

THE USE OF MOVEMENT IN GROUP THERAPY

by

Lois K. Diller

Presented To

The Honors College of the University of Oregon

in partial fulfillment

of the requirements for the degree of

Bachelor of Arts - Independent Studies

December 1974

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### Preface

Some time ago, first as a student and later as a teacher of modern dance, I became progressively more aware of the therapeutic effect of dance and expressive movement. It was some four years ago, when I began to read the works of Alexander Lowen, which set forth his theories of character structure and body energy, that I made a distinct turn toward dance as a therapy. At this time I also became interested in the current use of group methods in psychotherapy. The bringing together of the two modes, therapeutic movement techniques and group psychotherapy, seemed to me a natural evolution toward a therapy that would deal with the total experience of the person.

The Independent Study program of the Honors College provided me with an opportunity to study in the areas of psychology, group process, and counseling along with expanding my knowledge of the human body, its processes and functioning. Concurrently, I involved myself in the fields of psychotherapy and dance therapy outside the University by attending group therapy workshops, American Dance Therapy Association conferences and workshops, and by participating in a therapy group based on the theories of Alexander Lowen. This work has enabled me to prepare for and carry through my project of leading a therapy group that integrated movement with verbal interaction.

This paper will present some of the theories and practices that

form the basis for the work which I have undertaken. The accompanying video tape attempts to communicate something of the experience of the process.

I would like to gratefully acknowledge the assistance of my committee: chairman Saul Toobert, Counseling; M. Frances Dougherty, Dance; and Lou Osternig, Physical Education. They gave generously of their time and made possible the use of University facilities. Also, I was most fortunate in having the experience of working with William Kirtner, Counseling, whose guidance and training were invaluable.

### A View of Dance Therapy

The practice of dance therapy has been traditionally and basically non-verbal. Currently, however, some dance therapists are beginning to deal more directly and therapeutically with verbal expression in patients and clients. At the same time, traditionally verbal psychotherapists are turning toward non-verbal approaches, i.e., bioenergetics, sensory awareness, and meditation, dealing more directly with the body in the therapeutic process. In the field of group therapy, the gestalt mode and the human potential movement have increased the focus on movement behavior and body image. As Milton Ehrlich writes, "Body awareness has the potential for transforming the self."<sup>1</sup> Spoken attitudes, according to Chaim Shatan, are accompanied by and cannot be separated from a change somewhere in the body. He maintains that insights are gained by observing changes in body tension and movement.<sup>2</sup>

These current trends in the field of dance therapy and in the realm of psychotherapy lead to the possibility of directly integrating the two. As Alexander Lowen states, "The forces that create emotional

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<sup>1</sup> Milton Ehrlich, "The Role of Body Experience in Therapy", Psychoanalytic Review, 57 (1970), 181.

<sup>2</sup> Chaim Shatan, "Unconscious Motor Behavior, Kinesthetic Awareness and Psychotherapy", Journal of Psychotherapy, 17 (1963), 17-30.

problems operate on the body as well as the mind."<sup>3</sup> This concept calls for the inclusion of the energy of the body in a person's moving toward mental health, and forms the basis for this study.

The American Dance Therapy Association defines dance therapy as "the psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual."<sup>4</sup> The approaches and techniques used by dance therapists are varied, the unifying concept being the use of movement as a therapeutic tool. A conceptual model has been devised by the Association to establish a framework within which individual dance therapists could develop and define their own approaches. The four levels of the conceptual model are:

1. Awareness: developing the inner sense of self and body image, connecting the external and internal stimuli with motion and emotion.
2. Range of response: expanding ability to move with flexibility and choice of movement behavior.
3. Authentic movement: moving from inner directedness

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<sup>3</sup>Alexander Lowen, "The Body in Therapy", American Dance Therapy Association Proceedings, Fifth Annual Conference, October 1970, 2.

<sup>4</sup>American Dance Therapy Association, National By-Laws.

as a response to individual perception of self and others.

4. Integration: behavior and experiencing that is directly related to and in harmony with the external and internal world.

The therapist's role is to guide the patient or client through movement experiences that will facilitate each of the four levels of the conceptual model. The natural, functional movements of the body that are elicited by a dance therapist are a means not only of self-expression for the client, but a mode of communication with the self and others. "In dance therapy, basic movements and their form, dance, are utilized to create situations in which patients can learn more about their own behavior and the reactions of others."<sup>5</sup>

Through movement exploration, the client may contact unresolved conflicts, enabling a release of tension and an experiencing of heretofore repressed emotions. In the following summary of techniques used in dance therapy, it must be remembered that they are all inter-related and may be expanded in many different directions depending on the therapist and on the client population.

In the first area of emphasis, body awareness, dance therapists direct their clients toward finding areas of chronic tension and toward discovering how they use their bodies to block stimuli and repress

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<sup>5</sup>Rhoda W. Ellis, "Motion and Emotion", Dance Magazine, August 1958.

feeling by bringing their body image into consciousness. This is accomplished in part through the use of the following techniques:

1. Relaxation and breathing exercises.
2. Sensory awareness practice.
3. Study of the reflections of tension in posture, attending to body alignment.
4. Movement exploration concentrating on isolated parts of the body.
5. Movement exploration involving the whole body.

Throughout these practices, the therapist is not asking the client to make changes but to explore, discover, become aware.

Through such movement exploration, clients can learn about inadequacies in their movement patterns and about their potential for moving and sensing. The basic elements of dance are called upon in this working for increased range of movement; elements that are, of course, inherent in all movement:

1. Space; moving in and through the available space, using direction and level change.
2. Time; moving with changes in tempo and rhythm.
3. Energy; the dynamics of movement having to do with the amount and focus of energy expended.

In these experiences, the client is encouraged to become aware of movement responses without any concern for "right" or "wrong" ways of moving.



In working with expressive movement, another area of dance therapy, it must be remembered that every movement a person makes is expressing some aspect of his or her being. The dance therapist facilitates the bringing to consciousness of past and present conflicts, attitudes, and feelings through movement. Some of the methods, using both internal and external stimuli, are:

1. Imagery and fantasy.
2. Varied themes and feeling states.
3. Responding to music.

According to Elizabeth Rosen, "Repressed conflict, which is the source of psychological tension, can be expressed in dance, and in the expression, anxieties are diminished and inner tensions reduced. Creative dance offers a means of releasing both physical and psychological tension."<sup>6</sup>

In a therapeutic context, as repressed conflict and emotions are expressed in movement, the client gains motility, a release of energy, and an ability to flow from a state of disequilibrium to a state of equilibrium without undue tension. This leads to the goal of dance therapy -- authentic movement of an integrated individual who experiences the self moving in harmony with his or her world.

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<sup>6</sup>Elizabeth Rosen, Dance in Psychotherapy (New York, 1957), p. 53.

### Therapeutic Significance of Dance Therapy

The infant's first experience of the world is one of muscular contraction; and so, through the body, begins the process of learning about the world and the self. Reaching out with its whole body for comfort and satisfaction of needs, the infant experiences the world through body sensations. The answers given by the environment to that reaching are recorded in the infant's musculature and nervous system. The ebb and flow of the ensuing tensions shape the individual. Each person's particular ability to respond to stimuli and the environmental response to that individual is the basis of self image which is intrinsically a body image.

Body image is a term which refers to the body as a psychological experience, and focuses on the individual's feelings and attitudes toward his own body. It is concerned with the individual's subjective experiences with his body and the manner in which he has organized these experiences.<sup>7</sup>

All too soon, in our culture, communication through language takes precedence and the learning and experiencing that has gone on through the body begins to fade. In the development of our civilization, cognitive functioning has gained dominance and physical awareness has been submerged, at times forceably. We have, as a result, lost the integrity of mind and body. When the child is told to sit still,

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<sup>7</sup> Seymour Fisher and Sidney E. Cleveland, Body Image and Personality (New York, 1968), p. x.

be still, not to act in accordance with his feelings, he is being told that his body messages and the resultant feelings are not acceptable to the environment. He must begin to turn off what his body is telling him. Neural impulses are blocked and a desensitization process takes place which in the extreme is found in neurotic and psychotic personalities.

The process begins with the contraction of muscles as they react to suppress conflicting stimuli. Most stimuli can be equated with needs or a state of disequilibrium characterized by muscular tension. When an appropriate action is completed, then satisfaction and a state of equilibrium ensues with corresponding muscular relaxation. If, however, appropriate action is not taken, some muscle tension remains. The musculature adapts to the residual tension and a new level of stasis is established. This residual tension increases and becomes chronic when appropriate action is continually inhibited. As a result, the body becomes progressively insensitive to stimuli.

Wilhelm Reich advanced this theory of physical-psychic interaction in his concept of "body armor".<sup>8</sup> He described how defensive processes result in chronic muscular tension in specific areas of the body. Reich called these areas of tension "body armor", which he proposed could shape not only body structure but also the structure of character traits.

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<sup>8</sup> Wilhelm Reich, Character Analysis (New York, 1945).

The concepts set forth by Reich were further elaborated on by Alexander Lowen, who has written extensively on the role of the body in the development of character structure. He maintains that on the psychic level, the superego prevents certain thoughts from reaching consciousness while on the biological level muscle contraction prevents the impulses from reaching the surface, thus restraining action. The musculature involved becomes unconsciously chronically tense and its function becomes repressed, resulting in reduced motility of the person. This relates to the desensitization process described above. Lowen writes that one could "determine the nature of the superego from analysis of the states of tension in the muscular system" and that the "pattern of muscular tension determines the expression of the individual and this expression is related to the character structure."<sup>9</sup>

The significance of the interrelationship of psyche and soma is reiterated in the studies of Paul Schilder, who states:

I have always believed that there is no gap between the organic and the functional. Mind and personality are efficient entities as well as the organism. Psychic processes have common roots with other processes going on in the organism ... perception and action, impression and expression, thus form a unit and insight and action become closely correlated to each other.<sup>10</sup>

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<sup>9</sup>Alexander Lowen, Physical Dynamics of Character Structure (New York and London, 1958), p. 33.

