Susanne Bender

The meaning of movement rhythm in psychotherapy

Abstract

Movement is everywhere even in verbal psychotherapies. The client and the therapist are gesticulating, changing the sitting position, shaking hands, etc. Most movement reveals certain rhythmic patterns which are related to developmental phases in the first six years of life. Ten rhythms, observed and categorised by Judith Kestenberg, a child psychoanalyst, will be introduced and their psychophysical implications are discussed.

Key Words: Movement, Tension Flow Rhythms, Developmental Psychology

When we think about movement we imagine somebody playing football, running in the park, or dancing. But movement is everywhere. The way we walk, the way we drink a cup of coffee, how we hug a person, each is a very personal movement and it contains our character. In order to carry out a movement, we must change the level of muscle tension. Muscles need to tense but also to relax depending on what we want to accomplish. With our empathy we pick up the muscle tension of another person by also tensing up our muscles (Rizzolatti & Craighero, 2004). Muscles can tense or relax in different rhythms. The child tenses up the body in order to climb up a chair and then relaxes the muscles when he sits on the chair. Two people eat a sweet and yet they both move the sweet in different rhythms in their mouths.

In 1962 Judith Kestenberg, a child psychoanalyst with a background in neurology, and a group of researchers in child psychiatry and movement began a long-term research project to understand the connection between mind and body and to put it into a theoretical framework. Kestenberg studied with Warren Lamb (1979, 2012) the co-worker of Rudolf Laban. In the first part of the 20th century Laban (1966) developed a movement analysis theory which is widely used in dance, physical education, dance therapy, and related fields. Kestenberg's intensive observation of children of all ages extended Laban's theory more into developmental aspects. The result of this research is the Kestenberg Movement Profile (KMP) (Kestenberg Amighi, Lewis, Loman, & Sossin, 1999).

This paper will introduce one category of the KMP – the tension flow rhythms. To watch some examples in children, go to: http://www.kestenbergmovementprofile.org/video.htm

1 Free and Bound Flow

Muscles are arranged in pairs that act in opposition to each other. A muscle contracts to initiate movement and its counteracting partner, the antagonist, tenses to a greater or lesser extent to regulate the movement. When a muscle contracts and there is little opposition by the antagonist muscle, the movement of the body flows easily or *freely.* Unrestrained movement, such as an arm swing or shaking out, uses free tension flow. With a minimal contraction of the antagonist muscles the movement is unfettered, the body moves in free flow and the energy flows out of the body as we can observe in a swing, shaking out, or smashing into something. However, the more the paired antagonist muscle contracts in order to limit the action of the agonist, the more the movement is restrained and controlled and has the quality of *bound tension flow.* With a strong contraction of the antagonist muscles the movement is in bound flow and controlled as we see in picking up a glass, pressing against something, marching, or any other controlled movement (Laban, 1966; Bender, 2014).

2 Attunement, Clashing and Repair

"Complete attunement is based on mutual empathy … a sameness of needs and responses, but also a synchronization in rhythms." (Kestenberg, 1975, S. 161)

Attuning to or sharing the same tension flow rhythm creates the foundation for *empathy* and communication (Bender, 2014). If a client does not have a feeling of empathy from the therapist, there will be no psychotherapeutic relationship and there will be no change in the client. Therefore, attunement to the tension flow rhythms is crucial for the psychotherapeutic relationship.

But extreme attunement circumvents the development of independence. Attachment theory has pointed out the importance of a good bonding as a prognosis for future ability to cope and interrelate with others (Bowlby, 1977; Ainsworth, 1973). However, complete blending of self and other is not always helpful for the development of a child or a client (Kestenberg, 1975). Overly intuitive mothers have a high ability to regress to early rhythms both empathetically and in movement. This may be an asset with the young child but is irresponsible with older children who may have difficulties in doing things on their own.

We also might observe a high degree of attunement in a baby, who is more people-focused than need-centred. From early on, such a child is capable of adjusting to the needs of the parents. He or she observes the caregiver's facial expression and feels changes in the body tension. Some research suggests that mothers will encourage this behaviour more in their daughters than in their sons (Jordan, Kalpan, Miller, Stiver, & Surrey, 1991).

No matter how hard a caregiver or a therapist tries, there are periods when the rhythmic patterns of individuals clash. The clashing of rhythms indicates differentiation between self and other. Whenever separation and differentiation is needed clashing rhythmic patterns support this development. Recoveries from a clashing pattern into attunement reinforces the dyad's confi-

dence that they can re-establish attunement and repair conflicts (Kestenberg Amighi et al. 1999). However, when clashing patterns between mother and child or therapist and client predominate, this creates dysfunctional patterns both in relationships with people and the material world. If a child does not experience enough attunement and mirroring in the tension flow rhythms the feeling of being wrong can persist throughout life.

