

# The Moving Cycle: A Second Generation Dance/ Movement Therapy Form

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**Abstract** In the early 1980s, Christine Caldwell began developing a form of dance/movement therapy (DMT) she named the Moving Cycle. Premised on the notion that movement principles themselves could form the theoretical base and clinical strategies of healing, she began teaching this form to students at Naropa University in the 1980s, where training continues to this day. This article introduces the history as well as the theory and practice of this second generation form of DMT, and compares it to traditional forms of DMT. The article also centralizes the Moving Cycle’s valuing of precise movement sequencing, movement continuums, social justice, and the mapping of biological processes onto psychological states.

**Keywords** Dance/movement therapy · The Moving Cycle · Movement therapy · Body psychotherapy

## Introduction

As professional disciplines evolve, new sub-species can gradually emerge and diversify the landscape. The field of dance/movement therapy (DMT), now celebrating its 50th year, is ripe for this diversification, as a means of creatively occupying the 21st century psychotherapy landscape, with all its challenges and possibilities. Evolutionary law tells us that diverse populations are “fitter” and more likely to thrive (Burkhardt, 1996). One means of evolution will involve extending and adapting existing DMT forms, such as Chacian and Authentic Movement.

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Another strategy would be to construct new forms of DMT altogether. This article introduces the later action.

*The Moving Cycle*, developed in the 1980s by Christine Caldwell, can be seen as a second-generation form of DMT. In the 1970s Caldwell studied under a first generation dance/movement therapist, Alma Hawkins. As a result of challenges and opportunities both inside and outside the field of DMT, the Moving Cycle has evolved into a distinct new form. The purpose of this article is to describe its historical origins, articulate its theoretical architecture, and outline its clinical approaches.

## Historical Contexts and Influences

The Moving Cycle's genetic ancestry came from the Los Angeles area, where from 1970 to 1976 Caldwell took her bachelor of arts in cultural and psychological anthropology and her master of arts in DMT at the University of California, Los Angeles (UCLA), while also training in the Los Angeles Gestalt Institute, and certifying in a movement education and bodywork form called Aston-Patterning. This cauldron of teachings, along with the zeitgeist of Los Angeles in the early 1970s, formed many of the Moving Cycle's basic values and therapeutic principles, from a deep appreciation of culture, ethnicity, and difference, to the healing power of the creative movement process, to the psychological effects of touch and bodywork. In the UCLA DMT program, at that time under Alma Hawkins, Caldwell was steeped in the work of Eugene Gendlin (Focusing) and Edmund Jacobson (Progressive Relaxation). She learned anatomy and kinesiology from Sally Sevey Fitt, and worked in Valerie Hunt's lab. Valerie Hunt was one of her teachers and her thesis chair, helping her to do a quantitative research project on the correlation of personality characteristics and movement behavior. Allegra Fuller Snyder was her teacher and overall mentor in the program, helping her to keep her anthropological roots watered. At the same time, her main trainer at the Los Angeles Gestalt Institute, Allen Darbonne, was also a Rolfer, so from the age of 20 she received and learned physical and psychological therapy techniques that were bound together and woven in with culture, kinesiology, Gestalt, and awareness practices.

For instance, the UCLA DMT program never trained on the use of music in a session, and at that time only offered a simple course in Laban Notation to serve as body observation and assessment training, so Caldwell learned to observe bodies and movement in her kinesiology and bodywork training rather than through a DMT lens. This taught her to observe and assess in terms of the mechanical physics of time, space, and effort more than movement's relationship to psychological diagnosis. The humanistic, "here and now" values of Gestalt therapy, which tended to eschew interpretive and pathologizing diagnosing of patients, also contributed to this sense that movement could be assessed on its own terms, and did not need to be hitched to an extant DSM-based diagnostic paradigm (Caldwell, 2013). In the same time frame, she learned sophisticated bodywork and movement education techniques from Judith Aston, which enabled her see subtleties in both the standing and moving body, and to use touch to assess tensional patterns in the tissues in order

to understand how micro and macro movement was enabled or inhibited by patterns of holding in muscle and connective tissue.