<sup>10</sup>Paul Schilder, The Image and Appearance of the Human Body (New York, 1950), pp. 7-8.

In his extensive investigation of the physiological, psychic, and social aspects of body image, Schilder points the way towards psychotherapy that would fully consider the relationship of the body to psychic wholeness.

According to both the Schilder and the Fisher-Cleveland studies, the degree of body-mind integration that a person is able to develop and maintain will depend on experiences in and interaction with the individual's world and the individual's particular physical-psychic construct. If the world is a nourishing one, a complete and satisfying body image develops. Where there has been inhibited motor development and repressed expression, there will be an undeveloped or weak body image. In addition, Fisher and Cleveland point out that if interaction with others is faulty, then the individual's body image is inadequate, and distorted body image co-exists with distorted personality.<sup>11</sup> The schizophrenic's sense of being alienated from his or her own body and the experiencing of unrealistic body distortions is one example that validates this theory.

A person's state of being is described by his or her body posture, muscular tensions, and by the manner in which he moves. Freud recognized the value of attending to a patient's movements and facial expressions as they could indicate unconscious mental processes and attitudes. He makes reference to learning about people from their

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<sup>11</sup>  
Op cit., Fisher and Cleveland.

actions and what we now call "body language" and says, "So let us not under-value small signs: perhaps from them it may be possible to come upon the tracks of greater things."<sup>12</sup> The importance of taking into account what a person does, his movement, in relationship to what that person relates, is noted when Freud, in writing about "accidental performances" and "apparently purposeless acts" states, "I maintain that all such performances have meaning and are explicable in the same way as are errors, that they are slight indications of other more important mental processes, and are genuine mental acts."<sup>13</sup> From this we perceive that he means to include the body in the search for the unconscious. This is evident again when he refers to the body image distortions of regression and fixation and when he writes, "The ego is first and foremost a body ego; it is not merely a surface entity but it is itself the projection of a surface."<sup>14</sup>

In our culture, where cognitive functioning has precedence, we still see the neglect of integration of the physical and psychic in the healing arts. One significance of dance therapy is that it can and does bridge the arbitrary division of body and mind. Developing

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<sup>12</sup>Sigmund Freud, A General Introduction of Psychoanalysis (New York, 1960), p. 27.

<sup>13</sup>Ibid., p. 55.

<sup>14</sup>\_\_\_\_\_, The Ego and the Id (London, 1927), p. 31.

body awareness opens the pathways for impulses that have been blocked, reversing the desensitization process and allowing for more freedom of expression, both physical and verbal. The muscular tension of conflict can be released through movement and new, more integrated movement patterns established. New motor foundations for a healthy body image can be formed. If we accept the premise that the human being is an ongoing reciprocal process of mind and body, then these changes in body image, movement patterns and flow of expression can facilitate related changes in the psyche, and we are working for a common goal as stated by Lowen, "The goal of any therapy is to help a person become a free and integrated individual, free to experience and express the full range of human emotion and integrated so that his thinking reflects his feeling and vice-versa."<sup>15</sup>

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<sup>15</sup> Op cit., Alexander Lowen, "The Body in Therapy", p. 5.

## The Project

### Organization:

The purpose of this project was to explore the ways in which the elements of body movement and awareness could be made an integral part of a therapy group for non-psychotic persons seeking personal growth. The group for this project was organized through the University of Oregon Counseling Center. Dr. Andrew Thompson, Counseling Psychologist of the Counseling Center, was the co-leader.

An advertisement soliciting participants was circulated. It read as follows:

Movement Awareness, Personal Growth Therapy Group.  
This therapy group will focus on movement awareness experiences as motivation for discussion of self, attitudes and individual potential.

Each prospective participant was interviewed individually before the first group meeting to make clear what the group would be doing and to have a release form signed for the video taping. The Tennessee Self-Concept Scale was administered at that time and each person did a drawing of how he or she imaged his or her body, the results of which are included in an Appendix.

A number of adverse conditions were known when this group was formed. First, the co-leaders had never before worked together. The importance of co-leaders having a high degree of rapport and familiarity with each other's method of dealing with a group and the therapeutic process was realized, but in this situation, where no one



at the Counseling Center had had any experience with a movement approach, Dr. Thompson's offer to participate and assist in this attempt at integrating movement with verbal interaction was gratefully accepted.

The second problem was room size. The group room at the Counseling Center was too small for incorporating movement, and the ballet studio that we had to use was much too large for developing a feeling of group intimacy. An ideal space would be one large enough for ten people to move about freely, and yet small enough to come together for discussion without being overwhelmed by the vastness of the room.

The diversion of summer was the third handicap. Two participants dropped because of unexpected summer employment opportunities, and two because of personal reasons. Interestingly, only two participants attended the group meeting that fell on the first really warm day of the summer.

The video taping was an added difficulty. Not being able to secure the assistance of someone experienced with video equipment, assistance was obtained from a dance student who had an interest in dance therapy. Not all of the sessions were taped successfully, due partly to inexperience and partly to the resilient dance floor that made the camera unstable. In choosing sections for the composite tape, not only content but quality of the taping had to be considered.

The participants in the group were all University of Oregon students and of the six who remained through the seven meetings, five were undergraduates and one a graduate. Only one student had any formal

dance training. The age range was from nineteen to twenty-five; two men and four women. All of the participants gave as their main reasons for choosing the group an interest in experiencing the movement approach, a felt need for improving their ability to relate to others, and increasing self-confidence.

#### Group Journal:

When the group came together for the first meeting, it was obvious that there was a moderate to high level of anxiety. This was verbalized by each person as we went around the group asking for a statement about how he or she felt about being there. The consensus was that they were wanting the experience but feeling some anxiety about what was to take place. It seemed that the group, with one exception, was rather low in energy. Four of the members were especially self-conscious, one being quite rigid in body structure. (The Tennessee Self-Concept Scale showed all members to be somewhat low in self-esteem. See Appendix)

Before asking the group to participate in any movement, the point was stressed that if they were to develop their own body awareness, they must try to discover their own ways of moving. I tried to dispel the notion that there would be "right and wrong" ways of moving even though there would be directions to motivate movement within a given framework. My general procedure was to give suggestions for movement and some specific directions, but rarely did I act as a model. I did join in at times when the group was moving as a whole, and I at all

times made myself a part of the verbal interaction.

At this point, introductions were made by each person saying his or her name and doing a simple movement with one part of the body, followed by all of us joining in to do the movement. My purpose in this exercise was for us all to get a feeling for each person through sharing his chosen movement. It was interesting to note that although I went first to set an example, everyone in the group did a large movement involving most of the body. Moving one part of the body in isolation requires concentrated body awareness, something I hoped the participants would develop.

The next objective was to become more comfortable with the room and a little more at ease with each other. This was attempted by having the whole group walk about exploring the room, and when they had finished, to bring their awareness to the others, making eye contact as they passed by. I then asked them to attempt to make contact with someone by walking with them for as long as it was comfortable and then to break contact, going on to someone else.

When the moving about came to an end, we sat down to discuss their reactions to the room and to the group. The aspect of making and breaking contact was quite difficult for several of the group and almost impossible for one. Two others could not seem to omit making verbal contact although it was specifically asked that this be done non-verbally. They were able to relate the feelings that came up during the movement problem to how they felt in general about making contact with people.

The feeling that the room was too large led us to ask that everyone move out and claim one part of the room for their own and become aware of their feelings in their own territory. This led to talk about boundaries and how space was used. We ended the session with moving about the room to fast-paced music. I felt a little regret later about not having directed an activity that would have brought the group to a feeling of moving together. Seven meetings are so few to build a group culture.

The second meeting began with talk about the previous session and some feelings that had been generated during the week. I then directed movement of isolated parts of the body for discovery of flexibility and awareness. Progressing from being aware of one's own movement to being aware of how others move, we had the group work in pairs, taking turns mirroring each other's movements. The pairs kept exchanging until all had had a turn with each other. There was quite an interesting variety of movement and mood. (Unfortunately, there is no segment of this session on the video tape, due to faulty taping.) The experience generated much verbal interaction regarding the effect of moving in competition or cooperatively with people. One man, whom I shall refer to as Jack, had difficulty in allowing himself to move. He kept shaking his head and saying, "I don't get it. I don't know what I am supposed to do." I reassured him that whatever he did was acceptable to me and that I was only asking that he be aware of how he used his body. My thought was that becoming aware would be a long,

difficult process for him with his body as rigid as it was, but his being there and moving was at least a beginning.

The people seemed a little more at ease with each other by the third session. There was more mingling and talking before we sat down to begin. The group began by talking about how they felt about being there that day. The energy seemed especially low. I had them lie down to do breathing exercises and inner sensing to see if they could release some energy. From there, I suggested that they stretch out with each breath to get the feeling of energy moving out and then in. After a while, I asked that the group try this in a standing position, forming a shape or movement. We then came together for discussion and discovered that most participants related the movement that they had done to their usual pattern of energy flow. Jack was again very concerned with "limits" and not knowing exactly what he "should" do. Some members of the group answered by encouraging him to rely on himself for the answer. We ended the meeting with moving freely to music and with a coming together in a circle, holding hands and swaying. There seemed to be a warm group feeling.

