject is experienced as an enduring, cohesive "I".
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Understanding these two aspects of self is important when working with the developmental stage of late adolescence, as they are trying to balance their need to affect change and make sense of themselves (Ferguson & O'Neill, 2001:81). It is believed that the major developmental task of late adolescence is to "find the balance between growth and stable structure, between experiencing and integrating". This is a struggle for search of equilibrium or organismic self-regulation.

As the child matures into adolescence its previously formed organisation of the child-self (usually largely introjected by family norms and values) remains present and provides a structure for the late adolescence's here-and-now experiences. The late adolescence emerging self-as-process comes into contact / interaction with the child-self, trying to organise the new phenomena through reflective and critical processes. Interpersonal conflict may be a result of these two worlds. The struggle around how much to let in, how much to allow self-as-process to be open to new experiences or to be limited by self-as-process with emphasis on integrating information into a cohesive sense of identity.

Resolving this tension between the child and adolescent self-gestalt is considered a successful resolution of this crisis resulting is an *integrated self*. This new emergent self will be able to identify with a new sense of self, without losing self definition and at the same time feeling responsible for their own contact style – experiencing increased flexibility regarding figure formation and figure completion, including new levels of feelings and behaviour. This is achieved through experimenting and finding the balance between dependence and independence, safety and risk, self-interest and other interest (Ferguson & O'Neill, 2001:84). Finding the balance and being under pressure to make decisions on a stable, consistent and purposeful sense of self in areas of career, sexual identity, radical identity, moral decision making and preferences in friends can be unstable and cause new crises. Some examples listed by Grayson in (Ferguson & O'Neill, 2001:84) could be an acknowledgement of dissatisfaction with choices made; acknowledgement of the inability to make choices; preoccupied with childhood fantasy or those from early adolescence; realising goals which have been introjected from parents are not an integral part of self; and realising that some activity is at the expense of self.

- **The process of how the late adolescent (re)organises the reorganising process itself**

As the adolescent progresses through this particular life phase, the next task is to acquire the understanding into one's own organising process. This is an ability to participate, observe and reflect on that which was participated with. This happens through the process of meta-awareness "which involves the ability to follow shifts in conscious focus, from the external to the internal focus, and then back outside – from thoughts to feelings and back" which happens in a cyclic manner (Ferguson & O'Neill, 2001:84). The adolescent starts to realise, that meaning is created and not just given. New influences such as tertiary education, exposure to different lifestyles may trigger a reorganising crisis. Unexpected events or self-initiated change in behaviour might require the individual to reconfigure previous understanding of family relationships, personal safety, beliefs on how to manage situations. Examples of unexpected events could include an encounter of violence and abuse; inability to meet academic requirements; unexpected death of a peer; realisation of one's own dysfunctional family conditions. Examples of self-initiated behaviour may include attempting to make friends outside normal social network; establishing a first time romantic relationship; and reducing substance abuse. Successful completion of this task is characterised by being able to tolerate anxiety and ambiguity of new experiences and the acceptance of a more "relativistic thinking" rather than having a dualistic either/or cognitive style which manifests in polarity of confluence/withdrawal contact style (Ferguson & O'Neill, 2001:87).

The developmental process described above is a model that can be utilised to guide therapists in the understanding of the needs and challenges experienced late adolescents in the search for equilibrium and organismic self-regulation. The researcher supports Lampert (2003:9) approach that "the goal is not to fix or change, but to facilitate self healing" or to re-establish a healthy level of growth and development. Each individual must be seen as a whole being, within their field, including cultural, social and economical conditions.

4.2.3 CONTACT RECONSIDERED WHEN WORKING WITH LATE ADOLESCENTS

Ferguson & O'Neill (2001:89) propose a heuristic model of contact that facilitates the perspective and common needs of the late adolescent in a developmental crisis. This model builds on the theory of Gestalt and Wheelers construct of contact by considering contact in terms of *forms, functions, probable feedback* and *inter-subjective exchange*.

Ferguson and O'Neill (2001:90) state that all contact or human interaction is functional and purposeful in the immediate and long term, as well as adaptive and relational in context. Ferguson and O'Neill (2001:90-92) include Wheeler's perspective that all contact, including the traditional

concept thought as resistance, contact boundary interruptions or disturbances are nothing other than different *forms of* contact utilised with or without awareness in organising interpersonal meetings with the environment according to personal goals, developmental tasks and capacities of that individual. Wheeler adds to this model, that there is a “constant bipolar relationship between various forms of contact” (Ferguson & O’Neill, 2001:91). For example, being in contact with another means to be both, connected and maintaining boundaries at the same time. A Gestalt therapist would phrase this as being in confluence and at the same time having a polar relationship of differentiation.

All forms of contact are necessary for person-to-person exchange. A healthy person is able to move along a continuum from avoiding contact, to modified contact and to full contact (Joyce & Sills, 2001:113). Ferguson & O’Neill (2001:91) summarise that from a field theory, *forms of contact* facilitate goals and developmental tasks and must be viewed and evaluated from a contextual and phenomenological perspective. Forms of contact previously considered as resistance, can be considered potentially positive when done with awareness and when fulfilling certain objectives. Each contact interruption can be represented on a continuum. These contact modifications have been summarised in the following box by (Joyce & Sills, 2001:113; Clarkson, 2004:60-67):

Contact modifications varying along the polar ends of continuum include:	
Contact modification (one end of pole)	Same contact modification of other side of pole
Retroflection (doing to myself instead of to others)	Impulsiveness
Deflection (avoiding sensation or meaningful impact)	Reception
Desensitisation (minimising sensation).....	Sensitivity
Confluence (dysfunctional closeness).....	Withdrawal
Egotism (blocking spontaneity by control).....	Spontaneity
Projection (seeing in others what I don’t acknowledge myself)	Ownership
Introjection (being ruled by internalised shoulds).....	Rejection

Ferguson and O’Neill (2001:92) extent the original view of Wheelers towards “resistances to contact” (for example projection, deflection, introjection, confluence, egotism and so forth) by adding the constructs of *functions* and *feedback*.

I. Functions of Contact:

All contact-forms should be evaluated according to their function, purpose or motivation, which can be reduced to two primary factors. These have been summarised by (Ferguson & O'Neill, 2001:92-94) as:

- *Field orientation factor* – is the behaviour that varies along a continuum ranging from self-interest (the awareness on figure of self) called an individualistic focus, to a contextualistic focus (awareness or focus of other at expense of self). The ability to navigate between polar ends of the continuum facilitates the balancing of conflicting needs.
- *Interpersonal influence risk factor* – refers to the permeability of the contact boundary or the openness to being influenced by another. Here the integrity of self is put at risk when a novelty is experienced. The risk-taking strategy is determined by the flexibility of the individual I-boundary (Polster & Polster, 1973:115) which is determined by parameters such as the individual's behaviour, values and norms, and capacity for expression, exposure, body contact and spacing.

II. **Feedback:** The second aspect added by Ferguson and O'Neill (2001:94) is that the individual's choice of the form of contact is based on possible positive or negative interpersonal feedback received from others.

The two tables below demonstrate a possible framework of how contact-forms, functions and feedback interrelate, in other words a way of examining elicited responses. Table 3 as summarised by (Ferguson & O'Neill, 2001:95) demonstrates the contact-form most likely related to the Field Orientation Factor and indicates the probable positive or negative feedback received through that choice. For example, should the late adolescent have the need to satisfy others over self-interest then he/she would most likely choose contact-forms in the most left side of table 2, such as confluence rather over separation; or introjection over destruction. Having chosen confluence in a social setting favouring contextualism such as being part of a sports team, then confluence is most likely to be interpreted as positive (being part of a team or supporting the group). Table 3 and 4 both depict probable feedback. In a different context, confluence can be seen as a weakness –“not being able to stand up for oneself”. Having the ability and awareness to read the social context and to choose the appropriate contact-form can be then seen as positive, for example, choosing confluence in a potential conflict situation in order not to stand out. On the other hand, frequent or extreme use of any form of contact might be seen as inappropriate or pathological, for example extreme individualism as a personality style could be interpreted as narcissist (Ferguson & O'Neill, 2001:94). Table 4 (Ferguson & O'Neill, 2001:96) demonstrates the contact-form most likely related to the Interpersonal Risk Factor and indicates the need of being

influenced by others. Forms of contact listed on the most left hand side in table 4 indicate the need to be less influenced by others.

Table 3: The Field Orientation Factor: Related Forms of Contact, Complementary Poles, and probable feedback			
Field Orientation Factor – Continuum			
Contextualism (fof) weighted towards other or context		Individualism (fof) weighted towards self	
Contact Form	probable feedback	Polar Contact Form	probable feedback
Confluence	(-) no identity: hyper-dependent; (+) team player: part of something bigger	Separation	(-) us/them: alienation: untrusting; (+) can resist influence
Introjection	(-) gullible: uncritical follower; (+) quick learner: effectively uses role model	Destruction	(-) hyper-analytical; (+) critical thinker
Projection (other focused)	(-) blaming: not owning; (+) bridging / emphasising	Self-focus	(-) shame: abasement; (+) introspective: knows self
Yielding (unconditionally favourable)	(-) deferent: exploited; (+) altruistic	Egotism (conditionally favourable)	(-) selfish: me first; (+) confident: good negotiator
Other-reliant	(-) gullible: uncritical follower; (+) quick learner: effectively uses role model	Retroflection (i.e. self-reliant)	(-) self-contained: isolated; (+) self-supportive

Table 4: The Interpersonal Risk Factor: Related Forms of Contact, Complementary Poles, and probable feedback			
Interpersonal Influence Risk Factor			
weighted towards SAFETY (decreased probability of being influenced by others)		weighted towards RISK (increased probability of being influenced by others)	
CONTACT FORM	probable feedback	Polarity CONTACT FORM	probable feedback
Retroflection (i.e. holding back)	(-) inhibited; (+) respectful of others	Active / Moving toward	(-) impulsive; (+) spontaneous
Deflection	(-) flitting: impressionistic; (+) able to shift focus or direction	Open to discomfort	(-) bias towards negative experience; (+) high tolerance for negative feelings
Proffection (other focused)	(-) hidden agenda: indirect; (+) bridging / emphasising	Straightforward	(-) aggressive; (+) assertive
Concepts added from other theories contact forms			
Transference	(-) emotionally stuck: unfinished business; (+) over-learned response: predictable: reliable	Here & Now Orientation	(-) no consideration for content (+) fresh: childlike wonder
Needing only Affirmation	(-) entitlement: grandiosity; (+) able to gain needed support	Opens to Disaffirmation	(-) bias for criticism; (+) seeks constructive feedback

Setting up idealised relationships	(-) one-down/one-up relating; (+) able to make use of mentor	Setting up real relationships	(-) unable to look up to another; no hero's; (+) recognises human quality
(-) = increased likelihood of negative feedback (+) = increased likelihood of positive feedback			

This framework creates a structure for a revised perspective on contact. It emphasizes how the individual organises contact, rather than if the individual is in contact. It challenges the idea of *disturbance* or *dysfunction* and can be considered as a useful approach when working with late adolescents, as their choice of so-called positive / negative forms of contact must be understood in a contextual and developmental manner. Understanding the choice of contact in relation to the needs being met, or which functions they serve, can facilitate the awareness of the individual. This creates the possibility of choice and responsibility, thus the focus becomes the meaning of the resistance behaviour, and how and when certain forms of contact may or may not be appropriate (Joyce & Sills, 2001:113). Ferguson and O'Neill (2001:95) state that this can be a creative way of building an alliance or the therapeutic relationship with the late adolescent, thereby reducing the possibility of the therapist being seen as the critical authority figure. It facilitated the therapists' understanding or assessing the individual's developmental strength, challenges or deficiencies. The therapeutic goal is to facilitate the right mix of contact-forms for that context and purpose at that moment.

Contact is a balancing act of selecting various contact-forms with emphasis on certain functions while at the same time constructing a reality for mutual satisfaction of self and others. It must be remembered, that the late adolescent is at a life stage that demands a constant reorganisation or modification of the current structured ground and the integration of new information derived from each new moment of exchange - making meaning of experiences. Ferguson and O'Neill (2001:99) emphasise that the forms of contact utilised by the late adolescent to create meaning, should be understood in this context of changing of their structured ground, therefore being busy with developmental tasks.