At that time, from 1970 to 1976, several important forces were at work in the DMT field that also contributed to the origins of the Moving Cycle. The first was what might be called the east coast/west coast divide. It would be too simplistic to name it as a Chace versus Whitehouse issue, a group versus individual format, a high versus low functioning emphasis, or a Freudian versus Maslowian difference. However it constellated, it was so real at that point that the American Dance Therapy Association (ADTA) took pains to make sure there were representatives from both coasts on the Board and in other positions of leadership. As a west coast dance/movement therapist, Caldwell never even learned the Chacian DMT form during her master's program, and as a result had a strong, more Whitehouse-based sense of individual movement work, and almost no exposure to DMT as a group therapy form.

The second influential force revolved around the ADTA's strong commitment to academic program-based DMT training. The importance of this early move by the ADTA to centralize the importance of DMT training being housed at colleges and universities cannot be understated. Even though the alternate route for training was set up during these years, the royal road to DMT registry was actually paved by the development of an ADTA approval process for DMT graduate level programs and the fairly automatic registry of approved program graduates. This early commitment helped DMT to transition from its roots in a kind of guild system, where students studied with a master, and only learned their way of theorizing and working, to a system that valued critical and scholarly engagement with the field as a whole.

Even though the historical influences of DMT's individual founders can still be felt, the ADTA's brave move to position the field in a more professional and academic context helped to create the growth and substance of DMT to date. It also helped the field to create its own scholars, ones that represent the discipline as a whole, and advance theory and practice for all dance/movement therapists. One has only to look at the struggles of the USABP, the US-based body psychotherapy professional organization, which has not created professional training standards or approved MA-level programs, to see what can happen when its practitioners remain mired in "modalities," and do not emphasize scholarship or state board licensure along with body-centered training. This centralizing of DMT scholarship proved to be a sustaining support for Caldwell, who identified as an academic, a researcher, and a writer from the beginning. It very much enabled her to found and direct the DMT program at Naropa University some years later.

The third and last DMT force, seen especially when applying for a (then) ADTR (Academy of Dance Therapists Registered) credential, was focused on articulating one's theoretical orientations in a way that not only named one's DMT lineage, but also asked applicants to articulate how DMT mapped onto existing and traditional verbally-based therapy systems, such as psychodynamic or humanistic. Even though Caldwell could point to her Gestalt training as her verbal therapy influence, the act of doing so created a kind of productive cognitive dissonance for her. Her irritation that DMT was, at that point in time, relying on more cogito-centric explanations for psychological experience pushed her to develop the Moving Cycle as a counter-

balance, with its largely biological (and therefore body-based) theoretical locations. At that point, she saw this reliance on verbally based systems of thought (systems that had largely been developed by “dead, white, middle class, straight males”) for one’s legitimacy and theoretical clout as buying into sexism and somatophobia. It was under these seminal influences that Caldwell graduated from UCLA in 1976 and moved to the east coast to begin her career.

In the late 1970s, however, after four years as a dance/movement therapist at two state mental hospitals in rural Maryland (Springfield and Spring Grove), she continued to question her orientation as a clinician. She realized that as a dance therapist she had to stop trying to recreate learned forms of DMT and instead practice from her values, even though there were no models for that. She began to invoke her anatomy and kinesiology training, and ask herself how the body itself could illuminate a model for how to do therapy. She studied immunology, the stress response, and the nervous system to understand the process of physical healing as it occurs naturally in the body, without any external help. Resiliency research had just come out that asserted that many illnesses, whether physical and mental, tend to resolve on their own, whether we “therapize” them or not (Yalom, 1975). It struck her that the healing process may be akin to watching a cut on one’s finger heal. We do not consciously direct this healing, yet an ordered process occurs, time and again, without attending to it. If this elegant, natural process can be paralleled in psychotherapy, could we as dance/movement therapists model our therapy after that, especially in more complex and severe situations in which self-regulation and self-healing prove inadequate? Why not model DMT on the ways that the body automatically and already heals itself?