The next meeting started out with simple warm-up techniques involving all parts of the body, first in isolation and then in combination, allowing the participants to discover their own ways of moving and their own tempo. This was followed by a directed movement of straightening and rounding of the back to gain flexibility and awareness, leading into a rocking movement in any position that they

found comfortable. The group was asked to allow the movement to expand into different patterns and to focus on the sensation of the primal motion of rocking. We talked some about the feelings that rocking brought out and then tried rocking while standing, first alone, then in dyads with mirroring, followed by a larger swinging movement. Again, we began verbal interaction. It wasn't productive and I wondered if there wasn't as yet enough trust built to allow for sharing of the strong feelings that can come forth when rocking.

Taking a different tack, I had the group start walking around for awareness of their own walk, trying to find any imbalances or distortions. They were then directed to exaggerate any pattern they found, after which they were to pair up to take turns following behind their partner, imitating each other's walk and showing the imitation to their partner. The next step was for each couple to take turns moving from opposite sides of the room toward each other for the experience of making focused contact. They were asked to try varied locomotor movements and ways of meeting.

Each participant shared a meaningful discovery that he had made about his own walk. The group also talked about their feelings when "on display" and they related their approach and meeting with another person in the exercise to their usual mode of meeting. I had the feeling that the discussion was somewhat superficial and could have become much more personal and meaningful. We ended the session moving freely to ragtime music, which seemed to release some of the tension

that had not been dissipated verbally.

Jack was still feeling ambivalent about being in the group and when he arrived for the fifth session, it was to tell us he did not want to continue. He felt that he couldn't "understand the directions" and "wasn't doing it right" and yet would feel guilty if he quit. I sat with him letting him talk out his feelings. When Dr. Thompson arrived, he joined us and suggested that perhaps Jack wanted permission from us to quit. Dr. Thompson and I gave him "permission" in what I felt was a reassuring way and Jack left the room. In a few minutes, he returned without saying anything and we began the session even though only one other member was present. (This was the very warm day mentioned earlier.) In a way, I felt the circumstances of the others being absent was fortunate for Jack. It would give him an opportunity to attend to his own feelings and movement without the pressure of so many others present.

Following my feeling that this would be an opportune time to do some careful individual work, I directed a flow of sensory awareness, moving from one part of the body to another. This led into moving from a low position to high, continuing up and down, at their own pace, and finally ending in the space that was most comfortable. I asked how the position felt and if it had any meaning for them. They were each able to share some of their feelings and discoveries.

We started the sixth meeting with simple warm-up stretching movements followed by relaxation techniques. I asked that they then

bring their awareness to their own breathing and their state of being at that time. The next step was to allow their bodies to take a shape that would convey how they felt, and when they had spent enough time in that position, to let themselves move in whatever way their shape and feeling dictated. They then were to move through space and reform the shape.

Most of the participants were able to get deeply into their feelings, which they did share afterward with the group. One woman found the exercise especially helpful. She had taken a very twisted, tied-up shape which, she reported, was exactly how she had been feeling for some time. She found that forming and reforming the shape had clarified her feelings and she came to realize that she could make a choice, in moving and in life, of either becoming twisted and tied-up or of releasing tension and moving freely.

When the verbal sharing was finished, I suggested that they consciously put their bodies into a shape that gave the message of anger, and if the shape began to generate any feelings of anger they were to allow themselves to move with it. After a few minutes of working in this mode, Jack stamped across the room, grabbed up his belongings, stamped over to where I was standing and yelled that he couldn't show anger, giving a perfect display of anger all the while. I pointed this out to him and let him talk it out. Dr. Thompson came over to join in the conversation and by that time almost everyone else's attention was directed towards us. I suggested that we all sit



down and discuss what was going on. Jack was quite willing, as was the rest of the group and there was then a good deal of verbal interaction. His tension subsided as he examined his feelings and received support from the group.

The beginning movements of the last session led into a reaching out with each breath and then into a period of tension awareness. I asked that the group allow their tense areas to move with each exhalation, to continue moving with each breath, expanding the movement and exploring space with the energy of their breathing. This moved on into a flowing feeling and swaying with the music. From there, I directed the movement into a problem of balancing.

The group explored positions of balance individually and then with a partner, taking turns giving support and then trying to put their partner off-balance. The purpose was to generate sharing of feelings regarding risk-taking, trust, giving and receiving support. We went on into moving together as a group, going into positions of balance while giving each other support. It was a good feeling of sharing and seemed to be a satisfying ending.

Enough time was allowed at the end of this session for the participants to do another drawing of themselves and to retake the Tennessee Self-Concept Scale. They were also asked to complete a short evaluation. \*

\* See Appendix.

### Conclusions:

Most members of the group stated that they had achieved some personal satisfaction in moving, and that important body image discoveries were made. (See Appendix for evaluations made by group members.) They felt it was a good opportunity to deal with their feelings and mode of relating to others, although the interactions had produced some anxiety. The group, in the beginning, had a rather restricted range of movement which seemed to equate with their general insecurity in social situations. However, there was a general progression toward less inhibited movement response and freer discussion.

A real sense of group cohesiveness did not develop though there was some degree of mutuality and spontaneous interaction. The lack of cohesiveness could be due to the individualized focus necessary during the initial phase of working for body awareness, not enough analysis or processing in verbal interaction, and/or to the fact that we met only seven times.

Dr. Thompson's suggestions for "enhancing the psychological significance of the group" were as follows:

1. Deal with shorter, more definitive aspects or segments of bodily movements.
2. Incorporate the use of fantasy more in the exercises, asking members to search for fantasies that match or enhance their experience.

3. Follow these segments with more of an analytical focus on individual experiences and movements.

These are helpful suggestions that I agree would further the integration of movement with verbal interaction.

A preliminary investigation of the instruments used in this study is offered in the appendix. This includes the present author's rating scale devised for the self image drawings together with the Tennessee Self Concept Scale findings. As this was not a controlled experimental study no attempt has been made to show change in the subjects as a result of the group experience as measured by these instruments. The findings do point to the direction future research might take and some speculations are offered regarding the findings.

Appendix

## APPENDIX

Tennessee Self Concept Scale

It is generally accepted that an individual's concept of himself is reflected in his behavior and his state of being. The Tennessee Self Concept Scale was designed to measure a person's self image. The Scale is self-administered and consists of 100 self-descriptive statements.

The following descriptions of the test scores are abstracted from the "Nature and Meaning of Scores" in the test manual:

Self Criticism - scores between the 50th and the 99th percentile indicate healthy capacity for self criticism. Scores above the 99th percentile indicate a lack of defenses [excessively critical] while scores below 40th percentile indicate a trend toward defensiveness.

Total Positive Score - reflects overall level of self esteem. High scores indicate feelings of self value and confidence; low scores indicate doubt of self worth and little confidence.

Three Row Scores - representing the frame of reference individual uses to describe himself:

Row 1 - Identity, what he is.

Row 2 - Self Satisfaction, how he accepts himself.

Row 3 - Behavior, how he acts.

Column A - Physical Self - individual's view of his body, state of health, physical appearance, skills and sexuality.

Column B - Moral Ethical Self - moral worth, relationship to God, feelings of being a "good" or "bad" person.

Column C - Personal Self - sense of personal worth, feeling of adequacy and evaluation of self apart from body or relationship to others.

Column D - Family Self - feelings of adequacy, worth and value as a family member and in reference to closest and immediate circle of associates.

Column E - Social Self - self as perceived in relation to others in a general way.

Variability Scores - measure of amount of variability, or inconsistency, from one area of self perception to another. High scores indicate subject is quite variable and low scores indicate low variability which may approach rigidity if extremely low.

1. Total - amount of variability for entire record. High scores reflect little unity or integration. Well integrated people generally score below the mean but above first percentile.
2. Column Total - summarizes the variations within the columns.
3. Row Total - sum of the variations across the rows.

Distribution Score - the way one distributes his answers across the five available choices in responding. Measures certainty about the way one sees himself. High scores indicate the subject is very definite and certain about what he says about himself while low scores mean the opposite. Extreme scores in either direction are most often obtained from disturbed people.

The Self Image Drawing

The participants were asked to do a quick drawing of themselves both before the first meeting of the group and at the end of the last meeting. The instructions were given as follows:

"Please do a quick drawing of your image of yourself. Try not to be concerned about your artistic ability, just draw as quickly as you can while imaging your body self."

The following was devised as a rating scale for the drawings:

Whole Drawing

	1	2	3	4	5	6	7	
ROUND (Tense)	_____						FREE (Relaxed)	
STATIC	_____						MOVING	
WEAK	_____						STRONG	
DISTORTED	_____						BALANCED	
BODY ALIGNMENT	_____						BODY ALIGNMENT	
VAGUE	_____						DEFINED	

Parts of Body:

	VAGUE	DEFINED
ARMS	_____	
HANDS	_____	
LEGS	_____	
FEET	_____	
TORSO	_____	

Four persons not involved with the therapy group were asked to do the rating, two from the Department of Dance and two from Physical Education. Consensus was

reached regarding the terms being used. All twelve drawings, a before and after drawing for each of the six subjects, were numbered randomly and handed to the raters. The raters were then instructed to check each item on the scale of from one to seven as quickly as possible. The ratings were made twice for each drawing by the same raters with a three day interval between. The reliability of the ratings was statistically determined by computing correlation coefficients between means of the two sets of scores for all four raters.

#### Future Direction

A future research project could compare the drawings done before and after this group therapy with those done by a control group not offered the experience. In addition, changes measured in the drawings could be compared to changes in self-concept as measured by the Tennessee Self Concept Scale.



## SUBJECT #1

Tennessee Self Concept Scale

This subject's Scale profile was well below the 50th percentile which indicates an extreme lack of self esteem. The retest profile dipped even lower in percentile scores.