3 The Tension Flow Rhythms

Kestenberg discovered the rhythmicity of muscle tension by observing children while at the same time letting a pencil draw a line on a piece of paper. These lines look similar to EEG lines. She then realized that children of certain ages show similar tension flow patterns. Kestenberg discovered that particular tension flow rhythms typically originate from specific body zones and are associated with specific biological functions. Throughout development they spread from the zone of origin to all parts of the body. In accordance with the psychoanalytic theory, Kestenberg related these rhythms to the oral, anal, urethral, inner genital, and outer genital body zones with their related psychological issues. These basic five phases are each divided into a libidinal and an aggressive rhythm. The latter one supports the separation from that phase and helps to move into the next stage. Although all rhythms can be observed from birth on – even foetal movement reveals these rhythms (Loman, 1992) – and stay throughout life, certain rhythmic patterns can be observed more in different developmental phases and can later be observed when a person reveals his or her predominant needs (Kestenberg, 1977; Kestenberg & Sossin, 1979; Kestenberg Amighi et al. 1999).

These tension flow rhythms offer an important insight into developmental and personal issues. Since movement happens all the time it is useful to see these movement patterns in a psychotherapeutic setting. It enables the psychotherapist to gather nonverbal information, which is sometimes even unconscious to the client.

3.1 Oral stage

3.1.1 The Sucking Rhythm (oral libidinal)

Characteristics of sucking:
- originates in the oral cavity, the lips, the inside of cheeks, and the tongue
- soft, small, steady alterations from bound to free flow in a heartbeat frequency
- monotonous quality
- Just as the child is still in a timeless existence, the rhythm is also timeless.

Fig. 1: The sucking rhythm
(Image courtesy of patrisyu at FreeDigitalPhotos.net)

In the first six months of life the infant is predominantly focused on sucking on the breast in a steady rhythm of taking in the milk. This rhythm is not only used for taking in food but also for soothing, tender caressing, nodding and swinging. It is a symbiotic rhythm and serves for attunement to others, as when the client is telling his or her story and the therapist softly nods the head without saying anything. Oral rhythms spread through the body and reflect and reinforce the urge to take-in, incorporate, and find support. In adults this rhythm is frequently seen by caressing the leg or the face when listening, nodding with the head, or softly tipping the finger. A high preference for this rhythm is an expression of neediness. These people are also curious, they want to explore new things or information, they take in new ideas but very uncritically. They like to adjust to other people, are rather dependent, and like to regress (Bender, 2014).

It is the rhythm of **incorporation.**

3.1.2 The Biting Rhythm (oral aggressive)

Characteristics of biting:
- originates in the oral cavity, the lips, the inside of cheeks, and the tongue
- tapping-like, small, steady alterations from bound to free flow in a heartbeat frequency
- sharper transitions than the sucking rhythm.
- Just as the child is still in a timeless existence, the rhythm is also timeless.

Fig. 2: Biting rhythm
(*Image courtesy of Serge Bertasius Photography at FreeDigitalPhotos.net)*

This rhythm develops with teething in the second half of the first year of life. The mouth, which has been a place of pleasure now becomes a source of pain as well. Babies find relief from pain by biting on objects. Babies often use the biting rhythm in softly clapping, scratching or rocking.

The biting rhythm is an aggressive, fighting rhythm. It still functions as a rhythm of incorporation but the individual processes what has been incorporated by cutting and breaking it down. Cognitively, the biting rhythm supports delineation and differentiation. People with a preference for the biting rhythm may be eager to take in new information or experience, but tend to respond in a critical manner. In the relationship context the biting rhythm promotes separation, i.e. patting somebody on the back after a hug in order to initiate separation. It is used to separate, to cut through, and to differentiate. The baby learns to differentiate between his or herself and the mother by patting both bodies.

In adults we see this rhythm when they tap on the table, sharply nod the head, or tap with a pen in a steady, timeless fashion while listening. Clients who reveal this rhythm quite frequently like to take in new information but in a critical way, differentiating themselves from the therapist's opinion and from other information. They have a „biting" humour and always provide critical perspectives (Bender, 2014; Kestenberg Amighi, Lewis, Loman, & Sossin, 1999).

It is the rhythm of **separation.**

1.1.3 Oral Rhythms – I need you – Neediness and Separation

The oral sucking rhythm satisfies the need for attachment with other people in a deep manner, however has in its repetitiveness something dull. This can lead to the importance of this rhythm being underestimated in the therapeutic setting.

The psychotherapist explains to the traumatized patient symptoms of PTSD. The patient nods in a sucking rhythm. The therapist is afraid that the patient might be bored and finishes the explanations quickly.

By thorough observation the therapist will recognise when the client changes to a biting rhythm and initiates therefore the separation. The therapist might follow the client by finishing the subject and giving more distance by leaning back or moving the head backwards a little bit. This gives the permission to loosen the connection. But the therapist remains in an open position to give the client the freedom to reconnect at any moment. Movements in the oral rhythms are simple (nodding, caressing the hand) and often repetitive over a longer period of time, thereby giving the clients the safety they need.

If a person wards off feelings of neediness by a low quantity of oral rhythms, usually he also reveals a high level of muscle tension to control these early feelings. Only if the person is able to experience that needs are not "dangerous", will she get involved in the oral rhythms, and the high level of muscle tension decreases.

Oral issues can manifest themselves psychosomatically in all organs which deal with intake (mouth, stomach, skin, senses).