III. Spectrum of inter-subjective exchange: The contact-forms, functions and probable feedback modulate all human interaction (Ferguson & O'Neill, 2001:100). The availability of inter-subjective exchange and the felt experience of reciprocal influence between two individuals, is influenced by the purpose of the encounter and the support resources of both sides. The range of contact that most individuals can regulate on a moment-to-moment basis or the potential

exchange can be organised on a continuum and has described by (Ferguson & O'Neill, 2001:100-101; Joyce & Sills, 2001:113) as being:

- *Diminished exchange* – is very limited exchange, as conservation of self and/or relationship is emphasised over growth or resolution. Avoidance or reduced openness to dialogue might be due to underdeveloped abilities, perceived threat or absence of support, as the person perceives that there is more to lose than to gain. This type of exchange can be out of choice and awareness, or as a reactive style. This style is often adapted by individual's experiencing extreme trauma or those with severe pathology due to developmental deficits, which leads to diminished degree of mutuality, often diagnosed with personality disorders.
- *Modulated exchange* – in this state, many forms of contact are utilised functionally with and without awareness. Here exchange facilitates developmental needs of individual and/or relationships and is motivated by possible threatening situation; or by ambivalence or due to the unfamiliar. Individuals in this state, may be dealing with integration of inner and outer worlds and often seek problem solving approach in therapy. This allows some level of reciprocal exchange and needs being met.
- *Full exchange* – here the I-thou communication is possible, as forms of contact chosen are more conscious and in service of expectations and purposes. There is an increased willingness to experiment with intrapsychic and interpersonal processes and both parties are aware of each person's phenomenological boundary, mutual respect and open to influencing each other.

Although full exchange or full contact (I-through dialogue) is highly desired in the Gestalt relationships and encounters, it seems more realistic that most human interaction takes place in the modulated range of exchange (Ferguson & O'Neill, 2001:102). The late adolescent's ability and willingness for full intersubjective exchange is determined by their developmental, cultural and self-organising needs.

4.3 THE THERAPEUTIC PROCESS, DIALOGUE AND MOVEMENT INTERVENTION

4.3.1 AN INTEGRATED THERAPEUTIC APPROACH

An integrated approach looks for holism in both its methodology, and its orientation towards the individual. Kepner (1987:41) stated that the ultimate goal of a holistic therapy is an *integrated approach* which addresses the organism as a whole. The aim of the therapeutic techniques should

bring together all aspects of the person so that the person can experience him/herself as a unitary organism.

An holistic approach should start with the individuals existing experience of self, which includes current level of fragmentation, level of awareness and their unique needs for development – to start with “the what” that is presented. Therapy modalities that only work with or treat one aspect of the individual, artificially fragmenting the functioning unity of the organism. Therefore therapy should be a developmental process which creates conditions that facilitate the individual to work towards developing awareness of their identified part, how the split is maintained and to facilitate the move towards the experience of wholeness and integration (Kepner, 1987:41).

Kepner (1987:41-42) believes that before integrated therapeutic work is possible and relevant, the individual need to have:

- sufficient awareness of his/her body process and body sensations
- sufficient awareness of his/her relationship to self and to current life issues
- a basic trust in the relatedness of bodily or physical process and psychological issues, that will assist in the integration into a whole

Facilitating the individual towards a possible experience of an integrated whole, requires that all parts of the self are accessible to the organism’s awareness. Kepner (1987:46) suggests a developmental process that embraces various therapy modalities into a holistic framework, these have been summarised as:

- A singular approach, whether psychotherapy or body-oriented therapy, create awareness of either physical or mental aspects, but not both at same, which have been outside persons awareness and unavailable to person’s integrative function.
- By alternating between physical and mental process intervention, creates awareness that they both coexist. Here, there is no attempt to work with body process and psychological process as a unit.
- Layered work involves concurrent use of body approach (hands-on) and psychotherapeutic method which allows for bridging the parts that have been split and is first attempt of integration.
- Integrated work uses all the above approaches as groundwork so that the person may experience the whole formed.

The researcher is of the opinion that movement intervention is a suitable creative, explorative and experimental approach that is relevant when working with late adolescents in a Gestalt context.

4.3.2 THERAPEUTIC DIALOGUE

4.3.2.1 THERAPEUTIC RELATIONSHIP

In therapeutic situations establishing a relationship is vital. The Gestalt approach proposes a particular form of therapeutic relationship, called the dialogic relationship, which is the open engagement of two phenomenologies (Yontef, 1993:250; Joyce & Sills, 2001:16-17). The therapeutic relationship is grounded on Martin Buber's writing of genuine dialogue or I-Thou which is the foundation of the Gestalt therapeutic process (Oaklander, 2001:46; Brier, 2000). Yontef (1993:251) describes that characteristics of a dialogic relationship is marked by elements such as inclusion, presence, commitment to dialogue (verbal or non-verbal), non-exploitation and that dialogue is lived. Variations on 'I and Thou' can be considered as the willingness to engage with lived experience as whole, which implies engaging the qualities of sensing, feeling thinking, experiencing, acting, contacting, reflecting and withdrawal in the contact (Clarkson, 2004:184).

This relationship between the therapist and client is a horizontal one, a place where two people come together as equals. The therapist does not set him/herself up as an authority or tries to manipulate, judge or patronise, but shows respect by meeting the adolescent on equal ground. This relationship should be a model that encourages self exploration, honesty and support risk taking. Clarkson (2004:185) states that there are a number of relational possibilities that are allowed and fostered. She expands the concept of a Gestalt therapeutic relationship into five different forms and believes that the therapist should be aware of these when engaging in contact. These are:

- The working alliance
- The unfinished (transferential) relationship
- The reparative/developmentally needed relationship
- The I-Thou relationship
- The transpersonal relationship

The therapeutic relationship is a powerful way of exploring awareness and without some kind of relationship or rapport, therapy should not be attempted (Oaklander, 2001:46). First trust and confidence needs to be developed (Wethered, 1993:120). The therapist maintains personal integrity by not becoming confluent in an unhealthy manner, but by remaining genuine and present despite the behaviour or actions of the adolescent (Oaklander, 2001:46). The relationship offered by the therapist must facilitate experimentation, which allows the testing of boundaries, development of a sense of self, and ways of relating to authority. Further, the nature of the relationship may change depending of different stages in the therapeutic process (Clarkson, 2004:116). Wethered (1993:120) states that facilitators need training in awareness and sensitivity of the body and voice. This is expressed by Wethered, that:

bodies of ours are our only means of communication. It is through our mouths that we speak, our eyes that we look on the world, our body attitude that we sit and stand, and the dynamics that with which we move that we express ourselves. (1993:118)

Non-verbal responses such as making eye-contact, using appropriate facial expressions and matching (or mirroring) the adolescent's body posture and movements indicate to the adolescent that the therapist is authentic, engaged and interested in them (Geldard & Geldard, 2004:102).

The facilitator's role is to preserve boundaries, be present, observe, suggest changes in movement and redirect energies by using self and their own body experience (Wethered, 1993:52). They assume the role of guide and healer, rather than of the coach (Nementz, 1995:27) activating kinaesthetic empathy and response, as well as building on the therapeutic relationship. The body of the therapist is an important tool and will resonate towards many of the subtle tensions and emotional states of the client (the adolescent) (MacDonald, 2006:57; Bannerman-Haig, 2006:88). Movement activities utilised during this research had an active, verbal and non-verbal approach that facilitated the development and exploration of relationships between the researcher and the participants.

4.3.2.2 TRANSFERENCE AND COUNTER-TRANSFERENCE

Within a Gestalt movement context, the therapist is part of the field and applies him/herself in and to a situation (Clarkson, 2004:115). S/he is directive, participates actively and presents herself to the group members for imitating, for exploring physical boundaries, for developing concepts of

their bodies, to explore and identify their feelings, attitudes, interactions towards the therapist and other group members, and allows for integration (McNeely Tyler, 2000:108).

The transference phenomena may enter into the relationship between the therapist and the late adolescent; and between group members due to the presence of unfinished business from past relationships (Joyce & Sills, 2001:143). This could be as a result of the developmental task of (re)organising relationships. The adolescent's self-boundaries are often tentative and s/he may react to the therapist as an authority figure, feel misunderstood, react to another group members as if they were a family member or in narcissistic manner, and in addition interrelate with others in dualistic cognitive style (either/or style or confluence versus withdrawal contact) (Ferguson & O'Neill, 2001:87).

Transference, in the Gestalt context, is seen as a three step process which involves the initial introjection of significant figures from past relationships; the introjected material is then projected inappropriately onto current relationships and thirdly it is expressed or enacted in the dynamics of a co-created relationship (Joyce & Sills, 2001:142).

In movement therapy, contact becomes primarily sensual (McNeely Tyler, 2000:109) and transmission (transference) due to close physical contact and moving together. Feelings can be transmitted bodily in a direct and sometimes disturbing way (Elliott, 1998:257). Movement activities including touch can evoke body transference and counter-transference that may trigger deep rooted emotions (like hate), feelings of sexuality, and memories of past experiences of abuse or nurturing without the individual being conscious or aware of them. Within a secure group therapeutic context feelings do not have to be denied, but can safely be explored and received. The same may be true for the therapist. A skilled therapist can use the counter-transference feelings in a positive manner by increasing the contact with the client's own experience (Clarkson, 2004:117). Orbach (2004:148) describes in her work, that the therapist's body can be used to locate and identify the "troubled body", the body self of the client, as both psychological and body self are brought into the therapeutic relationship. She further states that developmental body issues are caused through initial attachment behaviours of the primary caregiver. These are the first experiences of the infant of making the body an object or an "IT" causing dissociation and dysfunction. Movement intervention by its nature highlights the body self and therefore provides an embodied relationship which can receive the disintegrated body or voided body. Therefore it is important for the therapist to be aware of his/her own body and how body cross-transference can

impact the therapeutic relationship (Orbach, 2004:149). Counter-transference caused by the therapist's unfinished business or from being emotionally merged with the client could be destructive if not addressed appropriately, through supervision or referral.

Movement therapy offers an embodied therapeutic relationship (Meekums, 2006:167). The body can be considered as an area of discourse, which contains internalised or embodied a set of beliefs and structures, that determines the meaning attributed to our experiences and influences the range of responses. Therefore the body is seen as an active source of knowledge, "feeling from inside" Meekums (2006:169) or as MacDonald (2006:65) states that the "human condition is inherently one of embodiment".

4.3.3 STRUCTURING A MOVEMENT SESSION

Movement therapy is considered an expressive therapy that focuses on the expressive and creative capabilities of the human body (Totton, 2003:110). It relies on a therapeutic process and improvisation, often directed by needs of the participants, rather than based on a set of fixed exercises (Nemetz, 1995:29). Although movement therapy is based on principles, structures and techniques, each session emphasises improvisation, natural and emotional movement - a creative process that "seeks to express rather than impress" (Nemetz, 1995:27). This is considered an effective form of therapy, as the focus is on the creative process rather than on technique – "truly speaking the language of self" (Nemetz, 1995:30).

Most movement therapy sessions follow a universal format consisting of a minimum of three phases. These can be broken down into further sub-phases or activities. The three main phases are (1) warm-up, (2) thematic material and creative movement and (3) warm-down, integration, grounding and closure (Nemetz, 1995:29-30; McNeely Tyler, 2000:109-115; Payne, 1992b:69).

The format of a typical movement session could be understood through the following phases:

- First phase - *the body-mind warm-up*: occurs at the beginning of each session focusing on orientation, providing a sense of safety, and mind-body warming up activities such as exercises that suspend self-consciousness which is often based on introjected injunctions against public display of the body. Exercises in this phase usually start with techniques such as deep breathing and deep muscle movements which are aimed at releasing tension and retroreflections. This process often evokes laughing, sweating, coughing, sneezing, dizziness and other sensations. The focus is on the inner experience (intrapersonal) while ignoring

others at the same time. Other types of warm-up activities can include stretches, yoga positions and chanting which vibrate the inner organs. Making noises which can evoke deep associations, and contact the primitive within often creating awareness of ancient parts which might have been disowned.