Self Image Drawings

The reliability on the before drawing was .83 and on the after .92.

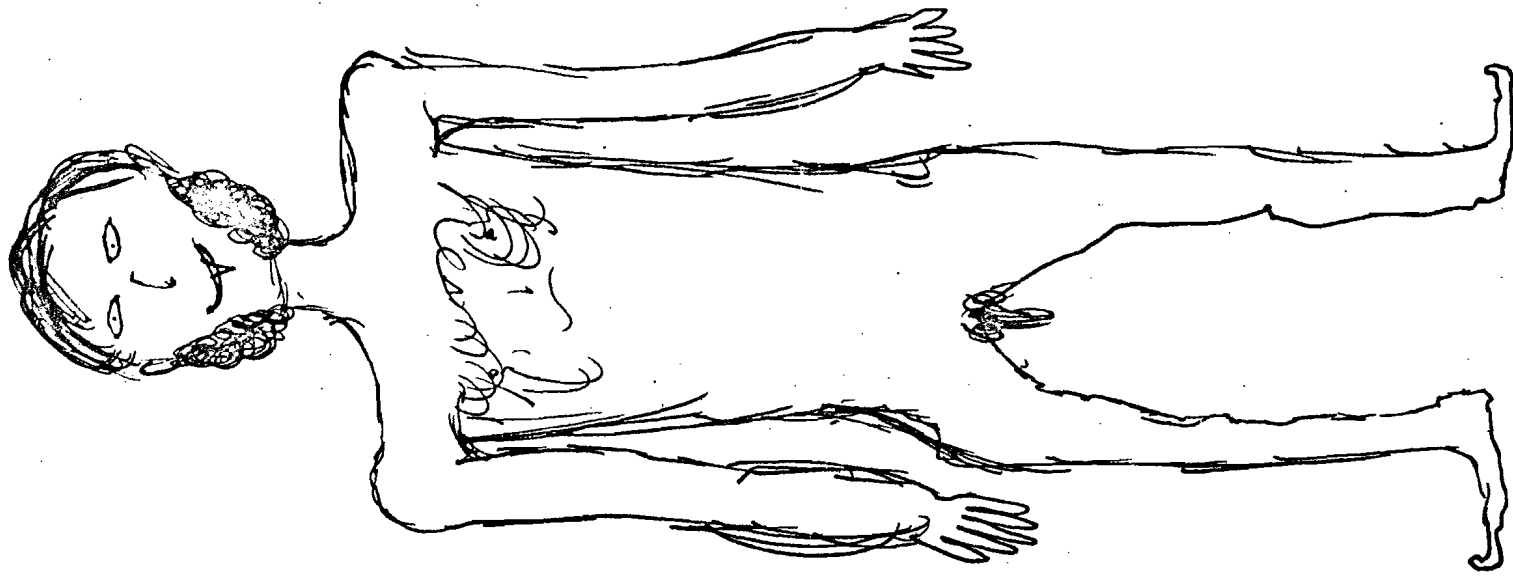
Rated on a Scale of 1 to 7

<u>Rater Mean Before</u>	<u>Rater Mean After</u>	<u>Difference</u>	
3.5	2.75	- .75	Whole Body: Bound → Free
2.75	2.	- .75	Static → Moving
4.25	3.75	- .5	Weak → Strong
3.	3.	-0-	Distorted      Balanced Body Align. → Body Align.
5.	4.25	- .75	Vague      Defined
			Parts of Body: Vague → Defined
4.5	2.75	-1.75	Arms
5.25	4.75	- .5	Hands
3.75	3.75	-0-	Legs
3.5	3.	- .5	Feet
4.	4.25	.25	Torso

Note: The subject stated he became more aware of his body rigidity and a weakness in his right leg that was due to an injury.



SUBJECT # 1  
FIRST DRAWING



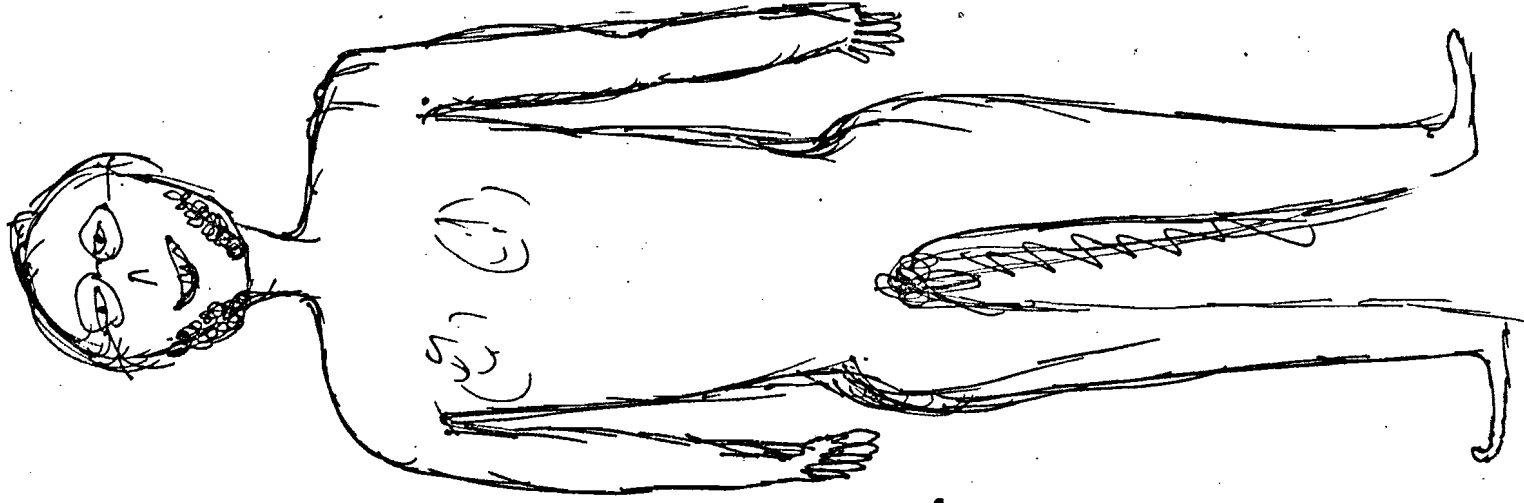
7

35

SUBJECT # 1

SECOND DRAWING

6



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C

Evaluation

List any insights gained from this group experience:

I've become more aware of myself, good and bad; i.e., my r.-leg resistance and rejection, feelings of strong dislike, etc., how I interact with others, how I'm perceived -- things I hadn't been aware of for awhile.

What did you find valuable:

Others' perceptions of me, which led to self-confrontations with old feelings, etc., which have strong influence on my present behavior.

List any disappointments or negative aspects:

The room wasn't quite appropriate at times and didn't lend itself to expression of personal feelings; people didn't show disappointment. Also, too short a length of time (both 2 hours and 8 weeks). Frustrated and short-cut more intimacy.

Would you consider continuing with this group?:

Yes!

Other comments:

I'd enjoy more verbal expressions of feelings (not talking) such as yelling, screaming -- they, too, work as therapy things as the movements do in getting away from mind-tripping, etc.

## SUBJECT #2

Tennessee Self Concept Scale

Although this subject's scoring for self criticism falls within the "healthy" boundary, the balance of the scores are well below the mean indicating low self esteem. In the retest the Moral-Ethical score became noticeably more positive while the other scores were lowered.

Self Image Drawings

The reliability on the before drawing was .91 and on the after .74.

Ratings on a Scale of 1 to 7

<u>Rater Mean Before</u>	<u>Rater Mean After</u>	<u>Difference</u>	
2.75	2.25	- .5	Whole Body: Bound → Free
2.25	3.5	+1.25	Static → Moving
2.25	3.75	+1.5	Weak → Strong
1.25	3.	+1.75	Distorted Body Align. → Balanced Body Align.
1.5	3.75	+2.25	Vague → Defined
2.25	3.5	+1.25	Parts of Body: Vague → Defined Arms
1.25	2.5	+1.25	Hands
1.	4.25	+3.25	Legs
1.	3.75	+2.75	Feet
2.5	3.25	+ .75	Torso

Note: As you will see he did not allow himself to finish the first drawing.