This questioning process provoked a 4-year data-gathering project that accelerated tremendously when Caldwell moved to Boulder, Colorado in 1980, and began teaching at Naropa University, a Buddhist-inspired college that invited her to begin its Dance/Movement Therapy Department.<sup>1</sup> By serendipitously landing at an institution that valued and taught meditative movement, and contemplative practices, she began to develop both cognitive and affective witnessing skills that tapped into wisdom traditions thousands of years old, and were curiously related to her bodywork-oriented observation skills. She began to meditate, and to study with a Buddhist teacher, Thich Nhat Hanh, who is renowned for his work in social justice (Nhat Hanh, 1987). It was in this womb that the Moving Cycle gestated.

As she observed and learned from both students and clients, she came to see that the natural wisdom of the body to initiate and guide its own healing was not confined to therapy, but also involved the same autonomic activities that generate growth, creativity, adaptation, and transformation. Nature does not seem to separate healing from growth and creativity, but puts them on a responsive continuum. Caldwell developed the Moving Cycle as a way to describe and then teach what she was learning from watching natural healing and organic movement in the individual. Her students and clients helped her to refine it, and continue to do so to this day. The Moving Cycle remains one of the central teaching paradigms of the Somatic Counseling Program at Naropa University.

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<sup>1</sup> She founded the BA program in Dance/Movement Therapy at Naropa in 1982, and the MA program in 1984. In 1990 the department was split into two majors, body psychology and dance/movement therapy.

Caldwell's being core faculty at Naropa for 35 years has provided shelter and ongoing scholarly resources for the Moving Cycle. Without the pressure to make a living at promoting private trainings in the Moving Cycle (still the norm for body psychotherapy modalities), the paradigm could continuously examine best practices across a wide spectrum of body-centered disciplines, engage in research that questioned and extended body-mind theorizing, and integrate the contributions of multiple and diverse fields. It did not have to compete for students with other modalities, which can result in an ossifying of the method in order to lay claim to it.

One of the other influences present at Naropa, alongside contemplative values, was the presence of Authentic Movement practice, through the guidance of Zoe Avestreih. From this DMT form, the values of conscious, high-quality attention to the body and one's current state, coupled with a waiting to "be moved" by the authority of inner impulse and the powerful presence of a non-interpretive witness, were synergistically aligned with emerging Moving Cycle practice (Avestreih, 2008). Susan Aposhyan contributed the perspectives of Bodymind Centering (BMC), as well as her own work derived from BMC, called Bodymind Psychotherapy (Aposhyan, 1999). Ryan Kennedy also contributed greatly to the program as a whole at Naropa. His steady hand, his inspired teaching, and his emphasis on the experiential learning of body movement observation and assessment helped to shape the program into what it is today.

Caldwell had begun by simply examining successful therapy sessions with both high and low functioning individuals to see if she could discern any kind of somatic and experiential pattern or sequence of events in them, patterns that did not come from the passed-down models of standard verbal therapy models, but from the body itself. By looking at healing as a series of actions, and by aligning with the body's autonomic and self-healing calls and responses, then pairing them with attuned facilitation by a therapist, which drew out and helped the client sequence these often-subtle movement processes, she discerned that healing, growth, and transformation seem to occur in four phases. These same phases were present in physical healing, emotional healing, cognitive healing, and transpersonal/spiritual healing, thus enabling a unified and body-centered discipline to emerge.

## Moving Cycle Theory

Informed by contemplative practices such as meditation and conscious movement forms, as well as the body's innate and autonomic healing mechanisms, the Moving Cycle is premised on the observation that conscious, precise, and responsive motion drives healing, from cellular to organismic to community levels, as well as physiological to psychological to social levels (Caldwell, 2002). Illness of any kind can be seen as a disturbance in how an organism is moving, and healing functions as a return to adaptive movement. These micro to macro motions take place in four stages, mirroring the stages of the immune response to injury, and build on each other to identify, support, repair, and integrate direct movement experiences. In this paradigm, which borrows from Information Theory (Cover & Thomas, 2006), health is defined as a state of coherence, where movement signals from any part of

the body (not just the brain) can be read and responded to adaptively by other parts of the body. Coherence/health occurs as actions of the heart and gut, for instance, are transmitted by the vagus nerve to the limbic system and the facial and vocal muscles so that they can be responded to in a way that generates regulated behavior (Porges, 2011). Illness occurs when this free flowing movement of information breaks down, and parts of the bodymind cannot communicate with each other in order to maintain a state of coherence (Pert, 1997). The “breakdown” can be as a result of biological, behavioral, relational, or social pathogenes.