- Second phase – *development of thematic material and creative movement*: a phase focused on playing, dancing, pretending and creating. It is aimed to enliven the body and electing imagery so that disowned aspects of self can come into heightened awareness. The therapist guides and supports the group towards the thematic material using techniques such as mirror movements to enter into dialogue, and through the usage of imaginative exercises which stimulate fantasy and spontaneous dance movement. In this phase feelings are often activated through the body being moved in familiar patterns or movements that re-create distressing movement patterns. These can then be exchanged with healthier interactions. Some examples are, exaggerating a motion or emotion can be achieved by acting out joy or becoming the wind; using postures and movements to represent archetypal role or figures such as the mother nurturer or the seductress; moving like another person i.e. walking in others shoes to practice empathy or confluence; dancing emotions such as love, hate or fear; mimicking movements of seduction and worship. Music is used to stimulate expressive movement, moods and emotions. This demonstrated through the work based on Roth's five rhythms (1998) such as soft, flowing music connects and can evoke receptive, calming attitude; loud, strong beats can evoke active movements. Other themes that connect to infancy, childhood, adult role identities, ritual of worship, and concepts of leadership, freedom, transcendental, death and birth can be explored and developed in this phase. Whether working as individual's, in pairs or as a group, sufficient time must be provided for each movement activity to explore, work-through and make sense of the evoked emotion, memory or feeling (McNeely Tyler, 2000:113).
- Third phase - *wrapping-up, continuous integration, grounding and closure*: This occurs at the end of the session. Its function is to slow down the body and find closure of the thematic material, thereby enabling the individual to return to previous external activities. This phase of the session deals with aspects such as reflecting on what occurred in a previous part of the session such as having exposed an aspect of self; being been accepted or validated by the group; exploring and acknowledging one's uniqueness; dealing with unfinished business of that session or an aspect of self experience in the past; recapturing of childhood experiences and expressing polarities; validating ones feelings and believes; experienced one's contact-making process and having time to account for the continual process of change (McNeely

Tyler, 2000:115). It is time not to analyse, but to exchange, and to find one own meaning within a safe context. Ending techniques such as closing rituals, meditation and group circles are useful and contribute to a sense of safety, containment and closure.

Whatever the personal preference or style of the therapist, s/he must be aware when to stimulate, to climax and to quieten down the energy of the therapeutic process (Wethered, 1993:125).

4.3.4 DEVELOPING THERAPEUTIC MOVEMENT THEMES

The phased approach as suggested above is important and gives structure to movement sessions. However each session should be flexible enough to enable the individual to be spontaneous, self-initiated and self-directed (Payne, 1992b:9). Therefore the choice of the exercise and type of music should assist the individual to make contact with their own flowing movements (McNeely Tyler, 2000:113). The therapist's roles are to set boundaries, to allow the group to become sufficiently cohesive, to provide safe (physical and psychological) environment, to make group members aware of things like available time, gauge the intensity of work involved against the participants resources, set time aside to work through and to integrate the figures (for example fantasies and memories) that came to the foreground (McNeely Tyler, 2000:113).

Depending on the aim and type of movement group, Payne (1992b:9) suggests two approaches that the therapist could follow when deciding on how to develop a theme. These are:

- Outside-in approach: Here the facilitator sets the theme, the movement game or the structure and the group works within that context. Movement exercises are mainly done with eyes open and the movement activities relate to an actual person or object. The aim being to aid awareness of emotional patterns between group members and interactions with the environment.
- Inside-out approach: involves self-initiated movements which arise out of interactions, feelings and opportunities created within the session. Eyes are often closed in these sessions, and the movement activities chosen relate to internal processes, often experienced at pre-conscious state. Movements expressed, frequently relate to images that emerge spontaneously from bodily-based feelings and sensations. This approach heightens awareness of opposites or polarities.

Like Perls formulation of dreams, being "existential messages" or communication between parts of self, Kepner (1987) suggests that body processes can be viewed as existential messages of

disowned aspects of self. The body-self, in this scenario the disowned self or sender of information, can only communicate to the owned self (that is the mind or the receiver) through dramatic messages such as headaches, ulcers, and so forth. It is then, the therapist's role to facilitate the understanding and resolution of the client's disowned aspects of self into an integrated whole. Kepner (1987:69) suggests that therapists follow the following tasks when evolving therapeutic themes:

- To work with the body and restore contact with body processes.
- To develop verbal vocabulary which enable the client to describe body experience and clarify the meaning of movements, sensations and other nonverbal processes.
- To establish dialogue between split-off parts of the self.
- To work with unfinished business so that disowned functions are assimilated back into self.
- To increase range of choices and make new ways of creative adjustment possible.

Expressive movement is the spontaneous expression of feelings through movement or a conscious expression of emotions, feelings, relationships and thoughts by creating movement forms. To work with developing expressive movement requires awareness, relationship to therapist and therapeutic context (Kepner, 1987:163). Within the Gestalt approach the developing of expressive or movement oriented work is flexible and holistic as it may start either from verbal descriptions or from body-oriented experiments (Kepner, 1987:157).

Some commonly used departure points within Gestalt therapy for developing expressive or movement oriented work may be based:

- On the theme as it is *verbalised* in a therapy session by the client or the therapist.
- From a metaphor or figure of speech such as phrases like "standing on one's feet" have explicit body orientation and can be expanded into physical movements and expressions allowing exploration of aspects of self and contact with environment. Exploring themes such as "*How strong is my self-support? How do I interact with the environment?*" are possible.
- Focusing on what the person is *doing* with what the person is *saying* by attending to the small self-directed movements or ongoing micro-actions, such as swinging, tapping of foot or hand and touching. These expressive movements originate directly out of the body process and can be exaggerated rather than prescribed. According to Kepner (1987:159) and Clarkson (2004:94) these experiments which exaggerate movements have been a classic approach in the traditional practice of Gestalt therapy, when working through retroreflection and when re-directing the client's movement towards the environment.

- From the existing body structure, the way the person has shaped his/her posture, breathing, muscular development. The body structure can be compared to inhibited movement. Using polarity movements to explore opposites can increase awareness and convert the body structure into process. This method allows movement to be discovered and recovered for expressive functioning (Kepner, 1987:160).
- From a nonverbal origin usually based on an ongoing body-focused or physical intervention such as touch, breathing, certain exercises encouraged by the therapist verbal and nonverbal communication. It is method that encourages the emerging body process which will develop into emotional expression.

Development of a Theme: Kepner (1987:56) suggests that a theme is a way of capturing and stating the meaning of the individual's here-and-now experience. The first task, is the process of re-sensitizing, which means to bring the experience of body into the foreground, so that the client can become aware of "what is" and "what it is" s/he is doing physically and emotionally. The aim at this stage is not to search for meaning in the posture or tension but to sense what is. Through movements, stretches or direct contact certain parts of the body are enlivened, heightening "what is". When a theme has emerged out of the awareness of body structure, which can be seen as frozen conversation of conflicting self, it is usually tied to the body experience, movement and physical expression. To continue developing a theme and at the same time maintaining the principles of an integrated and holistic therapy Kepner (1987:56) states that the therapist should also pay attention to its psychological meaning and verbal expression as well as its physical presentation in posture, movement and other body phenomena.

Once physical experiments such as movement, breathing and so on transmute a body structure into lively process, verbal dialogue should be added to experiment in order to further avoid dichotomizing body and mind, giving expression on a physical and verbal level. For example, working with an introjected figure, such as inflated chest (like a wall), can be expressed physically through movement, posturing and touch; then by adding dialogue to this experiment it can increase awareness between split parts of self. This can be further extended by exploring with polarities to find more adaptable contact functions and expression. In Gestalt, the therapist's aim is not to break through the resistance and self-protectiveness but to integrate parts of self rather than make one part dominate over the other (Kepner, 1987:55). As the client becomes more aware of the sense or meaning of the body structure or disowned part, the likelihood of ownership

increases, and identity is possible. An emergence of a theme at this stage might occur which could then be further explored.

Integrating movement therapy and the approach suggested by Kepner seem a natural fit and possible approach when working with late adolescents in a therapeutic context.

4.3.5 MOVEMENT CHARACTERISTICS AND TECHNIQUES

Working with living movement and with what the client presents in the here-and-now can create a challenge when preparing and planning the contents and structure of movement sessions. It is crucial to select movement activities and have themes available (Wethered, 1993:29). Movement must be seen in the context of the phenomenological space. The body, time, space and energy or forces are raw materials of movement (Payne, 1992b:6). Dance is a process which must be seen in context or as part of the Gestalt field. Further, the adolescent's and the therapist's phenomenology must also be included in the greater field. This section describes movement elements and techniques that should be considered when choosing movement intervention in a Gestalt therapeutic context.

4.3.5.1 MOVEMENT CHARACTERISTICS

When working with creative movement activities as defined by Caf *et al.* (1997:356) include characteristics of breath, space, playing, improvisation and creative movement.

- **Breath** is considered an essential element aiding the mover to coordinate physical effort (Caf *et al.*, 1997:356) and is an integral part during all phases of the movement activities. Breathing reveals the state of the body “a physical function, an expression of the soul and a spiritual process” (Bartal & Ne’eman, 1993:44) Breath, also referred to as the element of air, correlates with the limbic brain which governs interaction, integration and assimilation (Mines, 2003:201). This part of the brain stores memories of past relationships. This is supported by Grof's (1993:22), who uses breath-work to assist his clients to gain access to memories of their childhood and infancy; some even have experienced their own birth and their lives within the womb. Totton (2005:180) describes that difficulties in relationships are often expressed through restricting of breathing. This is done to suppress negative feelings. Using the element of air in relational movement activities such as capacity of meeting and parting fluidly and harmoniously, can be useful in exploring relationships (Mines, 2003:201). Other exercises

including breath can move consciousness from an internal to external awareness or vice versa - through inhaling we see what we can take in and what we hold onto (Payne 1992a:62; Meekums, 2002:63; Kepner, 1987:105). Breathing exercises can be useful when working with those that have been abused or are uncomfortable with touch, as somatic awareness and energy release can be encouraged without the therapist's hands-on manipulation (Resnick, 2004:46).

- **Space** is the element of movement creativity which demonstrates the ability to move in an empty space, designing the space, shaping the space into a transitory dynamic form, forming space with a group and with others movers; as well as being aware of qualities of space such as direction, plane and dimension (Caf *et al.*, 1997:356). Space can be used as a progression towards greater awareness and indicates psychological and emotional states (Espenak, 1981:36). By moving at different levels and directions through space, the individual can explore and experience their limits/ boundaries including personal spaces. They can experiment with its expansion, retraction and the intention of self in relation to others, when moving in a group (Wethered, 1993:21). A natural function of body process of the organism (the adolescent) is the tendency to regulate, modify and communicate the required body space. The amount of surrounding body space changes according to the organismic needs, perceptions of the individual and the conditions of the environment. Experiments exploring the body as a boundary space (the skin surface), the area "*me*" distinct from "*others*" facilitates the exploration of gaining awareness of how to adjust the form and pace of the contact style. These experiments facilitate the safe exploration, testing and gaining insight into the contact boundaries permeability (openness) and the ability to discriminate what to take in and what to reject through becoming aware of and by attending to bodily sensations. The boundary space around the body also includes awareness of the areas such as social space (distal boundary space) and proximal (intimate distance) space (Kepner, 1987:171).

Further experimentation with personal and general space facilitates the individual exploring how s/he relates to the outer and inner world. "Exploring such psychological space is also part of developing a visual image of one's own being" (Wethered, 1993:47). An example is an individual expressing an attitude by physically clasp themselves could arouse feelings implying "I have been abandoned", or "I need protection". Through movement, forgotten aspects may come to the foreground which can trigger resistance. This is often manifested through standing still or being unable to move even if that individual usually has good

movement vocabulary. This lack of movement could be seen as resistance or as an impasse. (Wethered, 1993:47).