3.2 Anal stage

3.2.1 The Twisting Rhythm (anal libidinal)

Characteristics of twisting:
- originates in the anal sphincter and the twisting movement of the bowel
- small adjustments in intensity
- offering little stability
- twisting movement within a joint

Fig. 3: Twisting rhythm
(Image courtesy of photostock at FreeDigitalPhotos.net)

At about nine or ten months of age we see the child change from laying to sitting up, from sitting to crawling. The flexibility and twisting of the spine is now practised. The infant twists out of the lap of the caregiver to sit on the floor and explore the world. Verticality offers a new perspective on life and offers the child a different relationship to gravity. The twisting rhythm is an initiator of play. The fussiness of the teething disappears and the smiling, playful, teasing charmer comes out (Kestenberg, 1975). Gradually, the twisting rhythm spreads from the lower spine to the rest of the body and we see twisting wrists, feet, and head. The child enjoys playing with soft, messy things (Bender, 2014; Kestenberg Amighi et al. 1999).
Adults reveal this rhythm by twisting pens, hair, beards, rings, etc. It is to be found when people want to avoid conflicts, as they want to deflect other people from their own position. But it is also a rhythm of humour, playfulness, irony, flirting, and charm. Clients who reveal this rhythm predominantly are usually friendly, charming, and flexible but it is difficult for the therapist to nail them down to one opinion or position. They are able to avoid confrontation before the opponent has noticed it (Bender, 2014; Kestenberg Amighi, et al. 1999).

It is the rhythm of **avoidance.**

3.2.2 The Strain/Release Rhythm (anal aggressive)

Characteristics of strain/release:
- originates in the anal sphincter and the twisting movement of the bowel
- sudden tightening up of the muscles into bound flow, holding bound flow for a while in
- the same intensity, then abruptly letting go of the tension into free flow
- a long rhythm, the length of the holding of the intense tension can vary

Fig 4 Strain/release rhythm
(Image courtesy of stockimages at FreeDigitalPhotos.net)

The strain/release rhythm comes to the fore when the child is capable of a solid stand, usually around 18 months. It is used in active defecation and its mastery signifies a child's readiness for bowel control. The child learns the process of holding, pushing, and then letting go both in the physical and psychological sense. He is now able to give something away without wanting it back. The toddlers are pulling themselves up onto the chair, the stairs, and the caregiver. They practice verticality and hold onto things and to themselves, seeking stability, but may fall or sink down abruptly. The straining part helps the child gain stability. She gains a feeling of self-assurance while standing erect, and uses the strain/release rhythm to climb, push, march, or lift heavy objects and carry them around. The sensation of the weight of things and of his own body gives the child a sense of himself as somebody who can throw his weight around or refuses to be pushed around (Kestenberg, 1975). Feeling and understanding weight is an important component of the process of evaluation (What is more or less important?). The child practices stability, autonomy, organisation, confrontation, verticality, intentionality, and presentation – not always to the joy of the parents. The long holding part in this rhythm helps a person to concentrate. The child learns an inner organisation which helps her to develop a clearly structured and defined behaviour. In the releasing part of the rhythm the child can practice letting go of something or somebody. (Bender, 2014; Kestenberg Amighiet et al., 1999).
In clients we can see the strain/release rhythm often when they do not want to say something and press their lips together to control the words. Or they press their hands or an object in order

to control the release of feelings. This rhythm encourages assertiveness, strong will, stubbornness, a need for order, and the ability to concentrate. People who use predominantly the strain/release rhythm are often neat, well-organised, controlled, and sometimes controlling. They do not want to release feelings, thoughts, or ideas. They find it easy to concentrate on a problem or issue and do not like distractions. They are fixed on an idea or principle. Their perception of the world is clear-cut and they are not easily influenced. They can remember events from the past well and can hold on to a secret easily. When somebody is not speaking truthfully we might observe this rhythm (Kestenberg Amighi, Lewis, Loman, & Sossin, 1999; Bender, 2014).

It is the rhythm of **autonomy**.

3.2.3 Anal Rhythms – Help me to do it myself – Playfullness and Autonomy

In both anal rhythms the child is practising ego development. If the development of autonomy was not consolidated, we sometimes see a lot of the next rhythm, the running/drifting rhythm, without any further development because the previous rhythms are not integrated. However, if a child is pushed too early into autonomy or this development was suppressed, we often observe the rigidity (in the knees, the back or the thinking) of the strain/release rhythm without the flexibility of the twisting rhythm. Only in the combination of both these rhythms we attain real autonomy. If somebody has to strictly stick to his point of view and must assert his ideas and desires without considering others, his self-awareness is very weak. He fears losing his point of view, as soon as he adapts to other views and ideas. If, however, the twisting rhythm is also integrated, the person can mentally adapt to a situation without losing himself (Bender, 2014). Because both anal rhythms are such an essential component of ego development, they should not be missed in therapy. If the therapist observes subconscious small movements in the twisting rhythm (as for example the twisting of the ring, or the twisting rubbing of the hands) he can mirror it to bring it to consciousness and investigate it. What is the person trying to avoid? The practising phase of the individuation process (Mahler, Pine, & Bergman, 1975) appears if a client whines a lot in an almost tearful voice and describes many ambivalent situations (twisting rhythm). The therapist can support the process by inviting the client to press the hands together and to explore the pressing and letting go of the strain/release rhythm.

