Staying Present: The Body and Culture

By Amber Gray

Body movement is viewed as the most primary mode of communication and thus can be utilized with all individuals no matter what the age, dysfunction, or cultural heritage. Lewis (1986)

Lewis' sentiment is reflective of the universality of movement as a language. It also points to whether movement is extensively applicable as a nonverbal, somatic, therapeutic modality. While Lewis may not have made this assumption, I want to assert that a common misconception is that the knowledge that movement is a universal language is interpreted to signify that it is possible to understand the meaning of movements, gestures, and expressions across all cultures. While human development theories hold movement as the first language for all people, culture is a strong mitigating influence on the meaning of any movement, gesture, or somatic expression.

Because many of the somatic therapies currently taught are based on extensive theories about non-verbal therapies that are actually quite language dependent, and quite culture bound (e.g., usually, they come from Europe or the Western UnitedStates), I wish to offer case material from a truly non-verbal therapeutic process with a young man in Haiti. This case, I believe, illustrates how easy it is to infer meaning from movement, and how all the theoretical underpinnings in the world still don't equip us to know, precisely, what the meaning of movement is.

In almost twenty years of working as a Somatic Psychotherapist, Dance Movement Therapist (DMT), and Continuum Movement teacher, with refugees and survivors of torture seeking asylum in the US, and in places as diverse as Darfur, Haiti, Lebanon, Indonesia, Republic of Georgia, Peru, Australia, Norway and The Palestinian Occupied Territories, I believe that presence is one key ingredient to useful somatic therapies in diverse cross-cultural settings. I am referring to the same presence Daniel Stern (2004) writes about in "The Present Moment in Psychotherapy and Everyday Life" where you focus on the presentness of the moment you are living in now and experience the essence of your life bound within the feelings and thoughts, the actions and reactions that cross your mind in the passing of 3 to 4 seconds of a present moment— "the small but meaningful affective happenings that unfold in the seconds that make up now" (p.8), and that Sharon Salzberg references in her "Loving Kindness" work (1997). Salzberg describes loving kindness as the antidote to fear and so through this practice, we can remain more centered in the reality of the present moment. And I am referring to the presence that is actually quite difficult to describe and teach, and can be learned only through extensive practice. I believe true somatic, or movement based, psychotherapy with survivors of traumatic experiences, in diverse cultures, is simply impossible without the depth of presence that enables one to witness and not judge or interpret; be comfortable with not knowing; and be willing to allow the clients to be the experts, even in their own not knowing or inability to speak, articulate or move.

The meaning of somatic experience can only be known by the person in whose body the memory, sensation, or experience resides. DMT, which traces its oldest roots to ancient traditions that incorporate dance movement and rhythm into the therapeutic process, offers both a trained and an intuitive ability to understand, read, and listen to another with the presence of our full bodied awareness. Often the language spoken does not include words.

I have chosen a case study that took place in Haiti prior to the earthquake because it integrates ongoing disaster and trauma exposure with work with survivors of torture, my primary clinical focus, in an other than ideal clinical setting. And because much of the work I did in Haiti, post earthquake, was of a more immediate crisis response nature and did not include consistent follow up work, this work allows for in depth inquiry.

Case Study:

George is a 17-year-old boy who is severely undersized from malnutrition and abuse. He was found on the streets of Port Au Prince, Haiti, tied and bound at his wrists and ankles, where he stills bear scars from the tight ropes. He was repeatedly tortured and beaten for many years.

I worked with George at a home for mentally and physically challenged children in Haiti. When I first met him, he would not participate in group activities. His body posture was fixated in the position he was found and tortured in. He was tightly bound in a twisted fetal position on the floor and always faced the wall with his head turned to the right. He never interacted with the environment or other people. He was mute and constantly gazed downward. He sat for hours and days in this state, only eating or preparing for bed when approached.