- **Resistance**

Kepner (1987:60) defines resistance as “any change we know we want to do or should make but cannot seem to accomplish”. In Gestalt therapy, resistance can be seen as a function and expression of self, maintaining integrity and balance of the organism (Kepner, 1987:64). Resistance has meaning and is considered as an “active expression of vitality”. An illustration of a physical manifestation of resistance could be *tension of muscles*, which may serve as a retroflected form of expression of aggression on to self. The goal for the individual is to take full ownership and expression of the nature of the resistance. To understand the meaning of resistance, it needs to be placed in context of the whole person. This requires the inclusion of somatic and emotional symptoms, as well as understanding the relationship between self, the body and the organism (Kepner, 1987:68).

- **Play** is an important aspect in personal development (Wethered, 1993:41). Playing with movement implies the ability to learn a social game involving movement and patterns with accepted rules or to be free form rules and others (Caf, Kroflič & Tancig, 1997:356). Wethered describes in her work that from the time an infant is born he/she explores their own body awareness through play in the form of sucking, grasping, kicking and so forth. The infant develops a body-image based on his/her sensations and perceptions. Personal play during infancy and childhood allows the individual to gain self knowledge, to develop their boundaries and relationship to things and others, to learn to adapt to a changing environment while at the same time fulfilling his/her needs and achieving organismic self-regulation (Wethered, 1993:43).

The body becomes the instrument through which the individual fulfils its needs, communicates in speech and action, receives impressions and reactions. These experiences are embodied therefore the body self becomes part of the whole person (MacDonald, 2006:65). If circumstances do not support the child to play, much of their body self, the sensations and the emotions linked to that, become alienated from the child's repertoire. These then become an “IT” which causes a loss of bodily sensation and thereby losing part of self. A classic example movement experiment, was introduced by Laban who would let his students become new-borns, experimenting with movement such sticking a toe into the

mouth, crawling and rolling. This developed personal relationship to space and body image. Other experiments of this kind include re-birthing techniques and developmental movement activities which utilise proprioceptive awareness including kinaesthetic and vestibular movement experiments that use the body weight, gravity and yielding (push and pull) activities (Hartley, 2005:131; Frank, 2001:71; Payne, 1992b:26).

- **Improvisation** requires spontaneity of activity and many groups find it difficult (Payne, 1992b:9). To expose the self moving can be difficult. The expressing of non-movement issue can be dealt with through verbalisation (Payne, 1992b:10). The continued movement may be a defence or resistance to being still, talking or reflecting. This form of expression, can lead to deep feelings as well as inner transformation Payne (1992b:7; 2006:11). This is supported by Bannerman-Haig (2006:90) stating that when a child or adolescent begins to improvise in dance this can indicate a development in the therapeutic relationship and provide insight into emerging Gestalts or unfinished business which is unconscious and conscious.

4.3.5.2 MOVEMENT TECHNIQUES

Movement sessions can be made up of any of the following components, depending on the needs of the participants in the here-and-now or on the set therapeutic goals.

- **Warm-up** is aimed at preparing the body (and the mind) for action. Wethered (1993:30) and Meekums (2002:54) present numerous *limbering-up* exercises:
 - Shaking of body parts aid relaxation and awaken awareness
 - Stretching in various directions increases awareness to space
 - Swinging and bending of the body increases a sense of alignment and connectedness; arm swinging develops sense of flow
 - Patting and rubbing create awareness of body boundaries; clapping rhythms applied on different parts using variation of energy, time and space can also be utilised.
 - Movements coordinated with breath to deepen awareness
 - Beginning of symbolic movement, for example using feet to feel your roots
- **Grounding** is aimed at the ability to live in the here-and-now (Meekums, 2002:64; Exiner & Kelynack, 1994:12). Examples of such movements include stamping of feet (Pearson 1996:57-58); jumping and skipping; working with feet through massage or walking; yoga stances and tai chi movements (Khalsa, 2004:95); discharging of energy through focusing on

the bodily sensation (Gendling, 1996:34); guided visualisation, sliding on the floor, breathing and leaning into a partner (Meekums, 2002:64).

- **Relaxation:** Tension within the person builds through physical actions, such as bad posture, as well as through attitudes, emotions, feelings and thoughts. Often an individual is aware that they are tense but have no idea where the tension lies (Wethered, 1993:112). To create awareness, he/she has to become aware of different body parts. This is done by learning to relax each individual body part. As tension is connected to the display of energy and when this tension is released it can be connected with a sensation of heaviness, relaxation or loss of energy in the muscle (Wethered, 1993:113). Possible relaxation exercises include lying on the floor and making contact with the ground; guided visualisations and focusing of body sensations by listening to feeling in the body and shuttling between different body sensations (Cornell, 1996:28).

- **Containment** techniques are aimed at creating conditions of safety (physical and emotional); to allow the development of building of trust; and creating an environment that encourages exploration and integration Meekums (2002:55; 2006:173). This could include:
 - Therapeutic techniques managed by the facilitator such as reinforcing the participant's right to engage or disengage any activity during the session; to reinforce the sense of a group as a whole; to develop a dialogic relationship; to respect differences; and to encourage the right to say no.
 - Group circles and circular movement is a source of comfort, strength and an integrative experience (McNeely Tyler, 2000:108). Its structure contains the energy depicting balance and harmony as well as affirming group identity. It is a basic way of being together (Bartal & Ne'eman, 1993:65). This shared group movement sometimes known as 'follow my leader' (Meekums, 2002:77). Wethered (1993:39) supports this notion by stating "to hold hands in a circle, they then feel contained and safe, and they can communicate through touch".
 - Body boundaries and personal space can be explored in various ways. Some of these techniques include rubbing and tapping on skin; feeling contact with objects such as floor, walls; working with air around you or moving with other bodies or body parts (Meekums, 2002:63).
 - Props and objects are used to work projectively and to emphasise external reality (Meekums, 2002:61). The use of props such elastic bands, percussion instruments,

blankets, cards all promote sense of play. Media such as drawings or sound-making inspire imagination, creativity and facilitate the expression of the movement experience as well as being a tool for reality orientation (Payne, 1992b:9).

- **Techniques to enhance dialogue** include verbalisation in form of feedback, evaluation, suggestions, and sharing (Meekums, 2006:174). Excessive verbalisation can dilute the movement experience as it engages cognitive processes. The effect could be twofold; one of integration and releasing or one of dissociating. Using methods such as play in movement and sensory process, symbolic enactment can enable pre-verbal experience. These preverbal experiences can be shared verbally, transforming body-felt experiences into words and thoughts. Verbalisation can be supportive and feedback from others encourages new body-felt sensation and returns individuals to the here-and-now.
- **Working with movement metaphor:** Movement metaphor is a form or symbol encapsulated in the movement, body language, posture, vocal intonations, choices of activity and writing styles (Meekums, 2002:22; Reynolds, 1996:385). It is seen as a form of non-verbal communication which can provide insight and awareness into the individual's patterns of behaviour, beliefs and relationships. It is a useful technique for exploring serious and uncomfortable situations such as disguising and expressing anxieties and needs. It is also a way of experimenting with alternative ways of behaving and thinking as metaphors contain multiple meanings and contexts. It is considered an ideal medium for exploration in therapy as it facilitates a complex interplay between the embodied experience of movement and the associated sensori-motor body memory, projected symbolism through props, imagery, verbalisation and to promote the resources of the right hemisphere (Meekums, 2002:23; Reynolds, 1996:385).
- **The use of intentional touch** begins with the individuals consent. Touch is a fundamental mode of human contact, starting with its primary care giver. It is a system of communication which supports the nervous system and the development of the five senses; the ability to orientate in space and move and think (Rubinfeld, 2001:28). The message and quality of touch depends on the intention of the toucher. Physical contact, when moving in unison, can encourage group sensitivity. Touch used in an intervention must always be for the benefit of the client. Kenper (2001:98) states there are many reasons for using touch in a therapeutic context. It can communicate the nature of relationships such as aggression and I-thou; it can

assist shifting bodily patterns of self-organisation; it can work with the physical and energetic nature of individual supporting their body sensation and feelings. Therapists should be aware that touch is a primary boundary, and clients who do not know how to set boundaries, or whose boundaries have been breached, are prone to feeling violated if not approached with sensitivity (Resnick, 2004:46). Touch is culture-bound and often controversial. Ethical principles have to be adhered to at all times (Kenper, 2001:99).

- **Influence of music:** Music dictates the rhythm, phrasing, time and dynamics (Wethered, 1993:127). Music can aid individuals to tap into unexpected feelings opening to new dimensions which facilitate improvisation of movement. Rhythm has an organising function that encourages discipline and emotion (Meekums, 2002:59). Music can evoke images, thoughts, ideas and affect the individual emotionally and physically. Wethered (1993:129) states that there are similarities in the qualities of music and movement, an example of this is that strong movement equates to forte/loud music. Music facilitates spontaneous development of the session, supporting and inspiring the dance process (Elliott, 1998:259). It reflects motion and emotion within group amplifying present qualities such as calmness, flowing (harmony), chaos and staccato (order).
- **Techniques exploring relationships:** Movements focusing on relationships deals with the aspect of “with whom or what we move” (Payne, 1992b:55). Experiments can include exploring the relatedness of body parts to each other; relationship to self; relationship with others within the group and the therapist; relationship to the environment including objects and space. These movement activities involve senses (contact functions) such as listening, watching, initiating or responding to contact (Payne, 1992b:55). The level of awareness and the interrelationship between body (what), effort (how), space (where) and the use of contact functions affect the development and growth of individuals, the choice of contact form with self and the environment.

Techniques chosen should include characteristic of breathing, rhythm and body boundaries. Some examples are:

- Mirroring movements (Meekums, 2002:33). Mirroring and mimicry of each other creates awareness of the individual’s range of expression and the way one interacts and suppresses self (contact styles) (McNeely Tyler, 2000:112). The group becomes the laboratory for experimentation for self-expression. The client who witnesses another in

movement will experience an embodied empathetic response which allows the individual to learn by imitation (Meekums, 2006:173). Awareness and insight can result through mirroring, reflecting and witnessing self, the therapist and others in the group.

Building relationships can be achieved by working in pairs. By experimenting with the interchange of support and reliance on other people it is possible to experience the “inner flow of relationship” (Wethered, 1993:120). Movements using meeting/parting; push/pull; follower/leader are useful dealing with aggression, learning one’s own strength, test limits, feel opposition and resistance. Individuals that have been repressed and rejected; which are driven by personal fears of being engulfed or fearful of losing control over their emotions often makes it difficult to or unacceptable to be able to express negative feelings. Movement in a safe therapeutic environment that allows the individual to express and test alternatives ways. The following themes require pliability and flexibility and can be communicated through physical touch to create mutual trust (Wethered, 1993:123). Examples are:

- Leaning against each other (side to side, back to back) by sitting or lying on the floor, each transferring weight from one partner to other or at different strengths.
- Leading/ following uses different levels, speeds, pathways and touch. The leader learns to trust to their own judgement, make decisions and to develop reliability. At the same time to pay attention to the partner by regulating his touch to communicate and extend what is being directed and adjusts as the other gains confidence. The one being led needs to follow, to submit and co-operate with the leader, adapting to what is required.
- Moving with closed eyes requires greater sensitivity and responsibility by leader, and greater reliance on the leader.

4.4 CONCLUSION

This literature control assisted the researcher to evaluate the meaning and verification of the research done. It also assisted the researcher to compare the findings from the study with the information found in the literature. By doing a literature control, the researcher could clearly evaluate for significance and meaning. Literature from the paradigmatic perspective that contained information on the subject studied were consulted. From this a final conclusion namely that movement intervention is primarily concerned with personal growth through body-mind interaction,

integration and expression could be made. This is based in the notion that changes in the body can effect changes in the psyche, and vice versa. Through the body that the therapist facilitates unconscious and conscious processes that enable the recognition and expression of feelings and emotions.

Approaches such as movement, body awareness, touch and dialogue invite dialogue between consciousness and the unconscious. Integrating these aspects into creative expression through dance, improvised movements, voice and artwork as well as learning to give language to somatic experiences reflects the development of a sense of self. Through bringing creative form and language the experiences encountered in movement and bodywork can begin to heal interpersonal and intrapersonal relationship and restore healthy functioning of the individual.

In Chapter 5, the final chapter the conclusions, limitations and recommendations of the research for future implementation in a gestalt therapeutic setting will be discussed. This chapter will highlight the unique contribution of this study.

CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS OF THE RESEARCH FOR FUTURE IMPLEMENTATION IN A GESTALT THERAPEUTIC SETTING

5.1 INTRODUCTION

The aim of this chapter is to summarize, draw conclusions and make recommendations of the research for future implementation in a Gestalt therapeutic setting. The outcomes of the study regarding the aim and objectives of the research and the research question will also be evaluated, as well as providing recommendations for future implementation of movement in a Gestalt therapeutic setting.

5.2 CHAPTER 1: OVERVIEW AND RATIONALE OF THE RESEARCH

5.2.1.1 SUMMARY OF CHAPTER 1

Chapter 1 served as an introductory orientation with reference to the rationale and the broad views on the problem being investigated, which led to the formulation of the aim and objectives of the study and the research procedure that was followed. Although the research study developed out of the researcher's curiosity for knowledge, the researcher still had to plan the research process according to ethical and reliable standards based on an accepted research methodology. Chapter 1 explained the researcher's motivation for the topic of the study and formulated the problem according to the research question. Further, the researcher's paradigmatic perspectives in which the research was grounded, the research methodology, definitions on key concepts, the research approach and work procedure which were implemented during the execution of this qualitative research project, were discussed in detail. This chapter was concluded with the description of ethical requirements to which the study complied.

5.2.2 CONCLUSION IN REACHING THE AIM AND OBJECTIVES

5.2.2.1 REACHING THE AIM

The aim of this research was focused on creating awareness of contact-making styles using movement activities as intervention within the Gestalt context, for late adolescents. The outcome of this research could be seen as a pilot study for the input in the development of a future movement intervention programme within a Gestalt theoretical approach.

A case study was used to successfully strategise a qualitative research approach. Purposive sampling was an effective method to select the eight late adolescent participants as this accelerated the research process. Although the sample was small, it was not an end in itself, but a means for helping the researcher to explain some facet of the population, therefore the use of a system bounded by time, place and activity.

The researcher gained first-hand knowledge and insight into the phenomena by conducting eight exploratory movement intervention sessions. Methods such as observation and semi-structured interviewing within the therapeutic process were employed. All sessions were videotaped and transcribed.

5.2.2.2 REACHING THE OBJECTIVES

The above mentioned aim was reached through the following objectives:

- Objective 1 (As reflected in chapter 2 and 4): The researcher presented an overview of the existing literature regarding the theoretical aspects of the interrelatedness of movement therapy, awareness, contact-making styles and the use of movement as a therapeutic intervention technique for late adolescents within a Gestalt context.

Further, the theoretical inquiry demonstrated a link between the philosophical foundation in Gestalt therapy and the theoretical frameworks guiding the development of late adolescence were exposed.

- Objective 2: The researcher conducted an empirical study and gained knowledge by collecting and interpreting data through observation and interviewing in order to explore and describe the outcome of the movement activities as perceived by the late adolescent within a Gestalt context.

The results of the research were reflected within the Gestalt theoretical approach as stated in the meta-theoretical assumptions. A literature control was conducted serving as a measure of

verification. Part of the literature study, the results of this research were compared to other relevant theories and research to identify deficiencies and research opportunities.

- Objective 3 (As reflected in Chapter 5): The researcher described an approach that provided conclusion, limitations and recommendations regarding the utilisation of movement activities as a Gestalt therapeutic intervention to heighten awareness levels of the late adolescence contact-making styles, for the development of future applications.

5.2.3 CONCLUSIONS REGARDING THE RESEARCH QUESTION

The following research question directed this study: How and to what extent can various forms of movement, as an intervention technique in Gestalt therapy, aid the adolescent to become aware of their contact-making styles? And, how movement can assist the adolescent to become aware of how they make contact with themselves and others?

The researcher is of the opinion that the research question has been answered successfully through the case study research process within the qualitative tradition. The detailed description of the eight intervention sessions and the in-depth collection of data and analysis, provided insight into the phenomena which resulted in identifying concepts and categories, which were verified against the literature control. The findings of the study indicated that each participant reported heightened awareness of their contact-making styles and personal preferences and that this had a positive effect in their lives. This change was achieved after eight group therapy sessions applying various experimental movement activities within a Gestalt therapeutic setting.

The answer to the research question is thus:

Movement intervention within a Gestalt therapeutic context *does* create awareness of contact styles in late adolescents.

5.2.4 RECOMMENDATION FROM CHAPTER 1

The researcher recommends that the exploratory and descriptive nature within the qualitative research model is applied when investigating the effect of movement within a Gestalt therapeutic

setting. The compatibility of the paradigmatic perspective of the Gestalt theoretical approach (Holism) compared to the qualitative approach, which includes the willingness to engage in dialogue with others without pre-conceptions and without fear, makes this a suitable approach. The researcher is of the opinion that the Gestalt and qualitative approaches are both concerned with the quality of awareness, attention, the integrity of the experience and the making of meaning/sense of the experience.

5.3 CHAPTER 2: THEORETICAL CONSIDERATIONS ON MOVEMENT, AWARENESS AND CONTACT-MAKING STYLES

5.3.1 SUMMARY OF CHAPTER 2

Chapter 2 presented an overview of the existing literature regarding the theoretical aspects of the interrelatedness of movement therapy, awareness, contact-making styles and the use of movement as a therapeutic intervention within a Gestalt therapeutic setting. The theoretical inquiry included the study and the description of the meta-theoretical assumptions that underpinned the research project. The importance of the body process as being part of the whole organism, and how this is part of un/healthy contact-making styles was emphasized. Throughout this chapter, the researcher attempted to synthesize movement, the aim and characteristics of movement therapy with the main principles of Gestalt therapy.

5.3.2 CONCLUSION OF CHAPTER 2

Literary references on movement as a form of psychotherapeutic intervention, Gestalt therapy, group therapy, as well as contact-making styles in late adolescence guided the researcher in preparing and integrating the research. The researcher concluded that the literary research indicated that the Gestalt paradigm of thinking underwrites the relationship in which movement, awareness and contact making can take place, providing a suitable philosophical context within which treatment can take place. The literature available across multiple therapeutic disciplines correlated and indicated evidence of similar experiences, views and recommendations regarding the application and benefits of movement intervention within a therapeutic setting.

Although there was sufficient literature available on movement intervention and related body psychotherapies, literature regarding the integration of movement as an intervention programme in group therapy for late adolescents was scarce. The importance of movement, awareness and

contact-making styles in late adolescence validates that the inclusion of this paradigm of thinking (realistic contextual reasoning) before undertaking the empirical research.

5.3.3 RECOMMENDATION FROM CHAPTER 2

There seems to be a theoretical void in this field of study in South Africa. It is recommended that Gestalt therapists take the opportunity to create a unique Gestalt therapeutic movement intervention programme for late adolescents, thereby promoting healthy functioning, growth and self-development. It is suggested that, an investigation into populations that indicate interest in growth, self-awareness and developing healthier functional relationships could be feasible.

5.4 CHAPTER 3: METHOD OF ENQUIRY AND FINDINGS OF THE STUDY

5.4.1 SUMMARY OF CHAPTER 3

The general aim of this research was the process of creating awareness of contact-making styles through movement for late adolescence, within a Gestalt therapeutic context. Through the process of exploration, observing and describing the application and experiences of how, and to what extent movement intervention created awareness of contact-making styles of the eight late adolescents, the researcher gained insight into the phenomena.

To obtain in-depth information about the process of movement, awareness and contact making styles, an intrinsic case study design was the strategy applied. The case study consisted of a group of eight late adolescents' females, which was bounded by time, place and activity.

Further this chapter highlighted the process of data analysis and interpretation that was used and that led to answering of the initial problem formulation, thereby achieving the aim of the study. The empirical results that emerged from the observations, the therapeutic process using semi-structured interviews with the late adolescents, the document analysis, the transcribed video recordings and the reflective field notes were part of the data analysis process. The results were correlated with the literature control that was discussed in Chapter 2 and 4, and therefore concluded the process of triangulation. In addition, this chapter identified concepts and categories of meaning that emerged from the process of triangulation. Direct quotations, serving as a source of raw data that gave meaning to the experience and perceptions of the participants, were given

as the body of evidence for each category. Interpretation of these findings led the researcher to develop an approach of recommendations for future applications.

5.4.2 CONCLUSIONS REGARDING THE METHOD OF DATA ANALYSIS AND INTERPRETATION

The descriptive approach and the in-depth data collection assisted the researcher in gaining a better understanding of the application of movement as an intervention for creating awareness of contact-making styles. The method of data analysis and interpretation, served as an effective means to make sense of the massive amount of data that emerged in the process of producing findings. Significant patterns of meaning could be identified and were reflected within the Gestalt theoretical approach (Holism), which served as a measure of verification. Further, the use of triangulation enhanced the objectivity of the study.

The researcher is of the opinion that the description of the application of the eight intervention sessions and data that emerged could serve as a pilot study and form a potential framework for future intervention research (using movement as an intervention within a Gestalt therapeutic context).

5.5 CHAPTER 4: LITERATURE CONTROL

5.5.1 SUMMARY OF CHAPTER 4

Chapter 4 served as a literature control and as a measure of verification. Throughout the theoretical inquiry a link between the philosophical foundation in Gestalt therapy and the theoretical frameworks guiding the development of late adolescence were exposed. It synthesized how movement could create awareness of contact-making styles and be practiced in a framework grounded in field theory, phenomenology and holism. The theoretical movement principles, techniques and the importance of ongoing verbal and non-verbal therapeutic dialogue were considered within a Gestalt therapeutic context. Further, this chapter addressed other relevant theories which were compared against the results of this research.

5.5.2 CONCLUSION OF CHAPTER 4

The researcher is of the opinion that this is a constructive approach when working with the phase of late adolescence or individuals that experience rapid life changes and pressures. It is an

alternative to one-on-one intensive therapy, especially if the adolescent is not willing to accept the responsibility of long term therapy. All forms of contact are necessary for person-to-person exchanges. A healthy person is able to move along a continuum (avoiding contact, modified contact and full contact). From a field theory perspective, the Gestalt therapist must be aware, that *forms of contact* must facilitate the goals and developmental tasks of late adolescent, and should be viewed and evaluated from a contextual and phenomenological perspective.

Therefore movement intervention within a Gestalt therapeutic context can support an approach that adapts itself to the developmental phase of the individual.

5.5.3 RECOMMENDATION FROM CHAPTER 4

There seems to be a lack of movement intervention programmes in this field of study in South Africa. It is recommended that Gestalt therapists become aware of the significant benefits of movement therapy as an addition too, and as an alternative too, conventional therapeutic tools, for late adolescents and thereby promoting healthy functioning, growth and self development.