### Awareness

The first phase of healing is *Awareness*, where body states trigger sensory signals that alert us in order to get our attention, much as any symptom does. Conscious attention constellates the first healing resource to be re-established. These signals originate within our body, but can come from inner events (i.e., pain, tension, fear, hunger, etc.), or have external inputs (i.e., a spouse leaving us, a fourth DUI, etc.). Signals can also be positive as well as negative, such as pleasure, elation, being held, etc., asking for attentional resources such as curiosity and caring, the building blocks of creativity. Learning to pay high quality attention to and non-judgmentally describe and care for one’s sensate experience, similar in some ways to Focusing and meditation practice (Deikman, 1982; Fogel, 2009; Gendlin, 1996; Speeth, 1982), form the first phase of the Moving Cycle.

### Owning

The second phase is *Owning*, based on the anatomical observation that we are sensorimotor beings (as is all life). Since all sensations ultimately stimulate motor planning and/or motoric responses (Tortora & Anagnostakos, 1981), we now commit to continued sensory tracking in ways that uncover corresponding movement impulses, impulses that span a continuum from subtle inner thrummings to gross motor movement (Caldwell, 2012; 2015). Sensorimotor processes are both driven by and monitored by the limbic system, which specializes in comparing current inputs to past events in order to assess possible responses (Fosha, Siegel, & Solomon, 2009). In this sense limbic (and other brain) systems can be seen as *associational* structures, as comparing past and present direct experience, sub-cortically, in order to use affect and arousal to predict and organize the most effective motoric reactions (Badenoch, 2008).

By supporting emergent movement impulses in the Owning phase, we gain conscious access to limbic resonances, often experienced as arousal states, affects, different sensory experiences, and concomitant visual and auditory imagery. Movement impulses develop into movement sequences, which can be seen as complex body narratives—nonverbal accounts of who one is and what one feels—that can bring one closer in alignment to what Buddhism (and some developmental theorists) call *the true self* (Caldwell, 2016; Nhat Hanh, 2007; Solomon, 2009; Stern, 1985). We can take ownership, via consciously sequencing movement, of the habituated narratives driving our behavior that has arisen from buried and

sometimes out-of-date historical associations. We can also generate new narratives that, for instance, may help us to navigate oppression and bias rather than internalize it (Caldwell, 2013). This concept of owning as essential to integrating dissociated parts of the self harkens back to Gestalt theory. This owning of the experiential more than historical self in turn can support a holding environment for the processing of these remembered associations (such as images, sounds, words, feelings, memories, etc.) in the here and now. Taking ownership of one's present moment and embodied experience while expressing it through movement, can reestablish a more internal locus of control—a sense that how we move produces effective responses to the inner and outer worlds.

### **Appreciation**

Accomplishing this movement-oriented reintegration heralds the third stage, *Appreciation*. When we access inner resources and move with them we tend to feel more whole, and may begin to experience states of self-recognition, completion, and satisfaction. This satisfaction, and other positive feelings associated with safety and connection, can threaten our reinforced internalized beliefs and physiological habits, and therefore special attention to the conscious movement sequencing of self-appreciation, compassion, and caring must be addressed (Weiss, Johanson, & Monda, 2015). This stage echoes the work of Bonnie Bainbridge Cohen and her articulation of the movement-based Satisfaction Cycle (yield, push, reach, grasp, pull) which attends to the positive and healing states we experience when we complete movement sequences, especially ones based in motivation (Hartley, 1995).

### **Action**

The fourth and final phase is *Action*. The Moving Cycle is premised on the assumption that no sustainable healing is accomplished until it is applied to daily living and to the creative transformation of society. This phase helps us to apply and enact our integrated movement processes as they occur in daily acts and relationships, via practicing them with the therapist while holding outside relational and social contexts in mind. In this way we support our health and wellbeing in the longer term, as well as model and extend healing into our communities and the systems they create. In this sense conscious and precise *action* is seen as supporting sustainable and contributive *activism*, and social activism is seen as a natural and necessary partner to individual creativity and healing.