George responded to only one invitation; if he were approached from his left side he would grab the outreached hand and push hard into the person approaching him. He would then push his companion around the periphery of the home, up and down all the stairs, and through every room, never crossing through the center space. He always remained peripheral, and he always pushed with force. When he was approached from the right side, he turned away. It was as if this was a boundary that couldn't be approached; while I could never know this, for sure, my own felt sense was that he could not quite negotiate this boundary. I felt confused by his response. It bears noting that George's single-armed pushing pattern (called a homologous push in Body Mind Centering) can be indicative of a very early developmental movement essential to boundary formation that appeared to be truncated at a fixated, frozen shoulder. Rather than fixate on this, I remained curious about this possibility.

Initially, I allowed George to push me to get a sense of his movement patterns and efforts. One day I decided to push back and did so with resistance. He immediately spun his body to the right and into me, completely merging his body with mine and burying his head into my abdomen. I remembered my prior sense of a violated boundary and this action was uncomfortable for me. Even though I felt he was "too close", I initiated this interaction several times. I learned that George either only pushed away with force or moved into my body in a way that I experienced as enmeshed. It looked to me like either complete isolation or complete fusion, when he was approached on the right side.

Following this interaction I encouraged George to "differentiate" from me by allowing him to push me around the space in his usual way. In our next session, I tried something different: I met his push with a different intention. Rather than push back in resistance, I received his push. I wondered if my resistant push may have too directly mirrored his push, which in trauma work can, in my experiences with clients, re-activate a relational wound. From a theoretical perspective, his merging response may also have indicated forced fusion with a perpetrator. In non-verbal sessions like this, I will never know (this is what I refer to earlier as the not knowing) and it may not be of service to the person to interpret or push for a story. In this case, since it wasn't possible to know the story, our interactions were based solely on felt sense and non-verbal, somatic communication. In order to sense into my actions or "interventions", I had to maintain my presence. I listened to my own body's cues to suggest what might be of service to this young man with a history of horrible violation.

Initially, this new way of relating appeared to confuse him. He froze, then began to turn left to right and right to left, as if he were a dancer twirling in my arms. He attempted to wrap himself around me again, spinning to the right. I was prepared. I gently steered him to the left in a non-threatening, compassionate manner, and turned him to face away from me. I rested my hands softly on his shoulders in a gesture that intended to communicate reciprocity and support. He stood there for a while, as if contemplating this, then tried to wrap himself into me again. When I gently encouraged him to keep my preferred distance from my body, he tried to push me around the space. I allowed him to do this briefly, thinking he might feel more in control of his body in space (and having no idea if controlling a body in space had any relevance in his cultural context). After we walked the entire periphery again I began to meet his push again, steering him gently to center. At this point he followed me, and

as we moved through the center of the home a tiny smile appeared on his face.

In subsequent sessions, I introduced a tuning board as a transitional object and physical boundary between us. As we did our "push and twirl" dance, I wedged the board between us. The tuning board, developed by Darrell Sanchez, is a pliable, circular object, brightly colored and usually pleasing to children. It is used to restore fluidity in a fixated, traumatized body. Transitional objects can support a safe holding environment. He seemed to enjoy the board as it became more familiar; he smiled a little more. I carried it with us on our walks, and when we returned we sat against the wall with it between us, always on his left side. He began to smile even more. The fixation, or muscular stiffness, in his upper body was relaxing and a stronger spinal push (another primary developmental movement in one theoretical framework related to verticality and, in a Western context, sense of self) was evident. Two things changed notably in his posture: he was extending his legs more in front of him, and while he still faced right, he did not face directly to the wall. His posture and movements appeared more relational in that they did not pull back, or draw away from. They moved or gestured *towards.*

At this point, I began to supplement our walks with range of movement exercises to gently encourage George to bridge more with his environment. As we walked, I raised my arm up, or squatted low, or opened my arms wide, inviting him to join me. As he became more comfortable with these movements, he began to increase eye contact with an occasional peek at me. He began to smile more, suggesting some social engagement.

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As George appeared to grow more comfortable with me, we began to play ball. Initially, he would catch it if I threw it, but not return it. Eventually, he began to roll it back to me with a strong homologous push, a developmental move that precedes reaching, which is considered a relational action. I created the ball game to introduce another transitional object, and to encourage George to face me more directly. Each time he looked at me, I said his name softly acknowledging that I saw him.