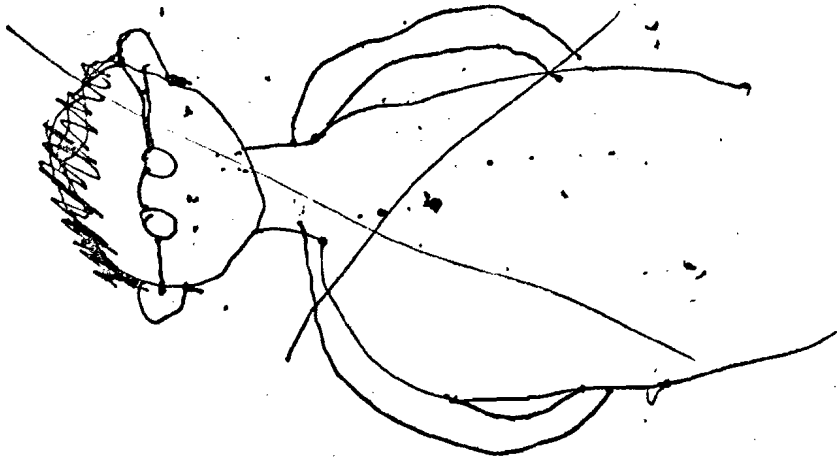
--- 6/25/74

— 8/7/74

NAME		SCHOOL GRADE	SEX	AGE	DATE	TIME STARTED	TIME FINISHED	TOTAL TIME								
Subject # 2																
T SCORE	PERCENTILE SCORES	SELF CRITICISM	POSITIVE SCORES (SELF ESTEEM)					VARIABILITY			D	T SCORE				
			TOT	ROW 2	ROW 3	COL. A	COL. B	COL. C	COL. D	COL. E			TOTAL	COL. TOTAL	ROW TOTAL	
			Self Esteem	Identity	Self Satisf.	Behavior	Physical	Moral Ethical	Personal	Family	Social					
90	99.99	50	450	150	150	150	80	80	90	90	90				200	90
			440		145	145						110	70	45	195	
80	99.9		430		140	140			85			105	65	40	190	80
			420		135	140						100	60	35	185	
	99		410	145	130	140			80		85	90	55	35	180	
70			400		125	135	85	85		85		85	50	30	175	70
	95		390		120	130						80	45	25	170	
	90	45	380	140	115	125	80	80		80		75	40	20	165	
60	80		370	135	110	120	75	75				70	35	15	160	60
	70	40	360	130	105	115			70			65	30	10	155	
	60	35	350	125	100	110	70	70	65	70		60	25	5	150	50
50	50		340	120	95	105	65	65	60	65		55	20	0	145	
	40	30	330	115	90	100	60	60	55	60		50	15	0	140	
40	20		320	110	85	95	55	55	50	55		45	10	0	135	40
	10	25	310	105	80	90	50	50	45	50		40	5	0	130	
	5	20	300	100	75	85	45	45	40	45		35	0	0	125	
30			290	95	70	80	40	40	35	40		30	0	0	120	30
	1	15	280	90	65	75	35	35	30	35		25	0	0	115	
			270	85	60	70	30	30	25	30		20	0	0	110	
			260	80	55	65	25	25	20	25		15	0	0	105	
			250	75	50	60	20	20	15	20		10	0	0	100	
20	0.1		240	70	45	55	15	15	10	15		5	0	0	95	20
			230	65	40	50	10	10	5	10		0	0	0	90	
			220	60	35	45	5	5	0	5		0	0	0	85	
			210	55	30	40	0	0	0	0		0	0	0	80	
			200	50	25	35	0	0	0	0		0	0	0	75	
	0.01		190	45	20	30	0	0	0	0		0	0	0	70	
			180	40	15	25	0	0	0	0		0	0	0	65	
10		10	170	35	10	20	0	0	0	0		0	0	0	60	10
			160	30	5	15	0	0	0	0		0	0	0	55	
			150	25	0	10	0	0	0	0		0	0	0	50	

SUBJECT # 2

FIRST DRAWING



39

10



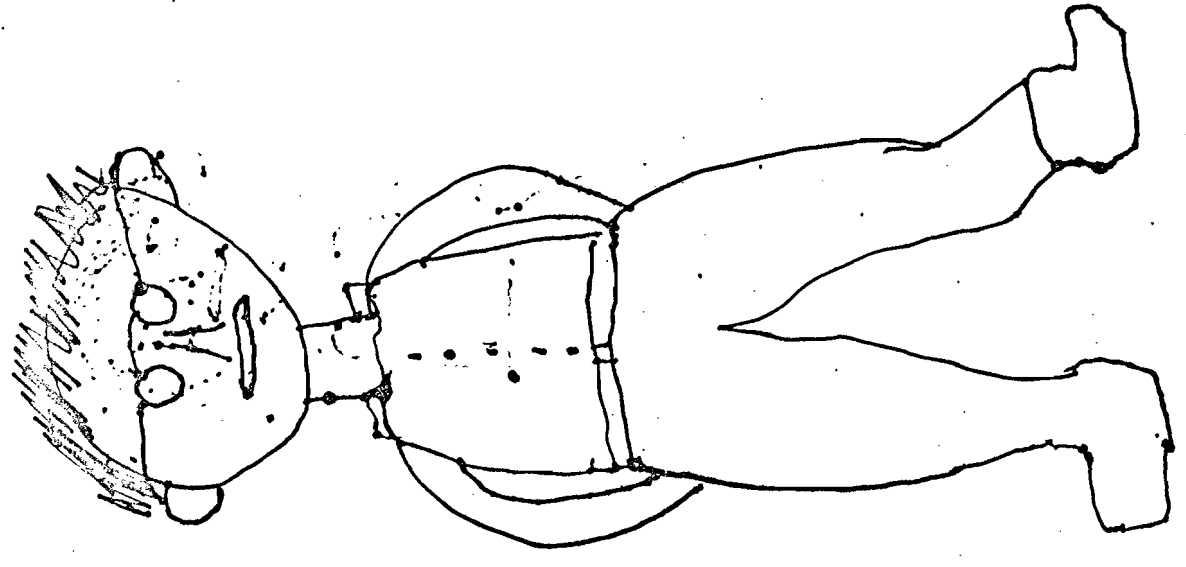
12

40

12

SUBJECT # 2

SECOND DRAWING



Evaluation, Page 1

List any insights gained from this group experience:

Group tried to help me even though I wanted to quit, helped me decide to stay. But groups are difficult for me to fit in or belong to. Was hard being misunderstood by the group or leaders of the group. Very tense, and fast in my body movements not slow and relaxed like (name of another group member)... I have trouble creating in movement what I feel, or even being sure I am doing the exercises right.

What did you find valuable:

Some of the exercises with the other gp. members - balancing with one other, trying to copy one another's movements, jumping and leaping around the room free as a bird (on a good day).

List any disappointments or negative aspects:

Not being able to understand directions, not feeling I could express myself when I was feeling happy or depressed in body movements. Often being tired - so when I tried to respond I had greater difficulty (work - job at night interfered). Not making more of an effort to concentrate on how my body might be feeling or not discussing openly what I had experienced to the gp. Failure to be at ease in this group, though I sometimes tried.

Would you consider continuing with this group?

No, it was hard enough going this far. Perhaps with another group that met late in the afternoon... yet, I doubt I would risk another such difficult time.

Evaluation, Page 2

Other comments:

Most of the insights I already knew concerning myself - like how I demean myself, have difficulty accepting criticism, walk fast, difficulty in relaxing, or following directions... It is not a reflection on Lois, sometimes I didn't try... sometimes I did, and it still did not work out. Perhaps I felt this gp. would be different in format than it was - trying to analyze my feelings into movement was especially painful.

## SUBJECT #3

Tennessee Self Concept Scale

The self criticism score for this subject remained fairly consistent while the positive scores increased. Especially note the increase in percentile score for Row 2, Self Satisfaction, and Row 3, Behavior.

Self Image Drawings

The reliability on the before drawing was .93 and on the after .96.

Ratings on a Scale of 1 to 7

<u>Rater Mean Before</u>	<u>Rater Mean After</u>	<u>Difference</u>	
5.25	5.5	+ .25	Whole Body: Bound → Free
5.5	6.25	+ .75	Static → Moving
4.25	4.75	+ .5	Weak → Strong
5.25	5.25	-0-	Distorted Body Align. → Balanced Body Align.
3.75	3.75	-0-	Vague → Defined
3.75	3.25	- .5	Parts of Body: Vague → Defined Arms
1.5	2.5	+1.	Hands
3.5	3.	- .5	Legs
1.5	2.	+ .5	Feet
3.75	3.5	- .25	Torso

Note: The inclusion of the feet and definite direction in the second drawing might be equated with the subject's statement made in the evaluation, "I'm not as inhibited about going right ahead moving or doing what I want . . ."