The strain/release rhythm is often seen as a subconscious movement. The therapist can observe lips being pressed together, fingers mutually being pushed or a hand being pressed on the leg. What is it that the client wants to keep to himself? How does he want to experience autonomy?

> The client talks about the difficult relationship with her mother. The therapist observes that she is pressing (strain/release rhythm) her hands together while she talks. Instead of making any verbal interventions the therapist lets the client explore different ways of dealing with her mother. In couple's therapy the therapist asks the couple whether a separation has ever been discussed and is an option. While the woman talks about their discussions the husband presses his lips together (strain/release rhythm). Since the therapist has noticed this small movement she will not go on with questions about the separation

because she knows that the husband will not answer honestly.
Anal issues can manifest themselves psychosomatically in all organs of digestion (stomach, intestine, anus) but also the spine and the knees which assure stability.

3. Urethral stage

3.3.1 The Running/Drifting Rhythm (urethral libidinal)

Characteristics of twisting:
- originates in the bladder and the urethra opening
- very gradual increase or decrease of muscle tension with low intensity of mostly free flow
- the rhythm of passive urination

Fig. 5: Running/drifting rhythm
(Image courtesy of Gualberto107 at FreeDigitalPhotos.net)

In the third year the child has accomplished the solid standing and walking and starts now with the exploration of running. She needs to integrate mobility into her self-perception and therefore runs through the room in a fluid way without any clear start or stop. She dribbles, dawdles, and wanders aimlessly without boundaries. The two-year-old bubbles with ideas and words and can flow over, speaking in running-on sentences that replicate his running-on mobility. At that age children find it hard to stop running. They enjoy falling on a big mattress and melting into it. Speeding up or slowing down without really finding an end are typical of this phase. Letting go also appears in the enthusiasm of the children for playing with water or sand and pouring it from one vessel into another. They like to observe how water, rice or sand fits in and spills over containers. The children experiment with time and run faster and faster until they lose control. They run around aimlessly. Conflicts with caregivers centre around time. The adult who is in a hurry has to deal with a child that dawdles and delays and in the next moment runs out of the room. Children of this age still have toilet training accidents, and spill things over. This happens partly because they do not yet have sufficient muscle control and partly because they practise autonomy over timing. Stern (1985) points out that issues of autonomy stay throughout life (Bender, 2014; Kestenberg Amighi et al., 1999).

One sees in clients the running/drifting rhythm in talking "nineteen to the dozen" with little control. The therapist has a hard time cutting into the flow of words. The person counts more on others and needs limitations from the outside. But this rhythm also encourages a feeling of letting go, relaxing, drifting, and meandering. We see this rhythm, however, also in exhaustion. The client enters the room and sinks in a running/drifting rhythm heavily into the chair. In a depression movements are not chanelled clearly to an end, rather the energy flows out of the body without any direction. The running/drifting rhythm deals less with the running itself, but rather with the aimless flowing of energy. In the running/drifting rhythm it is difficult to keep focused on one goal or on time limits. People with a predominance in this rhythm tend to move or think at their own pace in an unstructured fashion. They often drift about, lose or misplace things, and have accidents. They are rarely on time. These people have no problem with the brainstorming of ideas, but no interest or attention on the implementation because they become inspired yet again by a new idea. Although they can initiate something, they are not capable of bringing it to a successful end. They love to let their thoughts run freely and therefore often drift off the subject. Later they do not know how they lost the thread.
If a person shows very little running/drifting rhythm, this suggests an aversion or defence against the possibility of being passive, of letting go boundlessly and simply surrendering to events with relish. Usually this becomes apparent when a person rejects any kind of massage or relaxation or only endures it with high tension.
Difficulties in reaching an orgasm often reveal an inability to indulge in the running/drifting rhythm. Therefore, every attempt "to work" on the orgasm is bound to fail.

It is the rhythm of **letting go.**

3.3.2 The Starting/Stopping Rhythm (urethral aggressive)

Characteristics of starting/stopping:
- originates in the bladder, the pelvic floor muscles, and the urethra opening
- sharp transition into an abrupt stop of the movement
- the transition is short, sharp and abrupt
- the rhythm of active urination

Fig. 6: Starting/stopping rhythm
(Image courtesy of David Castillo Dominici at FreeDigitalPhotos.net)