5.6 CONCLUSIONS REGARDING THE CATEGORIES OF ANALYSIS FOR THIS STUDY

The process of data analysis and interpretation discussed in Chapter 3 which led to the identification of concepts and categories of meaning and which form the basis for recommendations using movement as an intervention within a Gestalt therapeutic context. These concepts and categories are summarised in the following table:

<u>Concept 1:</u>	Body processes expressing the inner world as experienced by the participants
	<ul style="list-style-type: none"> • Category 1.1: Awareness of internal sensing included body sensations and proprioceptive awareness • Category 1.2: Awareness of internal sensing included mental sensations such as memories, flashback, thoughts and images • Category 1.3: Contact functions (sight, touch, sound, taste, movement and smell) as sensory channels which form part of body processes that maintain or break contact with others • Category 1.4: Using body parts to make or break contact with others resulting in the awareness of body sensations, mixed feelings and reactions highlighting personal likes and dislikes. • Category 1.5: Somatic sensations through movement activities (such as “loosing self” or “walking in somebody else’s shoes”) that experimented with unhealthy confluence. • Category 1.6: Touch created awareness of internal sensing which included body sensations and proprioceptive awareness • Category 1.7: Touch triggered awareness of internal sensing which included mental sensation such as memories, flashbacks, thoughts and images • Category 1.8: The body expresses embodied language and movement metaphors

	<ul style="list-style-type: none"> • Category 1.9 Body-mind dissociation, making the body an aspect of “IT” • Category 1.10 Awareness of how polarities can exist within oneself • Category 1.11: Physical contact at the body boundary evoked awareness of personal preference, body sensations and “me” versus “not me” experiencing differences • Category 1.12: Physical contact within a safe environment gave permission to express and act out of aggressive energies and frustrations • Category 1.13: Negative body image block completion of needs
Concept 2:	Therapeutic relationships – verbal and nonverbal (embodied)
	<ul style="list-style-type: none"> • Category 2.1: Relationships between participants had not yet been established causing vulnerability • Category 2.2: The therapist’s body as part of the therapeutic relationship and transference • Category 2.3 Trust and nurturing between group participants were expressed
Concept 3:	Contact styles (including contact modifications) as experienced by participants
	<ul style="list-style-type: none"> • Category 3.1: Movement creates awareness how one (re)organises self • Category 3.2: Awareness of and the exposure of unhealthy contact styles (for example breaking contact and projections) can facilitate the (re)organising self in relation to others. • Category 3.3: Exposing self resulting in the breaking of contact, resistance and closing down of contact boundaries. • Category 3.4: Although there was increasing level of trust and cooperation amongst the majority of participant, overt resistance was expressed • Category 3.5: Movements using confluence (specifically working in pairs) created feelings of connectedness and awareness of differences which can be considered as healthy contact modification. • Category 3.6: Using eye contact to connect to others created awareness of how contact is broken or maintained. • Category 3.7: Awareness of habitual patterns (physical contact making with environment) emerged • Category 3.8: Personal spaces and contact boundaries that could potentially be considered as unhealthy emerged • Category 3.9: Personal spaces and contact boundaries that are considered healthy emerged • Category 3.10: Resistance was interpreted as a physical and sensory sensation • Category 3.11: Working in pairs created an awareness of how contact forms such as resistance or flowing can impact one another • Category 3.12: How the participant (re)organises self in relationship to others (“me” distinct from “other”) • Category 3.13: Contact modifications are considered healthy if there are no fixed structures and should be evaluated according to their function, feedback and within context • Category 3.14: Boundary dysfunctions such as confluence can be considered as healthy contact modification • Category 3.15: Fixed / unhealthy contact styles seemed to emerge through physical contact • Category 3.16: Movement triggers body transference • Category 3.17: Experiencing power and control during physical contact exposed feelings of guilt (top dog/underdog dialogue) • Category 3.18: Body movements that explore alternatives can create a sense of empowerment • Category 3.19: Participants (re)organising self in relationship to others (peers and authority) • Category 3.20: Confluence created feelings of connectedness and flowing which can be considered as healthy contact modification • Category 3.21: Breaking contact • Category 3.22: Increased self awareness of personal processes and contact preferences (to be loner or with others) through interpersonal walk/movements • Category 3.23: Somatic transference with too open contact boundary can cause introjections

Concept 4:	Experiences of wholeness, integration and self (all aspects of self)
	<ul style="list-style-type: none"> • Category 4.1: Moving in a circle or a group created experiences of oneness, connection and expressed trust amongst the participants • Category 4.2: Moving with another can create I-Thou moments • Category 4.3 Integration and empowerment through dance, shifting energy, and experiencing wholeness or many aspects of self • Category 4.4: Awareness of polarity and mind-body connection as an experience of empowerment
Concept 5:	Feedback on the level of awareness of self as experienced by the participant
	<ul style="list-style-type: none"> • Category 5.1: Awareness of relationship with self • Category 5.2: Awareness of relationship when interacting with others. • Category 5.3: Awareness of needs • Category 5.4: Awareness of personal growth as expressed through concepts such “lesson I have learnt” and “who I am” • Category 5.5: Awareness of career choice and future • Category 5.6: Awareness of reorganising the process itself as expressed in dualistic thinking or in polarities • Category 5.7: Awareness of how same body process can break/avoid contact • Category 5.8: Awareness of how similar body processes that avoided contact, can make contact • Category 5.9: Therapeutic relationship had a positive impact on participants ability to become aware of themselves and their process • Category 5.10: Movement alone is not sufficient - other intervention techniques impact level of awareness and body-mind integration
Concept 6:	Feedback on the therapeutic process as experienced and observed by the observer

In summary, the intervention modalities applied during the movement sessions (such as movement activities, body awareness, touch and dialogue) appeared to create a channel of communication between consciousness and the unconscious processes, which resulted in perceived positive changes for all eight participants. The findings of the study were correlated with the observers’ reflective field notes (Appendix 5).

5.7 RECOMMENDATIONS REGARDING THE APPROACH OF MOVEMENT INTERVENTION WITHIN A GESTALT THERAPEUTIC CONTEXT FOR LATE ADOLESCENCE

Based on the literature study, findings of the research study and the experiences of the researcher, the following approach to practice is recommended when implementing movement intervention as part of the Gestalt therapeutic context. These are listed below:

Concept 1: Body processes expressing the inner world as experienced by the participants

Sensations such as bodily feelings, organic drives, wants, images, thoughts and perceptions are raw and undifferentiated data stored in sensory background, and becomes organised by an

emerging need (Kepner, 1987:94). The Gestalt therapist should be aware, that the late adolescent's sense of reality is based on the degree of contact with the sensory ground (background). The more access the late adolescent's awareness has to a full range of sensations the more meaningful the figure formation. This implies that the more accurately the need is reflected, the more appropriate the move towards contact with the environment will become. Otherwise the individual can become ungrounded losing contact with personal reality and the environment. A lack of awareness of the inner world (body) could imply that parts of self (including body and sensations) have been disowned or alienated. These contact functions are unavailable for the adolescent to act or make contact with self and the environment. As Frank (2001:69) stated, it will be difficult to know '*that*' they are, '*where*' and '*how*' they are in relation to the other.

- **Approach to practice:**

The Gestalt therapist should be aware of unique life tasks and challenges applicable for this stage of late adolescence, as well as being familiar with the background (field) of each participant they are working with. For example, individuals who have experienced trauma or abuse in the past may have dissociated (body sensations, memories and feelings) aspects from themselves, which no longer are available to act as part of the contact functions. Movement activity can trigger unconscious processes which may cause discomfort and need to be facilitated and processed in a supportive environment. Therefore, movement techniques such as breath, developmental movements and touch should be chosen carefully and applied within the context of a therapeutic aim, and the needs of the group participants.

Concept 2: Therapeutic relationships – verbal and nonverbal (embodied)

The Gestalt therapist must be aware that movement therapy offers embodied therapeutic relationships (Meekums, 2006:167). The body can be considered an area of discourse (an internalised or embodied set of beliefs and structures) that determines the meaning which is attributed to personal experiences and influences the range of responses. Therefore, the body is seen as an active source of knowledge (feeling from inside) which is brought into the therapeutic context.

- **Approach to practice:**

It is important for the therapist to be aware of his/her own body and how body cross-transference can impact the therapeutic relationship. Orbach (2004:149) states that from this perspective it is important for the therapist to address counter-transference appropriately. In movement therapy, contact becomes primarily sensual and transmission (transference) occurs due to close physical contact and moving together. Feelings can be transmitted bodily directly and sometimes in a disturbing way. Touch, as part of a movement activity or the therapeutic relationship, can evoke body transference and counter-transference arousing deep routed emotions (like hate), feelings of sexuality; memories of past experiences of abuse or nurturing, without being conscious of them. Further, Gestalt therapists must be aware that non-verbal responses such as making eye contact, using appropriate facial expressions and matching (or mirroring) the adolescent's body posture and movements indicate to the adolescent that the therapist is authentic, engaged and interested.

Payne (1992b:55) suggests that "*with whom or what we move*" focuses on relationships. Examples of experiments that explore relationship include: exploring the relatedness of body parts; relationship to self and with others (and the therapist); relationship to the environment including objects and space; mirroring the other as part the dialogic relationship; changing rhythms and techniques that involve safe body part contact, as well as a short period of contact between participant are useful in the early stages of therapy or when there is not sufficient trust or co-operation amongst participants. Awareness and insight can result through mirroring, reflecting and witnessing self, the therapist and others in the group.

Concept 3: Contact styles (including contact modifications) as experienced by participants

All contact or human interaction is functional and purposeful in the immediate and long term, as well as adaptive and relational in context. All contact (including the traditional concept thought as resistance, contact boundary interruptions or disturbances) are nothing other than different *forms of* contact utilised with or without awareness in organising interpersonal meetings with the environment according to personal goals, developmental tasks and capacities of that individual. For example, being in contact with another implies a polar relationship of being connected (in confluence) and at the same maintaining boundaries (differentiating). This is especially important when working with late adolescence as they have limited prior life experience and are faced with rapid life challenges, demands and may not be willing to take on the responsibility that society expects from them.

- **Approach to practice:**

Therapists should be aware that when choosing movement activities for late adolescents they should progressively work towards increasing awareness levels. It is recommended to start with inner body processes activities such as guided meditation, yoga stances and inner scanning exercises. Roth's (1999) five rhythms can be a helpful technique in becoming aware of personal rhythms, choices or alternative ways of engaging with other participants' energy. Therapeutic projections using sensations of body weight, body boundary, body space can determine how an individual experience themselves in relation to others. Further, individuals can become aware of "me" distinct from "other", through experiments of resistance (one force opposing another through push/pull; follower/leader). In summary, the ability to resist/adjust to one another through muscular tensions and other bodily sensation heightens awareness of intrapersonal and interpersonal contact-making styles.

Concept 4: Experiences of wholeness, integration and self (all aspects of self)

According to Gestalt therapy, the ultimate goal of a holistic therapy is an *integrated approach* which addresses the organism as a whole. Therefore, the aim of the therapeutic techniques should bring together all aspects of the individual, so that, that individual can experience him/herself as a unitary organism. Movement intervention is grounded in the here-and-now and engages the whole person. Healing, growth and mind-body-spirit integration is achieved through the constant interaction of physical movement activities, dance, improvisation, empathetic embodiment and the self (emotional, physical, cognitive and spiritual).

- **Approach to practice:**

There are many techniques that encourage experiencing of self, wholeness and integration. Choosing appropriate movement interventions is influenced by the group facilitators own field, their awareness of the group process and of the therapeutic process as a whole. Possible techniques are:

- Props and objects are used to work projectively and can be used to emphasise external reality.
- Media such as drawings and sound-making inspire imagination, creativity and facilitate the expression of the movement experience as well as being a tool for reality orientation and integration.
- Group circles, trance-dancing and circular movements are a source of comfort, strength and an integrative, as well as affirming group identity.

- Grounding techniques facilitate the ability to live in the here-and-now and to integrate the experiences of the movement intervention session.

The therapist should be aware that healing processes are evoked, if the individual is facilitated to move spontaneously.

5.8 LIMITATIONS, SHORTCOMINGS AND RECOMMENDATIONS OF THIS STUDY

Although the sample could be considered small (consisting of eight female late adolescents), it was not an end in itself, but a means for helping the researcher to explain some facet of the population. To ensure that responses can be compared to other incidences for the same participant requires that a phenomenon being studied is explicitly framed. This was achieved through a properly bracketed design which was used and could be replicated with other participants around the same phenomena.

The researcher's dual role of a researcher and a practitioner, as well as including her own personal life experiences and interest in the phenomena could have created difficulty in remaining objective in the approach and towards results of the study. The researcher's bias was handled and addressed through adhering to the methodology, which attempted to link theory and practice, ensuring a high degree of neutrality and through rigorous peer reviews. The trustworthiness of the study was further validated through consultations with a field expert, the method of triangulation, having all sessions video taped and transcribed, as well as including the reflective field notes of the participant observer.

A case study is considered a successful strategy in a qualitative research approach. One of the main reasons is that the study is exploratory and the researcher seeks to listen to participants and build an understanding based on their ideas (Creswell, 2003:30). It allows the researcher to be innovative and to work within the research designed frameworks, and is a process that encourages a more creative way of understanding and describing the phenomena where not much research has been done in this field.

The suggested approach of movement intervention serves as a framework that justifies possible future investigation into similar research. It is the researcher's desire and intention that the study enhances and stimulates the curiosity of other professionals in the field of Gestalt therapy to investigate this field through further research. The researcher is of the opinion that the study

intensified the need for more specific therapeutic movement intervention programmes within the Gestalt therapeutic context. For the purpose of this study the researcher found value in the research process that was followed in investigating the problem and therefore views the study as a valuable pilot study for a doctoral study.