---6/25/74

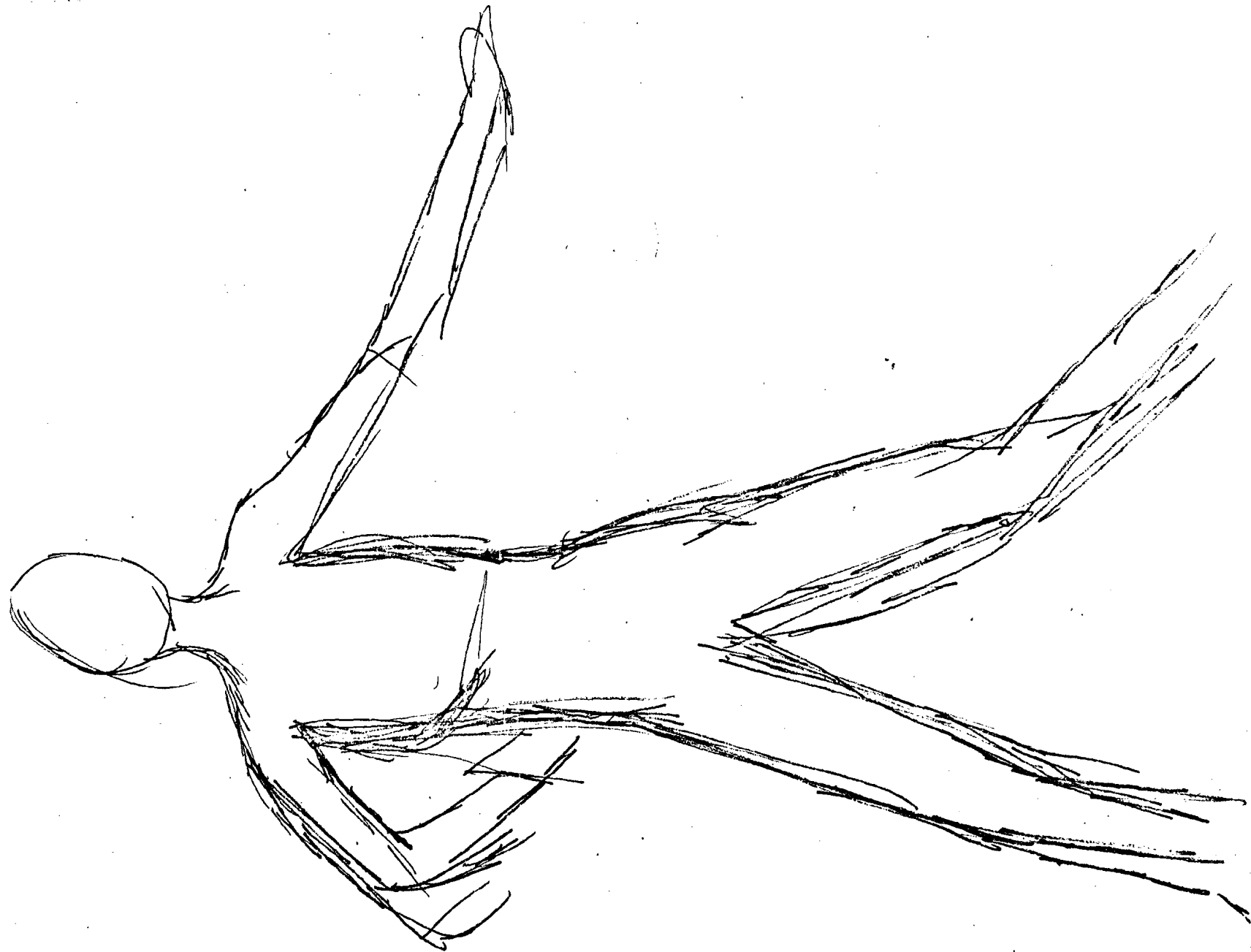
NAME		SCHOOL GRADE	SEX	AGE	DATE	TIME STARTED	TIME FINISHED	TOTAL TIME								
Subject # 3			M		8/7/74											
T SCORE	PERCENTILE SCORES	SELF CRITICISM	POSITIVE SCORES (SELF ESTEEM)								VARIABILITY			D	T SCORE	
			TOTAL	ROW	ROW 2	ROW 3	COL. A	COL. B	COL. C	COL. D	COL. E	TOTAL	COL. TOTAL			ROW TOTAL
			SELF ESTEEM	IDENTITY	SELF SATISF.	Behavior	Physical	Moral Ethical	Personal	Family	Social					
90	99.99	50	440	150	145	145	145	145	145	145	145	110	70	45	195	90
80	99.9		430		140							105	65	40	190	80
	99		420		135							100	60	35	185	
70	95		410	145	130	140					85	90	55	35	180	70
	90	45	400		125		85	85				85	50	30	175	
	80		390	140	120	130						80	45	25	170	
60	80		380		115		80	80				75	40	20	165	60
	70	40	370	135	110	120						70	35	15	160	
	60		360		105		75	75				65	30	10	155	
50	50	35	350	130	100	110						60	25	5	150	50
	40	30	340	125	95	105						55	20	0	145	
40	20	30	330		90	100						50	15	0	140	40
	10	25	320	120	85	95						45	10	0	135	
	5	20	310	115	80	90						40	5	0	130	
30			300	110	75	85						35	0	0	125	
			290	105	70	80						30	0	0	120	
			280	100	65	75						25	0	0	115	
			270	95	60	70						20	0	0	110	
			260	90	55	65						15	0	0	105	
			250	85	50	60						10	0	0	100	
			240	80	45	55						5	0	0	95	
20	0.1		230	75	40	50						0	0	0	90	20
			220	70	35	45						0	0	0	85	
			210	65	30	40						0	0	0	80	
			200	60	25	35						0	0	0	75	
			190	55	20	30						0	0	0	70	
			180	50	15	25						0	0	0	65	
			170	45	10	20						0	0	0	60	
10	0.01	10	160	40	5	15						0	0	0	55	
			150	35	0	10						0	0	0	50	10

5

45

SUBJECT # 3  
FIRST DRAWING

5



SUBJECT #3  
SECOND DRAWING

46

8



## Evaluation

List any insights gained from this group experience:

My movements don't look the way (as bad) as I once thought they did. I still think people are judgemental, but I can choose not to change or to change for other people. The person to satisfy is myself.

What did you find valuable:

Even though I'm still thinking about how others see me, I'm not as inhibited about going right ahead moving or doing what I want to in a less inhibited, more natural way.

List any disappointments or negative aspects:

I really wanted to learn to move more gracefully, but that's not what happened. I think I move more naturally, yes, but the group was geared for inward and outward acceptance rather than actual physical change.

Would you consider continuing with this group?:

Not at this time. I feel it's time to concentrate less on this analytical side of myself now, and live, move, and feel. Problems are far fewer at the moment than 6 months ago.

Other comments:

Lois, you didn't always (or often) express your feelings verbally. This made you a threat, sometimes, to my paranoid side. In a way, that's good because I must deal with my feelings of being judged which stem from others' silence. Can't always be worried about it, but I noticed my awareness of your facial expressions as clues to what you thought.



## SUBJECT #4

Tennessee Self Concept Scale

The total positive scores for this subject increased on the retest. Again, the highest increase in percentile score was for Row 2, Self Satisfaction, and Row 3, Behavior.

Self Image Drawings

The reliability on the before drawing was .94 and on the after .90.

Ratings on a Scale of 1 to 7

<u>Rater Mean Before</u>	<u>Rater Mean After</u>	<u>Difference</u>	
5.	3.	-2.	Whole Body: Bound → Free
3.75	3.	- .75	Static → Moving
3.75	4.25	+ .5	Weak → Strong
3.75	4.75	+1.	Distorted Body Align. → Balanced Body Align.
2.5	4.25	+1.75	Vague → Defined
2.75	4.5	+1.75	Parts of Body: Vague → Defined Arms
1.25	4.5	+3.25	Hands
2.5	2.75	+ .25	Legs
1.25	2.5	+1.25	Feet
3.	3.75	+ .75	Torso

Note: The second drawing includes more detail and seems to have a firmer stance than the first.