At about two-and-a-half-years of age children gain more control over starting and stopping their movement and thus more control over urination. They now can stop their movement voluntarily and enjoy practicing it in games where they have to freeze the movement. They love rushing forward, turning the water tap or the light on and off. Coordinated running comes under greater control. By this age children can anticipate their needs. They have a short attention span, are interested in going here and there and interrupt themselves and others with impatience.
But the mastering of time allows children to anticipate and mentally organise events which enables them to wait for what will happen next. In the oral stage (sucking and biting rhythm) the child learns the concept that an object is likely to be where it was last seen (object constancy in *space*). In the anal stage (twisting and strain/release rhythm) the child discovers that objects have weight and mass which remain consistent (object constancy of *weight*). The starting/stopping rhythm supports the development of object constancy in *time*. The child is now able to conceptualize that an object or a person keeps an identity over time, even if it is no longer in its place. Thus, a child in his third year can anticipate a parent's return and therefore more easily accept a caregiver's absence. The developmental tasks of the urethral phase are the ability to anticipate, plan, and make decisions. This is the foundation for carrying out operations (Mahler, Pine, & Bergman, 1975; Kestenberg, 1975; Kestenberg Amighi, Lewis, Loman, & Sossin, 1999).
A client who shows the starting/stopping rhythm predominantly (wiggle with the legs or beat nervously the pen) expresses the wish to stop and/or change the situation. He quickly becomes impatient and constantly interrupts the therapist, particularly if he thinks the therapist is taking too long. If he does not feel he has the right to stop the therapist the starting/stopping rhythm still manifests in body parts even if he sits quietly and says nothing. He tends to be a doer who is often goal-oriented, ambitious, and competitive. He has little time for relaxed social interaction. The person rushes from one activity to another without necessarily finishing one before starting the next. (Bender, 2014; Kestenberg Amighi et al., 1999).
The starting/stopping rhythm does not promote a well-structured organisation. It needs the strain/release rhythm to structure activities. Self-confidence is drawn from the success to initiate something, to carry it out, and to finish it (Bender, 2014; Kestenberg Amighi et al., 1999). It reflects …"an energetic involvement with diverse aspects of the world" (Erikson, Erikson, & Kivnick, 1986, S. 173).

It is the rhythm or **interruption**.

3.3.3 Urethral Rhythms – Let me and limit me – Letting go and Stopping

Urethral rhythms are necessary to start a project or a plan and also to finish it. People who cannot finalise projects (or relationships) lack the starting/stopping rhythm. Both urethral rhythms serve the pleasure regulation. With the running/drifting rhythm the therapist invites the client to let go of things, feelings, emotions, and needs and to enjoy life. Yet, without the starting/stopping rhythm the client does not find an end. We see this phenomenon in all kinds of

addictions. The alcoholic man goes into the pub with the intention of having a quick beer but he is not able to stop after one beer. The obese woman opens the chocolate with the strong intention to just eat one piece of chocolate. She cannot set a stop and eats the whole chocolate. The youngster addicted to computer games decides to stop after the game is finished but will make the same decision at the beginning of the next game…
Also in spirals of violence both rhythms can be observed and the starting/stopping rhythm is not performed at the appropriate time. Both partners let the abusive words flow out of their mouth and neither is able to put an end to it.
Particularly the running/drifting rhythm is about letting things and incidents happen. With the help of this rhythm a person gets involved in something without knowing beforehand what might happen. She is in a timeless feeling. Ideas and feelings pour out of her. If a client repulses the running/drifting rhythm, she might have grown up in an environment where she never could just allow herself to be, but instead only work is appreciated. Any relaxation – which correlates wonderfully with this rhythm – was either not allowed or was punished. Any day dreaming was called a waste of time.
If a client remains in the running/drifting rhythm (as in compulsive behaviour) and talks and acts again and again in the same way she has no access to the urethral aggressive starting/stopping rhythm. She is in free flow without taking charge of her life and making decisions.
Crying is also a letting go of tears and feelings and is a running/drifting rhythm.
The flow of life is deeply shattered by a traumatic experience. Therefore, we can see post-traumatic reactions as being caught in the urethral rhythms. This can appear on the one hand in an overflowing of feelings (running/drifting) often manifested in non-stop talking or on the other hand by frequent abrupt starting/stopping rhythms which cut off any process immediately (Bender, 2014).

3.4 Inner genital stage

3.4.1 The Swaying Rhythm – inner genital libidinal

Characteristics of swaying:
- originates in the genitals: the inner vagina and uterus in females and prostate and tunica dartos (scrotum cover) in males
- wave-like contractions of gradually increasing and decreasing intensity
- swinging movement like in a waltz
- similar to the sucking rhythms but more gradual in increase and decrease (slow caressing of the skin)

Fig. 7: Swaying rhythm
(Image courtesy of khunaspix at FreeDigitalPhotos.net)

The three-year-old child has to transition from being a baby, a toddler to becoming a „big" girl or boy. He or she already knows a lot about the world, language acquisition is increasing radically. Now it is time to develop a more coherent sense of self with a capacity for more inwardly focused perceptions. The child holds a doll or a toy and rocks it back and forth while singing a song. Kestenberg first thought that this phase occurred exclusively in girls. More thorough observations revealed that boys also experience inner genital sensations and are involved in phase-related behaviour (Kestenberg Amighi, Lewis, Loman, & Sossin, 1999). While the child has turned more outward in the previous urethral phase, now she turns increasingly to her body and shows special interest in the inside of the body. Pregnancy is of great interest. The inner sensations he or she experiences may become associated with feelings of love for self and other. But also fear of monsters and interest in death are related to the appearance and disappearance of inner sensations and promote the surge for creativity. The typical behaviour at this age is the feeding of animals and dolls. If not counteracted by social gender prejudice, the inner genital phase creates the foundations for paternality and maternality and more generally, a nurturing emphasis towards others. (Kestenberg Amighi et al., 1999). Children of this age are fascinated by containers into which they can put or hide objects. This phase is especially important for the development of identity, in regard to gender as well as in regard to the entire person. In order to develop this identity, the child must play undisturbed with himself. Children of this age love to hide objects, they have secrets, develop imagination, internal pictures, and imaginative play. They build caves and do not allow any adult to get in.