### **Moving Cycle Practice**

Awareness, as was noted above, is the first phase in the Moving Cycle. It commences as therapy begins, and it begins each session. It involves focusing our attention on sensations, feelings, and thoughts in an impartial, descriptive, and nonjudgmental way. First and foremost, healing seems to be a phenomenon of

accessing and mobilizing high quality attention (Gendlin, 1996; Siegel, 2007; Speeth, 1982). If we have been trained to stop attending to the raw data of our direct experience, then we are unable to listen to coherent body signals and participate fully in self-regulation. While early training to neglect or marginalize parts of us often arises from poor parenting or the stressors of poverty, disaster, or social conflict, it can also occur as a result of systems of bias, privilege, and oppression. If we begin our work with the practice of paying attention to our physical bodies as well as to how we shape and move in the space around us, we create a rich experience of nonjudgmental consciousness, the first source of fuel we need for the healing journey. We also stand up to systems of oppression that want us to stay immobile and complacent, as well as disembodied (Butler, 1993; Gatens, 1999).

Conscious attention is also required for healing because it stimulates different movement impulses, ones that are less socially mediated or proscribed by habitual use; these emergent movement impulses are a second resource for healing (Hannafor, 2005). Suffering often results from holding views, emotions, or positions that interfere with one's ability to directly and accurately experience oneself and the world, and to move adaptively with that experience.

Einstein once opined that what we decide to look at determines what we see. He also noted that we cannot solve a problem in the same state of consciousness in which the problem arose. The Zen master Thich Nhat Hanh once said that all views are wrong views, but since it is in our nature to have views, we might as well relax and get them as accurate as possible (personal communication, October 15, 1992). The Awareness phase is about just such relaxing, a surrender to whatever arises in the attentional field of our body, coupled with a willingness to change our vantage point so that our view is both altered and more open, and an understanding that any view (called a core organizer in Hakomi and Sensorimotor Psychotherapy) is not ultimate truth, but a transient and creative facet of it (Ogden & Fisher, 2015).

On a clinical level, the Awareness Phase involves the conscious practice of the oscillation of attention. All attention oscillates—from inside us to outside us (interoception/proprioception to exteroception), as well as from panoramic to narrow. Illness can be seen as a disturbance in the movement of attention; one's attention is stuck or riveted, creating incoherent perceptions. In the therapist's panoramic attention, awareness is not trained on any one thing in particular, but takes in the whole field—the client's body, the therapist's body, the room they are in, the larger social context they occupy. In narrow attention the focus goes to one thing in particular—perhaps the tiny twitch of the client's finger. The oscillation of panoramic to narrow in both the client and the therapist keeps both anchored in a strong figure/ground relationship, as is necessary for basic self-regulation. The oscillation from in to out helps one to balance attention to self with attention to other, which is necessary for relational regulation (Schore, 2012; Speeth, 1982; Wallace, 2006). Oscillating attention functionalizes it, thereby creating more coherent signals for the whole body-mind to make use of. The dance/movement therapist also monitors and supports internal oscillations, which helps maintain therapeutic boundaries, lessen countertransference, and make contact with therapeutic intuition (Frank & LaBarre, 2011). The dance/movement therapist also



actively supports clients to oscillate their attention as a basic resource for self-regulation and change.

Charles Darwin (1998), when describing emotions, stated that attention or conscious concentration on almost any part of the body produces some direct physical effect on it. One of the effects of conscious, oscillating concentration on bodily experience is that associations arise and enrich our awareness. These spontaneous up-wellings from the unconscious can take the form of images, sounds, words, other body sensations, memories, or emotional responses. An example would be hearing the word *stop!* when raising our hand, and feeling the emotion of fear. Rather than creating a cognitively-based interpretation or narrative about those associations, in the Awareness phase we simply hold the associations in our attention and allow the movement impulses associated with them to shape and direct the movement. Associations are “braided into” movement impulses, which in turn supports the development of body narratives (Caldwell, 2016).

As in Authentic Movement, when we attend carefully to the body, it begins to speak to us from a deeper source. A felt shift (Gendlin, 1996) occurs as a result of the Awareness phase, when we let our attention focus on the less arguable, more concrete, qualities of movement impulse made visible, and then weave in the associations that arise. Sensation is merely information that informs us we are moving. All movement is attended to, from a micro to a macro level, and seen as equally significant for our healing. This type of attention and its concomitant shift in the moving body brings us to the second phase of the Moving Cycle.