6/19/74

8/7/74

NAME		SCHOOL GRADE	SEX	AGE	DATE	TIME STARTED	TIME FINISHED	TOTAL TIME
Subject # 4								

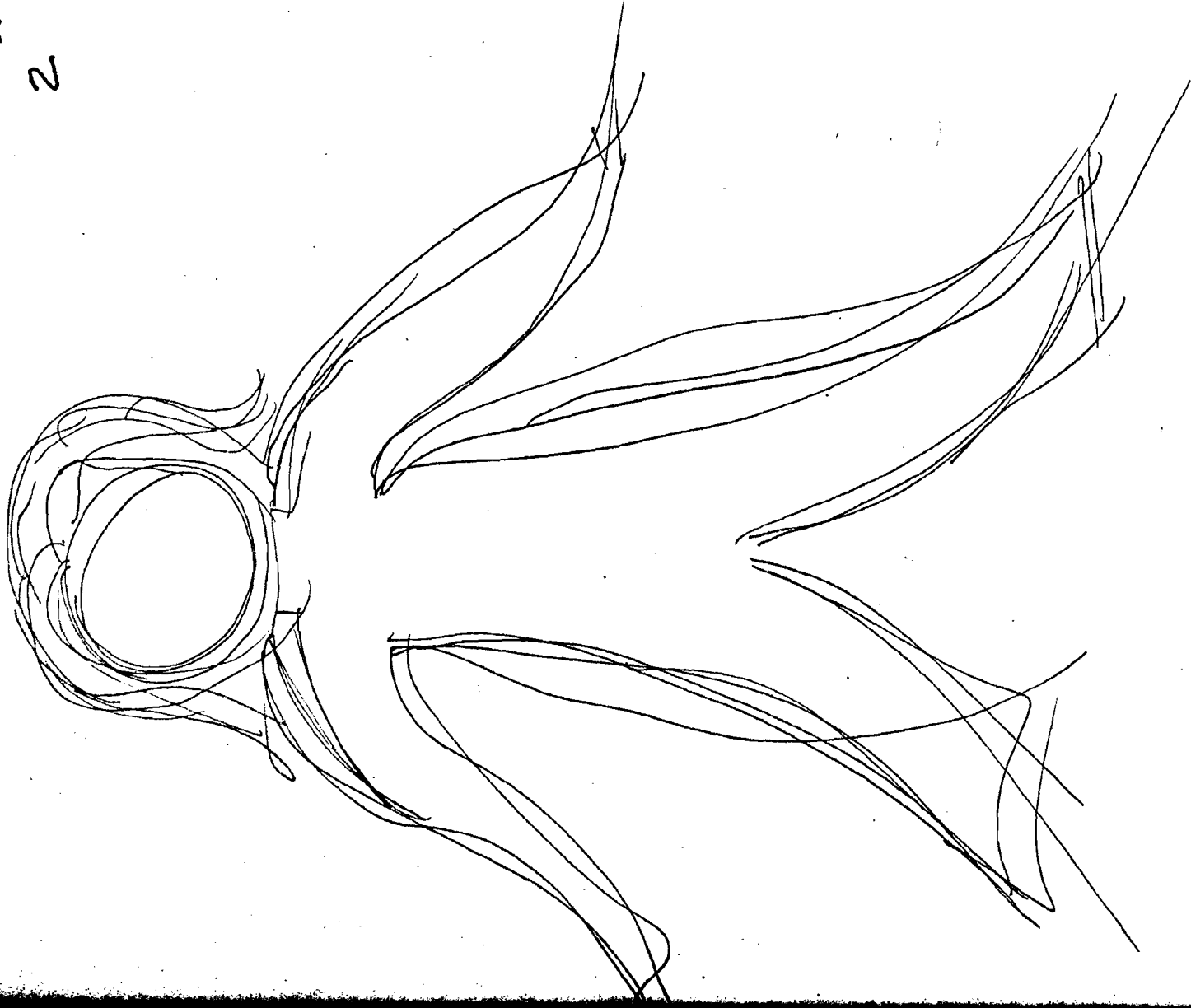
  

T SCORE	PERCENTILE SCORES	SELF CRITICISM	POSITIVE SCORES (SELF ESTEEM)					VARIABILITY			D	T SCORE
			TOTAL	ROW 1	ROW 2	ROW 3	COL. A	COL. B	COL. C	COL. D		
90	99.99	50	440	150	145	145	110	70	45	195	90	
80	99.9		430	140	140	105	65	40	185	80		
70	99		410	135	140	95	55	35	180	70		
60	95	45	400	130	135	90	50	30	175	60		
50	90	40	390	125	130	85	45	25	170	50		
40	80	35	380	120	130	80	40	20	165	40		
30	70	30	370	115	125	75	35	15	160	30		
20	60	25	360	110	120	70	30	10	155	20		
10	50	20	350	105	115	65	25	5	150	10		
	40	15	340	100	110	60	20	0	145			
	30	10	330	95	105	55	15	0	140			
	20	5	320	90	100	50	10	0	135			
	10	0	310	85	95	45	5	0	130			
	0.1	0	300	80	90	40	0	0	125			
	0.01	0	290	75	85	35	0	0	120			
		0	280	70	80	30	0	0	115			
		0	270	65	75	25	0	0	110			
		0	260	60	70	20	0	0	105			
		0	250	55	65	15	0	0	100			
		0	240	50	60	10	0	0	95			
		0	230	45	55	5	0	0	90			
		0	220	40	50	0	0	0	85			
		0	210	35	45	0	0	0	80			
		0	200	30	40	0	0	0	75			
		0	190	25	35	0	0	0	70			
		0	180	20	30	0	0	0	65			
		0	170	15	25	0	0	0	60			
		0	160	10	20	0	0	0	55			
		0	150	5	15	0	0	0	50			

SUBJECT # 4 FIRST DRAWING

50

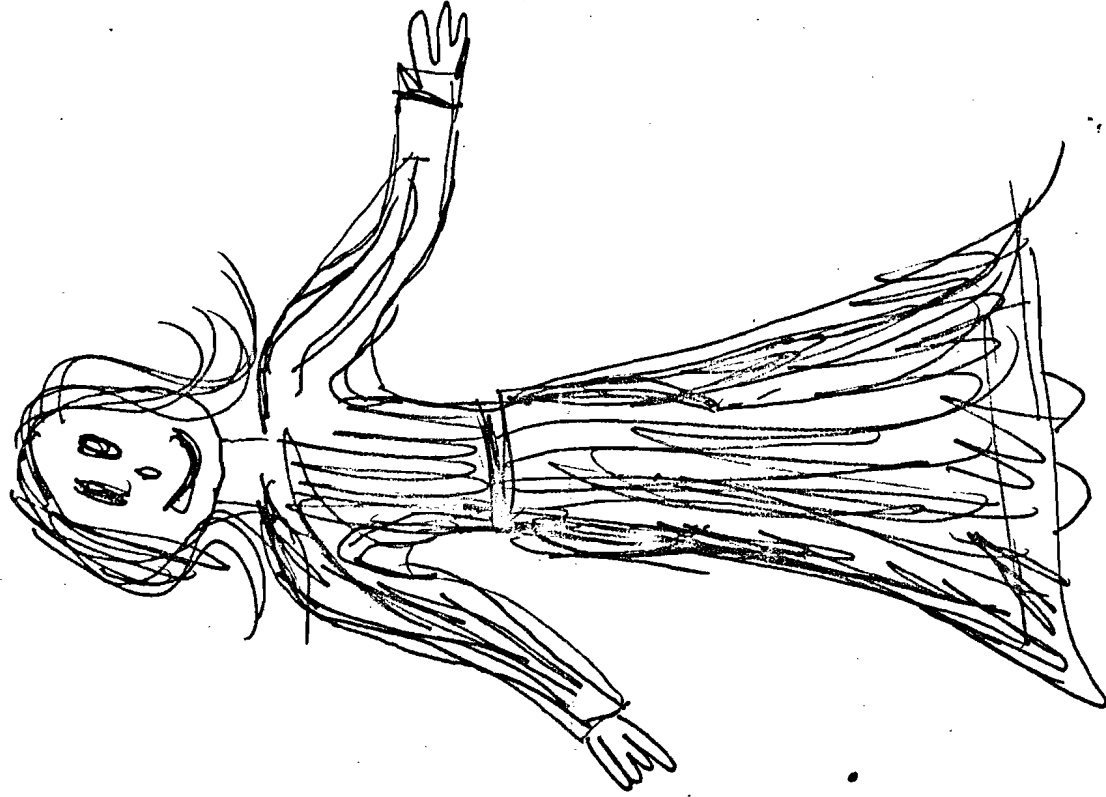
2



~~SECRET~~

SUBJECT # 4  
SECOND DRAWING

51



Evaluation

List any insights gained from this group experience:

I liked getting better in touch with my body, and finding the places I hold tension. I realized that I am still uncomfortable with doing movements with another person who I don't know well.

What did you find valuable:

List any disappointments or negative aspects:

I wish it had a little more structure.

Would you consider continuing with this group?:

I would like to continue with such a group.

Other comments:

SUBJECT #5

Tennessee Self Concept Scale

This subject's total positive scores were quite low on the first test, but showed an increase on the retest. The greatest increase was in the category of Family Self, Column D.

Self Image Drawings

The reliability on the before drawing was .63 and the after .81.

Ratings on a Scale of 1 to 7

<u>Rater Mean Before</u>	<u>Rater Mean After</u>	<u>Difference</u>	
2.75	2.75	-0-	Whole Body: Bound → Free
2.5	3.	+ .5	Static → Moving
2.75	3.5	+ .75	Weak → Strong
3.25	2.75	- .5	Distorted Body Align. → Balanced Body Align.
2.5	4.75	+2.25	Vague → Defined
2.	4.5	+2.5	Parts of Body: Vague → Defined Arms
1.	3.25	+2.25	Hands
1.75	2.5	+ .75	Legs
1.75	3.	+1.25	Feet
2.5	3.5	+1.	Torso

Note: The second drawing is much more defined than the first and seems to correspond to some of the subject's statements in the evaluation.

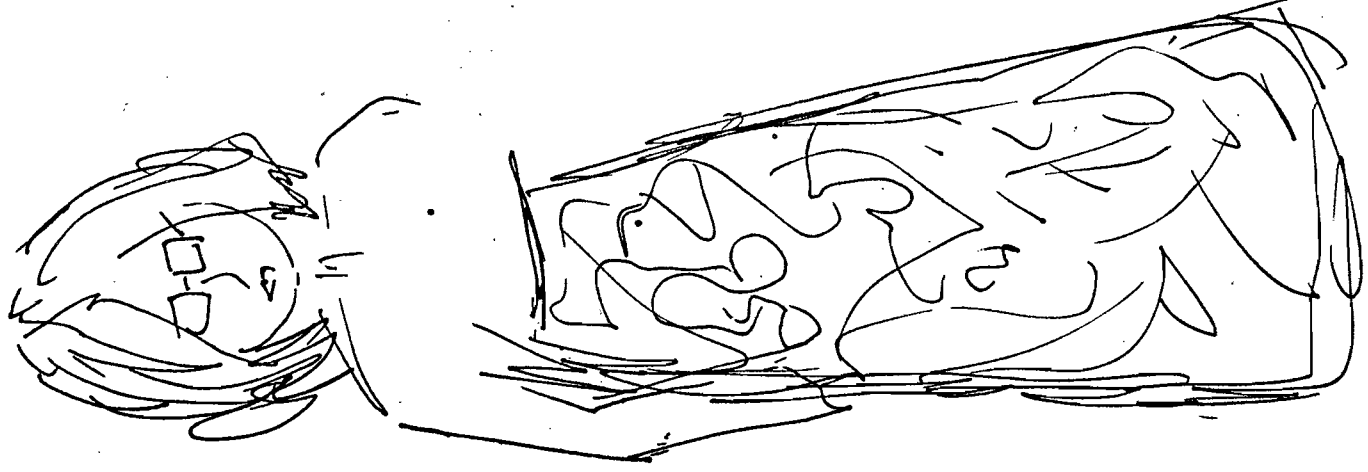
--- 6/19/74

NAME		SCHOOL GRADE	SEX	AGE	DATE	TIME STARTED	TIME FINISHED	TOTAL TIME								
Subject # 5			M		8/7/74											
T SCORE	PERCENTILE SCORES	SELF CRITICISM	POSITIVE SCORES (SELF ESTEEM)								VARIABILITY			D	T SCORE	
			TOTAL	ROW 1	ROW 2	ROW 3	COL. A	COL. B	COL. C	COL. D	COL. E	TOTAL	COL. TOTAL			ROW TOTAL
			Self Esteem	Identity	Self Satisf	Behavior	Physical	Moral Ethical	Personal	Family	Social					
90	99.99	50	440	150	145	145	150	145	85	90	90	110	70	45	200	90
80	99.9		430		140	140						105	65	40	195	80
	99		420		135	140						90	55	35	190	
70			410	145	130	135						85	50	30	185	70
	95		400		125	130	85	85				80	45		180	
	90	45	390	140	120	130	80	80				75	40	30	175	
60	80		380		115	125	80	80				70	35	25	170	60
	70	40	370	135	110	120	75	75				65	30	20	165	
	60		360		105	115	70	70				60	25	15	160	
50	50	35	350	125	100	110	65	65				55	20	10	155	50
	40		340		95	105	60	60				50	15	5	150	
	30	30	330	120	90	100	55	55				45	10		145	
40	20		320		85	95	50	50				40	5		140	40
	10	25	310	115	80	90	45	45				35			135	
	5		300		75	85	40	40				30			130	
30		20	290	105	70	80	35	35				25		10	125	30
	1		280		65	75	30	30				20			120	
		15	270	95	60	70	25	25				15			115	
20	0.1		260		55	65	20	20				10			110	20
			250	100	50	60	15	15				5			105	
			240		45	55	10	10				0			100	
			230	90	40	50	5	5				0			95	
10	0.01	10	220		35	45	0	0				0			90	10
			210	85	30	40	0	0				0			85	
			200		25	35	0	0				0			80	
			190	80	20	30	0	0				0			75	
			180		15	25	0	0				0			70	
			170	75	10	20	0	0				0			65	
			160		5	15	0	0				0			60	
			150	70	0	10	0	0				0			55	
				65	0	5	0	0				0			50	
				60	0	0	0	0				0			45	

