INTRODUCTION

In 1974 I coined the term "movement psychotherapy" to refer to a form of therapy that integrates movement, imagery, and verbalization through a single unified process and where the practitioner is formally trained as a dance-movement therapist as well as a psychotherapist (Dosamantes-Alperson, 1974, 1976, 1980a). Because the type of movement psychotherapy I practice is closely related to Gendlin's experiential philosophy and theory, it is referred to as "Experiential Movement Psychotherapy" (Gendlin, 1973).

Distinctive features that characterize the experiential approach to movement psychotherapy are: (a) the emphasis given to the use of movement as a medium of experience, expression, and communication; (b) the importance assigned to the client's derivation of personal meanings from nonverbal experiencing; (c) the acceptance of a somato-psychic view of client resistance that encompasses both blocks in the expression of overt body movement as well as breaks in the flow of the client's own subjective experiencing; and (d) the consideration given by the therapist to the evolving psychodynamics engendered by the movement process itself as well as to the nature of the ongoing therapeutic relationship (Dosamantes-Alperson, 1980a).

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In this presentation I will describe and illustrate several procedures I have evolved to facilitate my clients' derivation of personal meaning from the step-by-step tracking of their bodily-felt experiencing and its transformation into kinetic images and verbal associations. The term "kinetic image" will be used in this presentation to denote images that are produced from body movement experiences or that occur simultaneously with body movement.

FOCUSBING ON BODILY-FELT EXPERIENCE

Knowledge of how one is feeling at any given moment in time can only be obtained from actual contact with and experience of one's body-self. The term "body-self" refers to the totality of what is experienced kinesthetically, emotionally, and cognitively when one attends to the sense of one's physical self (Dosamantes-Alperson, 1980b).

According to Jourard (1974) a reduction in our somatic perception results in our inability to detect physically and psychologically de-vitalizing situations and relationships that eventually cause us to sicken. A consistent finding of outcome psychotherapy research, supportive of Jourard's contention, is that clients who are able to tune in to bodily-felt experiencing at the outset of therapy are also most likely to benefit from psychotherapy (Gendlin et al., 1968). It appears, therefore, that a high degree of somatic perception is important for the accurate appraisal of the effects of our environment upon us.

I have developed a procedure, "body-focusing", that helps to increase a person's body-self awareness and feeling reactivity (Dosamantes-Alperson & Merrill, 1980). Body-focusing involves a process of inward-attending to emergent sensations, incipient body movements, and images. It entails: (a) scanning (relaxed attention is paid to all sensations); (b) discriminate sensing (sensations are labeled and assessed in terms of their physical as well as their affective intensity); (c) affective selecting (the most predominantly affective percepts are singled out for more focused attention); and (d) transforming (images are generated from these affectively-charged stimuli).

In body-focusing clients are first taught to relax through a modified version of Jacobson's (1970) self-operations control method. This type of relaxation is of value because it is not dependent on external biofeedback machines for its tension reducing effects and because it seems to induce in clients a greater receptivity to sensory and kinesthetic cues.

Subsequent to this relaxation procedure and while clients are still lying down with their eyes shut, their attention is drawn to the total sense of their bodies along a comfort-discomfort continuum. Following this global assessment, their attention is drawn to distinctive parts of their bodies, one at a time. As clients begin to focus