Owning and engaging with what arises comes next. On a physical level, we deepen our focus on sensation and movement for their own sake, without interpretive storylines; without trying to create coherent narratives too soon. This is called *postponing meaning* in the Moving Cycle. We commit to an emerging movement sequence, to seeing it through to the end, even if it gets rough, even if it rattles our sense of self. The Owning phase follows Einstein’s idea that we must change our consciousness in order to solve problems. This is why the postponement of meaning is so essential: In order to change, we must let go of extant “stances of the self towards experience” (Wallin, 2007, p. 40). In the Owning phase we descend or ascend out of habituated patterns of movement and explanation, and this alters our state so that new, somatically-based resources begin to emerge from the buried background.

In the act of Owning we take deep personal response-ability for ourselves and our movement. For it is within this ability to respond that the shift is made from our deep experiences being un-owned and unrecognized to being foregrounded and empowered. Owning gives us the energy, the next source of fuel, to move coherently in response to our direct experience rather than reenacted memories. In this realm the body narrates experiences that we have not previously been able to hold and care for. Movement sequences, supported to be precise in their shape, speed and effort, are the grammar and prosody of body narratives.

Important in this phase is the therapist’s ability to assist the client in staying *associated*, rather than becoming *dissociated*. The resources that help a client to stay within their “window of tolerance” (Ogden, 2014), where they are neither too overwhelmed nor too comfortable, involves moment-to-moment balancing of what

Caldwell calls the *therapeutic triangle*. The three angles of the triangle are (a) breathing; (b) moving/expressing; (c) feeling/sensing. These three biological states support our psychological states, and if they become imbalanced from each other, dissociation will occur. To stay *associated*, the client and therapist work together to breathe in ways that support movement, to sense and feel in order for movement to be tracked and adapted, and to precisely move what is sensed so that empowerment is ongoing. Unbalancing the therapeutic triangle, such as holding one's breath or failing to track sensations, induces dissociative incoherence. Staying balanced in the triangle predicts the ability to hold, care for, and re-integrate marginalized body narratives.

We typically fear Owning because it triggers internalized critical voices that will urge us to stay in our place. These voices are oppressive; they literally *press down* various identities within us. The task of this phase is to make the emerging movement sequence more central than any of these old voices, and can be seen as a way to deal with one's internalized oppression. The Awareness phase is about a change of attention. The Owning phase is about a shift in intention. We make a commitment to the emergent movement sequence, making it more important than the old movement pattern, which in turn can shift our body identity—our sense of who we are as an embodied, more empowered being. It may literally shift my *physical* stance towards my experience: my posture, my facing, my tension levels. These new movements, these liberated identities, may feel more true, but may also feel more tender, vulnerable, and unfamiliar.

When a movement sequence completes (or comes a bit closer to a long-term completion), the body tends to relax, and satisfaction, if not pleasure, occurs. We have returned to a state of increased coherence. The third phase of the Moving Cycle begins as we learn to tolerate and move with this satisfaction. Marianne Williamson might call it a return to love (1992). Caldwell calls it the *Appreciation phase*, for this stage in the session requires that we appreciate, welcome, hold, and touch our newfound movement as if it were our own child we had just birthed, one we had known before only as someone buried deep within us and growing. After the labors of Owning, we bond with our more coherent self; we spend time creating a holding environment for ourselves.

Many modern therapies ignore this crucial phase, not realizing that most of us need help tolerating feelings of satisfaction and caring. Most of us have been acculturated by family, society, and oppressive systems, to limit our positive feelings (Hendricks & Hendricks, 1990). Even when the Owning phase has uncovered feelings of fear or grief, our moving with those feelings and directly engaging with them can gestate new body narratives that can feel more whole, true, and relieving. Appreciation involves spending some time with this movement, and bonding to it. The Appreciation phase also brings us back to a shift of attention. Thich Nhat Hanh has written that attention is like sunlight and water for a plant. What we pay attention to will grow. If we want to grow a more whole, satisfied self, and sustain more coherent narratives, we take this time to allow the movement that supports that self to stabilize.