SUBJECT # 5  
FIRST DRAWING

55

3

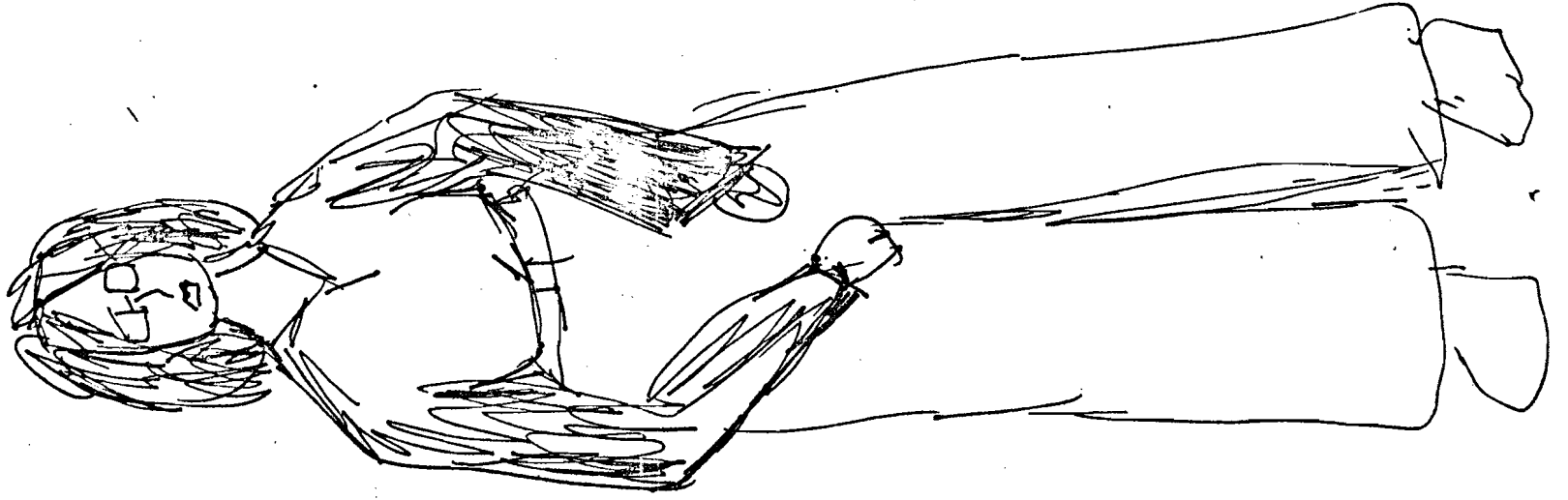




7

SUBJECT # 5

SECOND DRAWING



~~CONFIDENTIAL~~

Evaluation

List any insights gained from this group experience:

I am interested in consciously expressing myself in bodily movement, which is something I have discovered in this group.

I like being in touch with my body, in tune with its capacity for movement and expression. I also learned I think to share more of myself with others and to be more receptive to them.

Instead of turning all of my energy inward I let some of it flow outward and I liked it.

What did you find valuable:

I found the discussions to be helpful. Some exercises put me more in tune with myself than others.

List any disappointments or negative aspects:

Would you consider continuing with this group?:

yes or in some other kind of group based on expression through movement.

Other comments:

## SUBJECT #6

Tennessee Self Concept Scale

This was the only subject with positive scores all above the 50th percentile. There is very little difference in the retest profile.

Self Image Drawings

The reliability on the before drawing was .85 and on the after .93.

Ratings on a Scale of 1 to 7

<u>Rater Mean Before</u>	<u>Rater Mean After</u>	<u>Difference</u>	
4.75	6.25	+1.5	Whole Body: Bound → Free
2.75	3.75	+1.	Static → Moving
4.	5.	+1.	Weak → Strong
5.75	4.25	-1.5	Distorted Body Align. → Balanced Body Align.
6.5	4.25	-2.25	Vague → Defined
4.25	1.25	-3.	Parts of Body: Vague → Defined Arms
4.25	1.	-3.25	Hands
4.5	5.	+ .5	Legs
3.75	2.75	-1.	Feet
6.5	3.75	-2.75	Torso

Note: The second drawing is quite stylized and symbolic which could account for the decrease in rating scores.



6

SUBJECT # 6

FIRST DRAWING

60

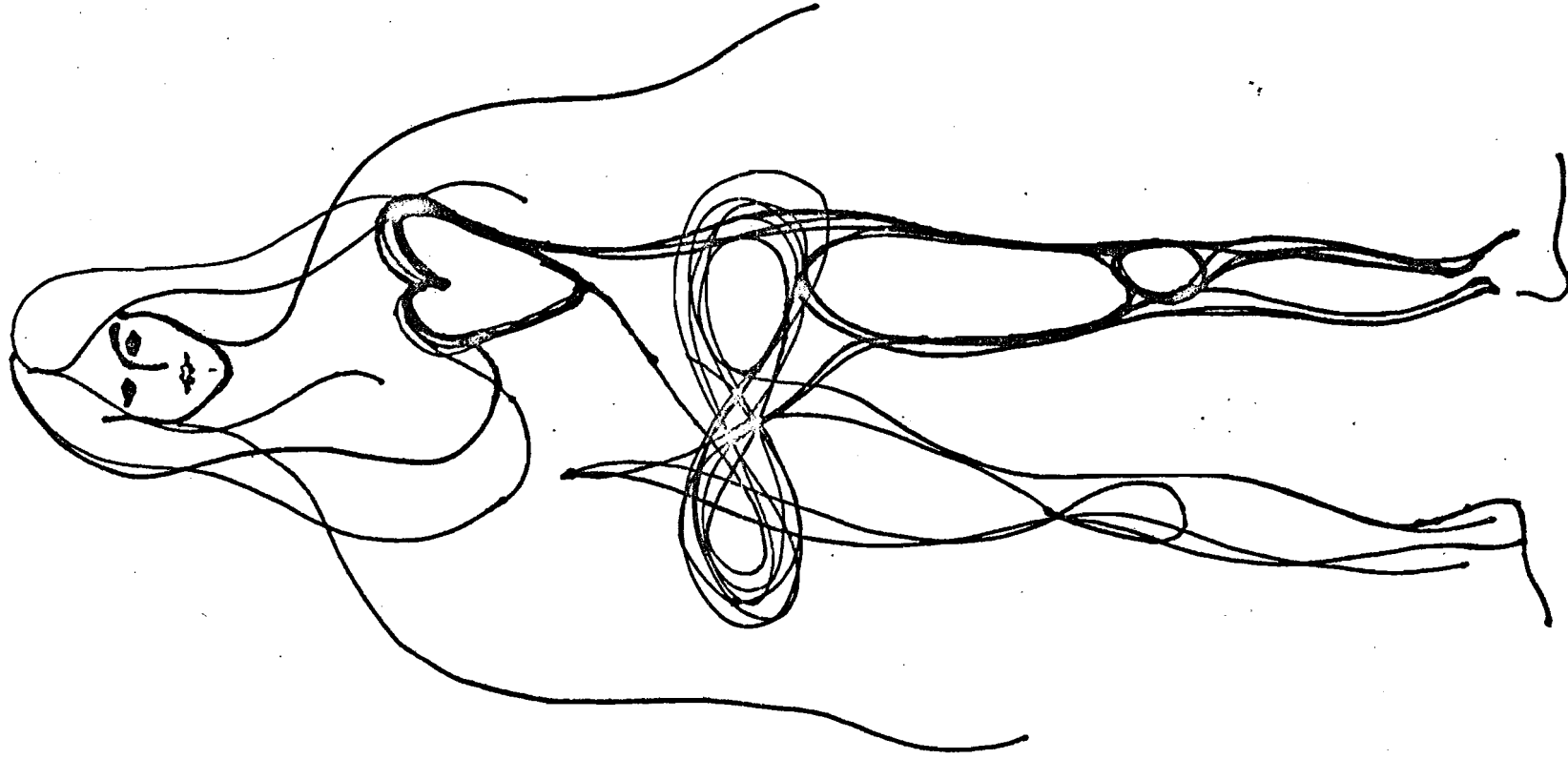
6



SUBJECT # 6

61

SECOND DRAWING



61

Evaluation

List any insights gained from this group experience:

1. how I walk and make contact with the ground
2. watching others move and seeing how they are different.

What did you find valuable:

talking, reflecting after moving. moving slowly.

List any disappointments or negative aspects:

I would still like to watch each person move alone and have my turn.

Would you consider continuing with this group?:

yes

Other comments:

## Bibliography

American Dance Therapy Association, Columbia, Maryland

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