Also at this age the child learns to lie. Between the ages of two to three, children start lying more or less successfully when they break established rules (Evans & Lee, 2013). When children are five years old they are quite able to lie successfully to others (Lewis, 1993) because they have developed a "theory of mind", the intuitive understanding of one's own and other people's minds or mental states – including thoughts, beliefs, perceptions, knowledge, intentions, desires, and emotions – and of how those mental states influence behaviour (Premack

& Woodruff, 1978). The ability to imagine the inside of another person is crucial for further relational development.

Many modern, engaged parents do not give the necessary retreat to their children in this phase. Either affectionately or controlling they want to know constantly what the child is playing. They disturb the child's internal process of identity development. As a result, when the child becomes an adult, she does not know what to do without outside impulses.

This long rhythm supports the integration of various impulses and needs associated with the past, present, and future. In the therapeutic setting the therapist may not fall for the hidden persuasion to make suggestions, but leaves the client "alone", looking quietly at her with a long nodding of the head, so that she can find her own internal impulses again. Too much intervention would be completely contraindicated here.

In adults we see the swaying rhythm in gliding over the hair or beard, rocking back and forth, slowly nodding the head, letting the pen glide through the fingers while they "incubate" thoughts or feelings and weigh them warily. Just like in the oral rhythms the person takes in a lot, but now filters the information with previous experience and knowledge. The length of the rhythm supports the ability to integrate diverse ideas or unite conflicting, ambivalent views. The inside quality of the swaying rhythm encourages no urgency about completion, competition, or exhibition. If a client gets stuck in the swaying rhythm, he is caught in weighing different aspects of a decision without ever coming to a conclusion or action. He keeps his creativity to himself and does not go public (showing his pictures, publishing a book or article, giving a performance) with the argument that he is not good enough (yet). Many women have this trait. They have a lot of creative ideas and projects without ever exhibit them (Bender, 2014; Kestenberg Amighi, Lewis, Loman, & Sossin, 1999).

The swaying rhythm allows a person to accumulate different ideas, integrate differences, collect different point of views and establish and nourish relationships. Therefore, this rhythm can be observed a lot in therapists who want to encourage the client to reveal hidden personal issues without any pressure. At the same time, he weighs the information of the client with his theoretical background to get to an intervention. The client gets the feeling that he has time to sort out his thoughts and feelings (Bender, 2014).

It is the rhythm of **hatching.**

3.4.2 The Surging/Birthing Rhythm – inner genital aggressive

Characteristics of surging/birthing:
- originates in strong contractions of the uterus during childbirth
- very long rhythm
- wave-like very gradual building up of tension to high intensity and very gradual decrease of intensity

Fig. 8: Surging/birthing rhythm
(Image courtesy of David Castillo Dominici at FreeDigitalPhotos.net)

At the age of three-and-a-half to four years the child may experience intense contractions which are associated with strong stomach aches, a heartfelt long intensifying whining, and the pushing away of a no longer valued baby doll, toy, or parent. The child is becoming more aware of the difference between animated real life and unanimated dolls and toys with sometimes intense feelings of loss (Kestenberg Amighi et al., 1999).

The increase and decrease of intensity is similar to the strain/release rhythm yet here we see a graduality in the increase and decrease of muscle tension intensity. Kestenberg was able to observe this rhythm only rarely with children and it generally appears rather infrequently. During childbirth the tension increases gradually and the woman needs a lot of stamina to endure the tension of the pressing. When the child is born this tension only gradually leaves the body. The howl of sirens has the quality of a surging/birthing rhythm. This rhythm can be observed if a client feels the urge (and the consequent anxiety) to reveal something very personal, something which lies deeply inside of him or her. Thoughts, feelings, emotions, and sensations which have been gathered in the swaying rhythm now surge (often with pain) to the surface. Therefore, this is a common rhythm in psychotherapy if both the client and the therapist have reached a point of deep insight and revelation. It always marks the transition to a new awareness, the conclusion of something which was long inside the person and now blazes a trail to the outside (Bender, 2014).

The length and intensity of this rhythm supports the process of integration and organisation. Different aspects of the past can be integrated; different interests get connected. In daily life this rhythm is rarely present but when used alongside creative process, such rhythm supports projects which require perseverance to truly give birth to a new concept or structure, as for example finishing a dissertation, a choreography, or a creative work. The surging/birthing rhythm also supports any deep commitment with a long time in unfolding and evolving. However, this rhythm can also be overwhelming and suffocating. (Bender, 2014; Kestenberg Amighi et al., 1999).

I am concerned that this rhythm is becoming more and more lost in post-industrialised societies. Everything is expected to go easy and fast. If a project becomes difficult and troublesome,

more and more people surrender early and therefore deny themselves the experience of having gone through difficult phases from which something originates that they can be proud of.