5.9 FURTHER RESEARCH

Based on conclusions of this study and the researcher's own experience, the researcher supports authors such as Higgins (2001:192) and Payne (2006:9) who emphasises the value of conducting dance/movement research, builds and extends on the existing theory, methodologies and studies, as well as fill voids in the field creating alternative creative modes of intervention so that practice of application can be improved.

As a result of this study the researcher identified the following possibilities for further research:

- To develop movement intervention programmes for different age groups/ genders/ cross-culturally that focus on creating awareness of contact-making styles.
- To develop therapeutic movement training programmes for counsellors and Gestalt (play) therapists with focus on becoming aware of their own bodily self, the effect of the embodied therapeutic relationship and the use of touch within a Gestalt therapeutic context.
- To develop a series of movement intervention programmes for adolescence addressing themes of sensory awareness, relationship, contact with self, body image, dealing with trauma etc.
- To develop group therapy intervention programmes that focus on short and long term intervention within educational settings.
- To investigate the amount of verbal versus non-verbal intervention in an appropriate group movement intervention programme within a Gestalt context.

5.10 CONCLUDING STATEMENT

An integrated approach looks for holism in both its methodology and its orientation towards the individual. Therefore, the aim of the therapeutic techniques should bring together all aspects of the individual, starting with the individuals existing experience of self. The chronological age and stage of development will determine the individual's level of physical, cognitive and social development and therefore each individual need and difference. Therapy should be a

developmental process which creates conditions that facilitate the individual to work towards developing awareness and the experience of integration.

This study focused on movement creating awareness of contact-making styles within a Gestalt therapeutic context. Movement intervention as part of Gestalt therapy encourages experimentation and exploration through activity, challenging fixed ways of body structures, thinking and feeling, while promoting self-reliance (or responsibility) and facilitating the integration of conflicting feelings, experiences or aspects of self (including body self). Movement activity (in forms of body language, postures, dance, creative movement, improvisation, development movement, breath) interwoven with other Gestalt therapeutic techniques (dialogue, metaphors, "I statements", and projective techniques such as drawing) can be successfully used to enhance present awareness, encourage experimentation and help the late adolescent to identify their needs, unfinished business, restoring healthy functioning, growth and organismic self-regulation. Further, the researcher is of the opinion that movement intervention has the potential to be successfully implemented across numerous disciplines such as the medical field; health, wellness, social and counselling psychotherapies; traditional healers/counsellors associations and education services as well as within institutions ranging from business and old age homes within the South African context.

Movement intervention in Gestalt therapy provides an alternative, creative, cost effective method of intervention, bringing together and integrating all aspects of the organism (the body, sensation, thoughts and emotions). The study had a positive impact on each late adolescent's awareness of their contact-making making a contribution to their growth, relationship with self, others and the environment.

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APPENDICES

7.1 APPENDIX 1: RESEARCH PARTICIPANT CONSENT FORM

Research Participant Consent Form
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I _____, the research participant, hereby give consent, to take part in a research programme conducted by Colleen Potgieter, a master student of Unisa, as part fulfilment of the degree Magister Diaconiologie (Play therapy).

.

I acknowledge and agree that:

1. The research will utilise movement / dance as therapeutic techniques to explore and create awareness of my intra- and interpersonal contact making styles within in a group context using Gestalt therapy and that the research is titled "Creating awareness of intra- and interpersonal contact making styles through movement within a Gestalt context".
2. I am aware that the research sessions are of therapeutic nature and require my participation, sharing and that I may ask for help at any time during the sessions or research period.
3. All information is confidential and will only be shared with the parent(s)/guardian(s) of myself after permission has been obtained from me.
4. As part of the research process video/tape recordings will be employed for observational and documentation purposes.
5. A research assistant will take part during the research programme as a participant observer and support person.
6. All ethical aspects of the research will be abided by.
7. All relevant information has been shared with me in detail and I do understand the content and application of the study; that all relevant questions and concerns have been addressed by the researcher.
8. I have access to the researcher for personal sessions.
9. The research programme will start on 24 July 2005 and continue up to September 2005, consisting of minimum of 8 consecutive weeks and each session lasting between 2 to 3 hours.
10. I have volunteered and committed for the full period of the research period. I am aware that I may leave the programme at any time only after a discussion with the researcher.

Date: _____

Research participant name: _____ Signature: _____

7.2 APPENDIX 2: PARENTAL CONSENT FORM

Parental Consent Form for Research Programme

I / We _____, the parent(s) or legal guardian(s) of _____ (name of child), hereby give consent, that she may take part in a research programme conducted by Colleen Potgieter, a master student of Unisa, as part fulfilment of the degree Magister Diaconologie (Play therapy).

We grant permission and acknowledge that:

1. The research will utilise movement / dance as therapeutic techniques to explore and create awareness of each research participant's intra- and interpersonal contact making styles within in a group context using Gestalt therapy.
2. All information is confidential. Relevant information will be shared only with the permission of the research participant.
3. As part of the research process video/tape recordings will be employed for observational and documentation purposes.
4. All ethical aspects of the research will be abided by.
5. All relevant information has been shared with me in detail and I do understand the content and application of the study; that all relevant questions and concerns have been addressed by the researcher.
6. I may contact the researcher at any time during the research period to address relevant questions or concerns.
7. The research programme will start on 24 July 2005 and continue up to September 2005, consisting of minimum of 8 consecutive weeks and each session lasting between 2 to 3 hours.
8. I am aware of the therapeutic process and accept responsibility to assist and support my child during this research programme and period.
9. The research participant has volunteered and committed for the full period of the research period. The participant may leave the programme at any time after a discussion with the researcher. It is highly recommended that each participant remains for the whole period.
10. The client will not hold the researcher responsible for any actions, possible prosecutions or blame that may result from this process.

Date: _____

Father/Guardian name: _____ Signature: _____

Mother/Guardian name: _____ Signature: _____

7.3 APPENDIX 3: RESEARCH PARTICIPANT DETAILS FORM

Research Participant Details (i.e. student information)

<i>For administrative purposes only – Not to be completed by research participant</i>	
Research participant Code:	
<i>Please complete the following section as completely as you can. All information is strictly confidential and securely locked away.</i>	
Student Surname:	
Student First Names:	
Student ID no:	
Student Date of Birth:	
Student Birth Place:	
Student Age:	
Student Gender:	
Student Race/Culture:	
Student phone/cell no:	
Home language:	
School/University/College name :	
Grade if at school:	
Course at tertiary institute:	
Occupation or part time job:	
Guardian phone (w):	
Guardian Cell:	
Guardian email address:	
Postal Address:	
Street Address:	
Doctor's:	Name:
	Phone:
	Address:
<i>Medical and Psychiatric history:</i>	
Physical injuries:	
Current Medication:	
Drink / Drugs / Suicide attempts/ Self-harm history:	
Current level of functioning and stress:	
Previous therapy / counselling:	
Presenting issues /	

problems:	
Family information:	
Mothers Name:	
Mothers Occupation:	
Fathers Name:	
Fathers Occupation:	
Relationship status:	
Siblings: (no, name & ages)	
Research programme Contract:	
Expectations & desired outcomes of therapy as stated by client / parent:	

Please add your family Genogram

7.4 APPENDIX 4: MOVEMENT INTERVENTION SCHEDULE

Interview Questions?

The following questions serve as a guideline for the researcher to obtain a better understanding of you and your likes, dislikes and any other information you would like to share. All research participants will receive the same set of questions. You may answer as much or as little as you like and you may add additional information as you like. Please feel free to add or query?

1. Tell me something about yourself?
2. How do you support yourself?
 - Financially?
 - Parents?
 - Others?
3. Describe any other relationships within your family? With parent/s? or siblings (if any) ?
4. Describe any other relationships outside the family of importance? Describe any environmental stressors - home /school/ other e.g. environment, where does the family live, overcrowding/poverty/ boyfriend/ divorce etc.)?
5. Describe how you relate to yourself or would like to change or become?
 - Emotionally?
 - Physically?
 - Spiritually?
 - Behaviourally?
6. How do you feel about your body / image?
7. How do you prefer expressing yourself?
8. Where do you get/ lose most of your energy from?
9. What do you fear the most?
10. Is there something you would not share or disclose with me or the group?
11. If you needed help to whom/where would you go or do?
12. Sum up how your life is at this moment?
13. What are your expectations if any from this research programme?
14. Contact questions:
15. Add anything that I need to know about you?

7.5 APPENDIX 5: OBSERVER FIELD NOTES

The following texts are extracts from the reflective field notes as recorded by the assistant researcher:

“The **first session** began with a rather tense atmosphere. Members expressed feelings of anxiety and uncertainty verbally and through their body language. The uncertainty of people’s expectations seemed quite clearly communicated in the tense gestures and restricted movement. However, as the session progressed, people seemed engrossed by the strange yet powerful energy that each exercise provoked. The exercise of returning to the womb drew every member back, and from a distance, it felt as though some had clearly regressed into babyhood and were enclosed by the energy each had projected from their own personal experience. The music totally exacerbated the energy surrounding the atmosphere with the absolute experience of each member returning to their mother’s enclosure; and from a personal point of view, the observer felt engrossed with what was becoming a very intense and solemn experience.

It was difficult not to personally feel experiences happening inside one, even as an observer from a distance, an observer, whose task, theoretically was meant to be involved in the technical and administrative side of running the group. However, much was occurring for the observer, and often it was felt that a dire need to regress also, and to feel the emotional connection happening deep inside somewhere, somehow, had to be forcefully repressed and a refocus and a repeated internal reminder of the task at hand had to be made.

It was clear that some members had totally regressed, some had actually returned to a foetal position and one member had actually began sucking her thumb, almost unconscious of their surroundings and goings on.

Once the group was moved out of the womb, being “reborn” some members found what seemed, from an outside perspective, to be too difficult to leave the womb, struggling and having to be “forced” out. And as the “baby” began to develop and move around and explore the world, it truly felt that in every sense these Members of the group were truly experiencing each exercise as if they were that specific age. This seemed quite clear when they were struggling to walk. Some truly battled to get up; some helped each other others, struggled on their own.

The experience was certainly provocative of something, for each member, each person who was in that room, including the observer, and the co-ordinator. Much went on for each person as the session progressed. The music, the energy and the symbolic meaning of each presented task led every member to make some sort of emotional connection with a childhood energy, their inner child seemed to have emerged almost magically yet truly powerfully and the room became consumed with emotion that stemmed from the unfathomable depths of what seemed to be deep and complete childhood issues.

Some members were able to use words to describe what they were feeling and experiencing. Personally, the observer felt intensely her own emotions beginning to soar inside. When people could no longer remain contained, at least emotionally, and when emotions began to spill into the room, it would have been totally clear to anyone observing this space of energy from a distance, that every person was feeling something, and whatever it was it was something that was experienced unexpectedly, and completely, genuinely and deeply connected to each person's own personal life experience.

It can, without a doubt be said, that from an outside perspective, what was observed to have been experienced in that first session, what absolutely a phenomenon that it seemed even the co-ordinator of the group was at the time unaware and un-expectant of. The true power of what Dance/Movement can access and process, was clearly revealed, even in the first session of the group process, as each layer of each and every experience was released within the group.

This phenomenon remained even in the second session, during which, despite the more 'relaxed' atmosphere, (as people seemed more clear of group rules on issues such as confidentiality, and a bit more aware of group process), the energy that the session re-released into the group, was once again true to revealing the truth about each person's process. Every single member seemed able to connect with their true inner process, it appeared, from a distance, and this was apparent as each member either revealed how restrained they are in their "movement in the world" or how accepting they are of their own true being in the world. This was revealed in the way members presented their names, the "world". At this level, one could say that "Movement" in the group can seem to be very powerfully mirroring the very movement or being of oneself in the world.