Continued attempts to involve George in group activities were initially unsuccessful. On one of my last days, however, we began with our usual dance, which by now was a familiar greeting. George then took my hand and led me to the wall, where we sat down with our backs against the wall. He placed the tuning board between us and extended his legs fully out in front of him with a homolateral reach, a yet more advanced and relational developmental movement. Several of the staff noticed this and expressed surprise. They had never seen him do this. He continued to sit facing into the room, and when other children began to gather around and play with balls and balloons, he remained. I initiated our ball game, and shortly another child joined us. The three of us played ball. The director of the center commented that he had not seen George interact like this in his two years there.

George's kinesphere (in simplest terms, "space bubble") had expanded so that he bridged more with his environment, which was beginning to include other people. His timid eye contact continued to increase, so that I saw him more. An increase in his shy smiles increased the affect dynamic in our interactions; I felt him more. He was pushing with fewer fixations, and seemed to be learning to reach out in relationship with the environment. Now less protective of his right side, he began to allow me to approach him from there, as long as he could see me. He was beginning to orient himself towards others in a way I perceived as more relational. When it came time for me to return to the United States, I trained all the staff in the use of the boards and balls so that George's work could continue, as one of the greatest disservices we can do in an international context is only show up to do the work without supporting a context for it to continue.

Two young Haitian boys: Dreamstime stock photography

Discussion:

This is a particularly interesting case of DMT because our work was entirely non-verbal. George did not speak at all, though he understood Haitian Creole. Our communication consisted almost entirely of movement (other than when I uttered his name).

Without a story, or history, and without verbal exchange, I can only respond to what is present in the current time and space. So there were essentially two organizing frameworks I was working with: My theoretical frameworks, which serve to ground us as clinicians in challenging cases, and my "surrender" for lack of a better word, to only the present moment, movement based interaction occurring between us.

My initial clinical evaluation of George indicated a child with severe developmental trauma caused by torture. His virtual isolation in a tiny kinesphere and his inability to oscillate in and out of relationship made me curious if he had ever known healthy boundaries in relationship. It appeared that these relational dynamics shifted in our time together.

While my first instinct to push back may have challenged George, it provided me with useful information to get curious about. I imagined George had perhaps internalized his early experience of torture in a body frozen and fixated in physical postures rooted in fear. On the rare occasions that he moved, he did so only by keeping a safe distance from his companion. His daily life actions were, literally, peripheral and isolated.

As our movement dialogues continued and he began to expand his individual movement range, his interaction with the environment and other people eventually increased. His increased use of developmental movements such as homologous pushes and homolateral reaches, early neurological actions that a healthy child moves through as s/he attunes to and explores his/her environment, seemed to accompany a relational shift. I believe his increased use of these movements was restoring his developmental integrity as he reconnected with the primary movements that constitute healthy development. As George explored more of his environment, he showed increased affect through his slight smiles and gradual attempts at eye contact. Ultimately, George was able to maintain his presence in a group of very active children and to look at me almost directly and smile, which made our relationship feel slightly more reciprocal, to me. That level of interaction was not present when we began.

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And, without the benefit of any verbal communication, other than conversations with others at the program, I don't really know, in the way modern humanity usually defines knowing, what George's story—past, present, or future was.

This work relied on the interaction and communication of our movement, fueled by internal sensations and perceptions each of us was responding to. In simplest terms, what I experienced and observed was a shift in a young man's ability to engage with the world around him. It has been said that it is through dance that the history of a people is enacted. If this is true, it can also be said that the history of an individual is enacted through the body. Dance/Movement therapy honors the powerful connection that the human body has to life experience. What began as a limited movement repertoire of turning away from the world, into a wall, progressed towards a dance that included shared smiles, pushes, reaches, twirls, eye contact, play, exchange and reciprocity.

In the work of Stephen Porges, social engagement is possible to "read' through facial expressivity, gaze, prosody of voice, posture during social engagement, mood and affect, and state regulation. I would expand this to include movement in respect of those who are literally silenced by the horrors they have endured. All of these shifted in ways that were, if nothing else, more relational and more present, if presence is defined as our ability to pay attention to only what is occurring in this very moment; to suspend judgment and interpretation and simply bear witness; and to be willing to be courageous enough in our curiosity to ask questions that may not have answers.

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