It is the rhythm of **birthing**.

3.4.3 Inner genital rhythms – Accompany me – Weighing and Birthing

The developmental and psychological task of both inner genital rhythms, the swaying and the surging/birthing rhythm, is the integration of past experience in preparation for further maturation and growth. The rhythms support psycho-physical reproductive functions and their related emotions, feelings of love and nurturance.

Because the inner genital rhythms support inner-psychic exploration the therapist becomes "midwife" of the process. While the swaying rhythm appears in many movements, particularly in women, the surging/birthing rhythm means real "labour". The very gradual rising of the tension gives the therapist enough time to be the "midwife". She must proceed slowly, staying close to the client to provide security and protection. If this takes place in a group process, other group members often form a protective circle around the person who gets into the deep process. The therapist must have a good sense of her own strength to be able to support the intense process of the client. In such cathartic work it is important that the process is not prematurely cut off. Otherwise the process is incomplete. The therapist – like in a real birth process – is the supporter for perseverance.

> During the therapy session the process becomes too intense for the client and she runs out of the room. The therapist follows her because she feels and knows that an old pattern of running away would manifest itself if she allowed the client to leave although she expresses her wish to do so with vehemence. With some strength and against the statements and the protest of the client the therapist gets her back into the room so that they can finish the process. Years later, long after the end of the therapy, the client told the therapist that this had been the most important intervention in the entire therapy process.

If a client shows very few inner genital rhythms or has psychosomatic symptoms in the genital area it is helpful to investigate whether this person had little opportunities from early on to develop his own ideas, feelings, thoughts, and fantasies. With an intrusive care-giver who disturbed and controlled his activities all the time he might not have had enough time to be by himself and stay with his own process. Equally a very „striving" mother pulls out the child from his own activity by making suggestions all the time. She cannot see that the child is absorbed in his own world and does not need suggestions from the outside.

Considering that in Germany the prostate gland carcinoma is the most frequent tumour in men – with appr. 31,500 new illnesses per year (BSMO, 2016) – it might make sense to look not just at the risk factors but also at the inner genital issues of retreat and creativity. In the course of their lives many men become more and more focused on the outside and do not allow themselves to connect with their inner processes. A cancer illness catapults every person into an inside perspective.

3.5 Outer genital stage

3.5.1 The Jumping Rhythm – outer genital libidinal

Characteristics of jumping:
- originates in the contraction of the penis in boys and the clitoris in girls
- abrupt but smooth transitions often into high intensity of muscle tension
- body moves in a unit (like a bouncing ball)

Fig. 9: Jumping rhythm *(Image courtesy of chrisroll at FreeDigitalPhotos.net*

If children have gone through the rather inwards directed hatching and birthing phase, a foundation of ego-stability has developed and therefore, in the fifth year of life they again turn more and more to the outside. Their motor development is now well progressed, and it is a matter of conquering new terrain like cycling and such. The multi-dimensionality of space is explored increasingly. The world is investigated by hopping – no kerb, no landing is ignored to jump down from. The bed is converted into a trampoline, any excitement has to be expressed in hopping and jumping. In this respect it is not surprising that games like French skipping, jumping rope and hopscotch do not vanish. In this phase children still bump into things and into each other accidentally. They want to penetrate new domains with little control. But the smooth transition of the jumping reflects the pleasurable, non-aggressive quality of the movements.
The jumping rhythm also correlates with fluid mental organisation. Four-year-old children do not make strong distinctions and differentiations in their thought patterns, nor in their role play (Gesell, 1973). The abrupt changes in this rhythm are also reflected in quick mood swings. The child may fall from happiness into despondency but recuperate quickly into pleasure. The rhythm appears with excitement, while boasting and bubbling out new ideas. Children at this age like to exhibit what they are able to do. They are proud of themselves (tapping on the chest). They like to be on stage and want to be seen (Kestenberg Amighi, Lewis, Loman, & Sossin, 1999; Bender, 2014).

Clients with a predominant jumping rhythm express their thoughts and feelings with dynamic gestures, body movement. This rhythm is the dynamic behind abrupt and intense mood swings, or ideas which come with a sudden, intense flash of insight. They are outgoing, energetic, and like to show off. They can be intrusive and disruptive. However, because the abrupt transition from high to low intensity and back is round and soft the intrusiveness is not aggressive but often charming and enthusiastic. People with an abundant use of jumping rhythms show vulnerability if other do not share their enthusiasm (Kestenberg Amighi et al., 1999; Bender, 2014). Because North European cultures tolerate little exuberance in everyday life, people search out festivities (football match, carnival, Octoberfest) where they can express this enthusiasm.

It is the rhythm of **enthusiasm.**

3.5.2 The Spurting/Ramming Rhythm – outer genital aggressive

Characteristics of spurting/ramming:
- originates in the contraction of the penis in boys and the clitoris in girls
- abrupt sharp transition into high intensity of muscle tension and abrupt, sharp release
- the most aggressive and potentially violent rhythm
- differentiation of body parts

Fig. 10: Spurting/ramming rhythm
(Image courtesy of photostock at FreeDigitalPhotos.net)

In the sixth year of life, the movement becomes more sharply differentiated, purposeful, aggressive, penetrating, and focused. This spurting/ramming rhythm is used for aggressive hitting, jumping, and poking. At this age, children love to move and explore the space around them. They enjoy ramming deliberately into things and people (Kestenberg Amighi, Lewis, Loman, & Sossin, 1999).