The last session, **session five**, was experienced with great difficulty. I was stressed and tired before entering the session, so the intensity of the emotion that was experienced was exaggerated

tenfold. Somehow the sessions seem to evoke much emotion. This I sometimes sense to be strange as I sense I am not really "a part of" the group but on the side, a mere observer. However, watching the girls move in certain ways and I think a certain kind of energy transpired and filled the space of the room and it became difficult not to absorb that which came my way. At times I have been completely thrown by what has taken place. The exercises all seem to be, at least from my perspective, metaphorical representations of what occurs in life itself. I definitely sense it to be this way. During the last session, I think there was a theme of some sort of idea of the closeness and connection people have with other people. Actually the session before this one, session 4 had a similar theme. This seemed to have evoked images of past connections experienced with people and present mirroring of trust/distrust issues with self and others experienced personally in my own life.

This is an aside thought:, At one point during the session, due to my own personal issues and place of being, or because of what the surrounding energy was provoking

Hi, here are some more thoughts on the process.

Session 6 - People seemed rather tired and every member came with a lot of outside material; lots being on the foreground of everyone. However, despite the obvious inner thoughts that sometimes emerged for some people, each member seemed to work quite hard at each exercise. The exercises that involved working in sync with others, were so powerful, every person's inner process influencing every single gesture, every single connection with others; it is difficult to believe but it seems that whatever ways we are in the world with ourselves and with others, will determine the way we will be with others, and with ourselves in various contexts that we engage in from moment to moment.

Some people are naturally born leaders, others naturally born followers and in one simple exercise of movement and group interaction, one can immediately identify which is which in oneself and in others. Also, some people like controlling others, or being in control, others prefer to be controlled; Some have fixed ways of dealing with obstacles, others can be flexible and adaptable to circumstance. These traits, eg leader/follower; controller/controlled; people person/loner; Rigid/flexible; - all were experimented with in this session and people were made aware of what traits were more prominent in them; some people seemed strangely surprised to realise that the way they had handled a situation, identically mirrors the way they handle situations in real life.

This session, magically followed a consciously unplanned but possibly naturally unfolding of one process into another, one session always seems to mold itself into the next as though naturally born of an unconscious, yet deliberate necessity to be the way it is. From a natural birth into the world, we are born alone and connected only to those that immediately surround our world, our mother and maybe or father; then we experience the profound life force of growing, evolving that naturally unfolds beyond our control. We move in this world and connect to our world in our own way but also in ways that are perhaps predetermined, predestined. Some connection, movement, bonding, separation is similar when compared to others, yet much is unique to each and every individual, influenced and coloured by the forces that surround and envelope one's life. IF we were wanted when we were conceived, if we were acknowledged with love or with indifference, acceptance or judgment, this will undoubtedly influence how we move in this world, and how we connect with others, and how we accept ourselves. When doing work such as the work in this research programme, where one observes and records the experiences of others, so dynamically and so intricately as in focusing on the actual way one moves and connects with others, every single experience one has ever had in one's life, every connection, separation, every embrace, every acknowledgment and rejection, every ounce of love and hate, everything that has contributed to molding us into the very people we have become, will come out in some way or another. If, for example, I have an issue with my feet, hating my feet because I sense them to be ugly, gigantic, smelly, etc. Does that not say something about how grounded I will be on this earth, Feet being the very organs that ground me to this earth, that take me places that help me to move or to stay solid where I stand if I do not want to go somewhere; One person in this group mentioned an issue such as this, that she has with her feet. It is difficult not to see some connection with this solid belief that has followed her in her life to this point, and the problem she has had her whole life of being constantly falling over, breaking bones, hurting herself physically, ... there surely must be some connection.

My experience is just as profound, for if I have to look deeply, maybe not that deeply actually, since I am totally aware of how I am in this world, I can see how I connect with others, How I connect with myself, and how the experiences I have had in my past life have some connection to how I move in this world, How I connect, Disconnect, jointly or disjointly, This is truly profound. The group moved from movement alone to movement with others, I found this progression from the one to the other truly powerful. Have had much on my mind, all this just poured out, hope it gives some insight of what an outsider might experience in the work of your group process...

October, 08, 2005 Saturday, 14.29pm

Notes to complete the Group Process

Week 7 and 8. These two sessions seemed to be closely linked in my mind, almost as though they were one session combined. Maybe because they were the last two sessions, and because they happened so close together, Thursday and Monday. Also they seem to have carried a similar theme – of ending, of completion. Coming together; joining, combining bits and pieces of the other sessions and making a whole, a whole process, - coming Full-Term.

That is how this whole process has been experienced from my view...

Starting with one layer, the birth, beginning of a process (first session), that built and grew into a second layer, and so on until a whole was made, a MANDALA – as the last session signified. One complete circle made of many different circles, within the first one, contained ultimately by one big whole and complete circle.

I have learnt much more about my own process these last eight weeks. I have been more aware of things that became prominent in my mind that came to my foreground during the work in the group. Even as an observer, or technical assistant, as a participant, not directly, but from a distant, being present in the group during its unfolding process, I have sensed a movement inside, even of only on a level that is different to the actual participants in the group.

I am greatly aware of much of what I have done in terms of my own inner work, concerning movement, my connection with “self”, my connection with “self and others” etc. My awareness seemed more profound during the work with the group, it just seemed to be on a more clearer, more focused level; things that seemed quite hazy and unclear have become much clearer and I seem to understand much more of the person I am.

I seem to see more clearly who I am, how I interact with others, and with myself, - in this world and this could easily be partly related to the work I have done or experienced in these last eight weeks. Maybe I did not participate in the physical sense, but somehow my inner self worked constantly, never ceasing to experience something during each moment of group-happening.

I see where I have succeeded and where I have found extreme difficulty in my relationship with my own self, my own body, my whole self, body/mind/soul self - and with my relationships with others.

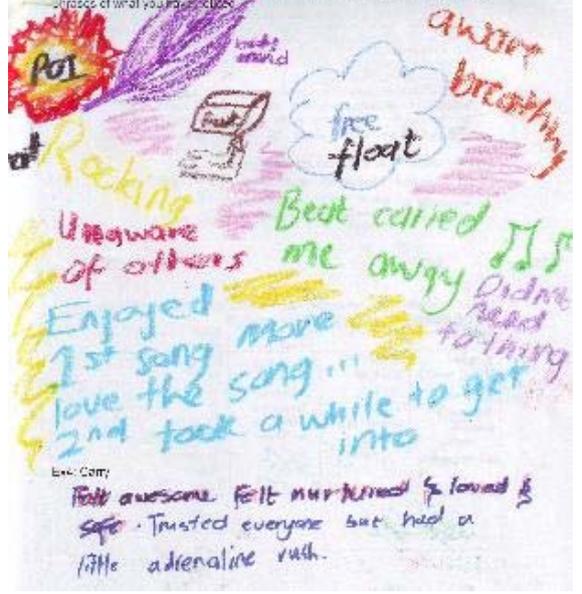
I experience body work, movement, connection, all of these things, as so deeply connected and so fundamentally representing every single filament of what it means for a human being to exist and to inter-exist in this world, in this lifetime.

.....

Dance, movement, connection... like the very breath of our life. Without these we will cease to exist. We will lose the truth of who we really are, why we really are, we would be formless, alone, with no connection, no essence, no truth, no absolute meaning.

These are some of the things that I have become more aware of during my work with the group. The work has brought me somewhat closer to understanding the knowledge of my very essence.

7.6 APPENDIX 6: RESEARCH PARTICIPANT (E) - PICTURE INSERT

<p>Picture insert for Session 1:</p>	
<p>(E) drawing of perceived self before movement intervention</p>	<p>(E) drawing of perceived self after movement intervention</p>
 <p>Blah! calm. tired. sick of emotions.</p> <p>The twirling vortex</p>	
<p>Picture insert for Session 7:</p>	
<p>(E) drawing of perceived inter-, intra- and transpersonal self after dance movement</p>	<p>Picture insert for Session 8:</p> <p>(E) drawing of an integrated self as at end of 8 movement sessions – called The chronicles of life & death & everything between.</p>
 <p>Rocking</p> <p>free float</p> <p>Beat carried me away</p> <p>Enjoyed 1st song love the song... 2nd took a while to get into</p> <p>Felt awesome. Felt nurtured & loved & safe. Trusted everyone but had a little adrenaline rush.</p>	 <p>The chronicles of life & death & everything between</p> <p>W?</p> <p>G</p> <p>E</p> <p>take care</p> <p>try control balance</p> <p>mix emotions</p>

7.7 APPENDIX 7: RESEARCH PARTICIPANT (J) - PICTURE INSERT

<p>Picture insert for Session 1:</p>	
<p>(J) drawing of perceived self before movement intervention</p>	<p>(J) drawing of perceived self after movement intervention</p>
<p>Picture insert for Session 7:</p>	
<p>(J) drawing of perceived inter -, intra- and transpersonal self after dance movement</p>	<p>Picture insert for Session 8:</p>

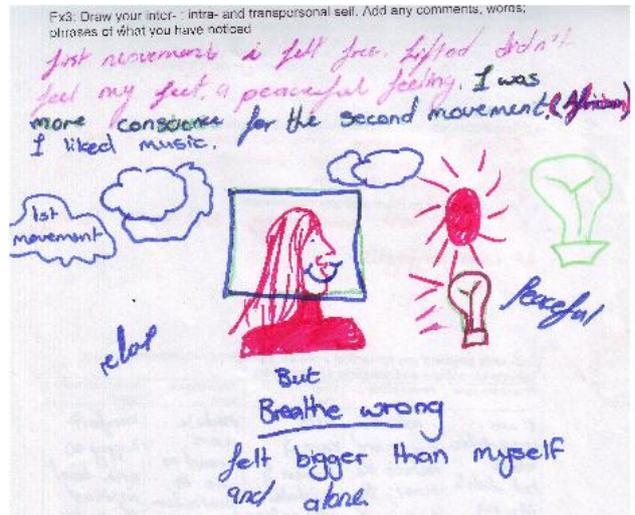
7.10 APPENDIX 10: RESEARCH PARTICIPANT (N) - PICTURE INSERT

<p>Picture insert for Session 1:</p>	
<p>(N) drawing of perceived self before movement intervention</p>	<p>(N) drawing of perceived self after movement intervention</p>
<p>Picture insert for Session 7:</p>	
<p>(N) expression of perceived inter-, intra- and transpersonal self after dance movement</p>	<p>Picture insert for Session 8:</p> <p>(N) drawing of an integrated self as at end of 8 movement sessions - called Naivety</p>

7.11 APPENDIX 11: RESEARCH PARTICIPANT (C) - PICTURE INSERT

<p>Picture insert for Session 1: (C) drawing of perceived self before movement intervention</p>	<p>(C) drawing of perceived self after movement intervention</p>
<p>Picture insert for Session 7: (C) expression of perceived inter-, intra- and transpersonal self after dance movement</p>	<p>Picture insert for Session 8: (C) drawing of an integrated self as at end of 8 movement sessions - called Naivety</p>

7.12 APPENDIX 12: RESEARCH PARTICIPANT (CT) - PICTURE INSERT

<p>Picture insert for Session 1: (CT) drawing of perceived self before movement intervention</p> 	<p>(CT) drawing of perceived self after movement intervention</p> 
<p>Picture insert for Session 7: (CT) expression of perceived inter-, intra- and transpersonal self after dance movement</p>	<p>Picture insert for Session 8: (CT) drawing of an integrated self as at end of 8 movement sessions called Understand The Understatement</p>
<p><small>Fx3: Draw your inter-, intra- and transpersonal self. Add any comments, words, phrases or what you have noticed</small></p> 	

7.13 APPENDIX 13: RESEARCH PARTICIPANT (K) - PICTURE INSERT

<p>Picture insert for Session 1:</p>	<p>Picture insert for Session 1:</p>
<p>(K) drawing of perceived self before movement intervention</p>	<p>(K) drawing of perceived self after movement intervention</p>
<p></p>	<p></p>
<p>Picture insert for Session 7:</p>	<p>Picture insert for Session 8:</p>
<p>(K) expression of perceived inter-, intra- and transpersonal self after dance movement</p>	<p>(K) drawing of an integrated self as at end of 8 movement sessions</p>
<p>Ex3: Draw your inter-, intra- and transpersonal self. Add any comments, words, phrases of what you have noticed</p> <p>Ex4 Carry</p>	