These children, particularly boys, do not miss any opportunity to express this rhythm. In winter there are snowball fights, they bump into each other, karate kicks are imitated, they box and they shove. Merely letting the car drive is no fun anymore but it is driven with full verve against the wall. A six-year-old child walks peacefully along the street then absolutely abruptly must hit against a fence or a hedge. The preschool child cannot simply get up from the chair but must push it to the back. Winning and losing, and therefore competition, and clearly differentiated gender identity become an issue. If this rhythm finds no expression in suitable games but is suppressed by parents and teachers, it is expressed in socially less accepted forms (Bender, 2014).
In an adult we might see the spurting/ramming rhythm in hitting on a table, in a wipe away gesture, the firm touchdown of the chair, or the cheering in a football stadium. It produces explosive, aggressive, ballistic, and penetrating movements, often accompanied by an assertive attitude. This rhythm favours determination, forcefulness, and clarity. Interest is purposeful and focused. A person who prefers this rhythm may pursue a goal in a highly motivated fashion until it is finished, thereby having little consideration for others. The job must be dynamic at all times, he hates boredom. He takes a narcissistic pleasure in himself and his achievements. In the mental process we see sudden inspirations or insights which burst out with an urgent intensity. In many charismatic leaders a mixture of jumping and spurting/ramming rhythm can be observed. With both rhythms people get carried away (Kestenberg Amighi et al., 1999; Bender, 2014).

It is the rhythm of **explosion.**

3.5.3 Outer genital rhythms – Play with me – Enthusiasm and Pride

The outer genital rhythms give children the opportunity to express a narcissistic pleasure in themselves and their achievement. They both provoke externalization by expressing emotions and dynamic interactions. The developmental challenge of the outer genital phase is to blend divergent drives and clearly differentiate wants and needs.
Even if the inner genital rhythms (swaying and surging/birthing) are ascribed rather to the female and the outer genital rhythms (jumping and spurting/ramming) to the male sex, based on my own observations I can only support Kestenbergs statement (Kestenberg, 1975) that boys and girls first show few differences, but the preference is only very marginal. Only as they proceed through gender-related education do specific gender attitudes become stronger.
Most therapists do not reinforce outer genital rhythms. If a client expresses them by slapping on the leg (spurting/ramming) or gesticulating in a jumping rhythm, they try to „calm down" the client. Especially in verbal therapies we hardly find a therapist who expresses outer genital rhythms. The image of an appropriate therapist behaviour contains more of an inner genital quality no matter what sex he or she has.
But the jumping rhythm helps to release tension. Especially in the work with pre-school and primary school children the outer genital rhythms should be part of the therapeutic work. Kicking into the air and yelling out loud is not only fun but is also violence prevention.

Clients who grew up in violence have experienced the spurting/ramming rhythm only as a threat. In later life they either avoid this rhythm or identify with the offender by using it extensively. But such a limited perspective of this rhythm hinders the sense of one's own strength. Especially the starting/stopping rhythm has to be integrated so that the expression of strength in the spurting/ramming rhythm can be stopped at any time.

Tension Flow Rhythms

Body Region	Rhythm	Issues	Interpersonal Reference	Message
oral libidinal	sucking	incorporation – neediness, bonding	People are there to take care of me.	I need you.
oral aggressive	biting	separation, differentiation	People should be distinguished from each other.	I am different from you.
anal libidinal	twisting	avoidance, teasing	People are there to play with.	I want to play with you.
anal aggressive	strain/ release	autonomy, creating order	People are there to admire me or to challenge me.	I want to be challenged.
urethral libidinal	running/ drifting	letting go, relaxing	People are there to give me impulses.	I need your impulse.
urethral aggressive	starting/ stopping	interruption	People are there to be interrupted and to be diverted.	I want to stop you.
inner genital libidinal	swaying	incubation, creation	People are there to be supported.	Take care of me.
inner genital aggressive	surging/ birthing	birthing, internalisation	People are there to expect something from me.	I want you to help me to try hard.
outer genital libidinal	jumping	enthusiasm, externalisation	People are there to rub against, to strengthen me or to provoke them.	I want to inspire you.
outer genital aggressive	spurting/ ramming	explosion, attack	People are there to be conquered and defeated.	I want to conquer you.

One assumes that a well-balanced portion of all rhythms reflects a good integration of the psycho-physical issues, although even in adults both oral and anal rhythms still appear often (Kestenberg Amighi et al., 1999).

Should there be a marked imbalance in the distribution of the rhythms, it is a matter of exploring the psycho-physical components within the predominant or missing rhythms and the related time span in life. This will enable the client to integrate them for her internal balance.

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Correspondence address

Susanne Bender
Dance Therapist, M.A., BTD, ECP
Europäisches Zentrum für Tanztherapie
Geyerspergerstr. 25 | 80689 München
www.tanztherapie-zentrum.eu