The fourth stage is *Action*, and this phase aligns us with the very real truth that we have to leave the therapy room now and go back into our daily lives. When the Appreciation stage is completed, we tend to feel inner healing. In order for this healing to sustain itself it must find a place in our outside environment. This means

literally using our thoughts, feelings, and our body differently, and applying this difference to our everyday actions. Only then can we truly change, and contribute this change to the benefit of the external environment. Contributing to the world may be one of our prime directives, and the Action phase honors this directive. Personal healing has no reference point, no point at all, if it does not extend into the social systems to which we are connected. As well, clients who courageously engage in inner healing often have to emerge back into a society or community that may be intolerant of their expressed identities. The Action phase helps clients to find resources for relating to systems of oppression, whether they are embedded in families, peer groups, communities, or societies.

The Action phase is about transitioning into the outer world, and an intention to manifest oneself differently within it. Perhaps we will walk in a more relaxed manner. Perhaps a reluctance to reveal oneself has melted a bit. Perhaps we will feel stronger in the face of constant microaggressions (Sue, 2010). We need to literally practice this change and commit it to our movement repertoire, or else it will dissolve into the background, as dreams and impulses often do. In the Action phase, meaning making emerges organically. By postponing meaning until a new body narrative emerges, we can construct verbal coherence during the Action phase that rests on authentic body narratives rather than on old explanations and stances from histories no longer present.

The Moving Cycle, though an ordered sequence, is individual to each person in each situation. We are all on many Moving Cycles in our lifetime and some only take moments to complete. Others will take our entire life. Though the phases are ordered, sometimes in a session the client needs to go back to a previous phase in order to pick up or strengthen a previous resource. There is little attention to increasing movement repertoire, but rather a call to find precise body narratives that increase intrapsychic and interpersonal coherence. There is little emphasis on analyzing what happened in the past, nor on creating diagnostic names for who we are now because of the past. Therefore, the Moving Cycle is experientially based more than insight based. Insight occurs as a result of change, rather than serves as a cause for change. Insight generates organically, from the bottom up, as a by-product rather than a driving force in the change process. Change occurs via moving differently within one's different experiences, in increasingly more coherent ways. The Moving Cycle uses the body and its direct sensory messages to increase our ability to discriminate between truth and inner storyline, and between truth and the external narratives of power and privilege.

The Moving Cycle echoes Authentic Movement (AM) in its valuing of an inner witness, one who helps hold and care for experiences that emerge from the shadows and move on their own terms. It differs from AM in that it uses an involved and regulating therapist in all four phases to assist with that process. Also, there is no call to close the eyes. Eyes open or eyes closed is a conscious movement dictated by the associations and emerging movement narratives. Conversely, the attuned and involved therapist as an important influence in the session echoes Chacian methods. Where the Moving Cycle differs from Chace is in its focus on the individual mover, who needs to find an inner impulse that is not constrained or entrained by such external influences as music or the pull to move as others are moving.

## Discussion and Conclusion

The Moving Cycle continues to reveal itself and shape itself. To hold it too dear and see it as an unchanging and revealed truth would negate its power and creativity. Caldwell developed it with hope and trust that her students will continue to shape it according to their own Moving Cycle experiences. The Moving Cycle should feel simple and obvious to the reader, taken for granted like the healing of a cut on one's finger. It should describe processes that are visible and familiar to us all, and that have already been described and used by others. It should adapt as new research and innovation occur.

The Moving Cycle currently carries several limitations, most notably its lack of application to groups. It is hoped that current and future students of the Moving Cycle, those more steeped and adept at group work, will remedy this limitation because there are no inherent barriers to it becoming a group form. Some observers have questioned its applicability to low functioning clients, as well as to trauma survivors who do not feel safe moving. In the case of trauma, this may be a misconception of what it means to move. According to Moving Cycle theory, for instance, an immobility response is a type of movement in and of itself; an active freeze, for instance, requires substantial and simultaneous contraction in both agonist and antagonist muscles. That freezing activity is seen as an adaptive micromovement, and is supported rather than pathologized. Because the Moving Cycle is experientially based rather than insight based, lower functioning clients can be effectively treated. Of course, sessions adapt to however a client functions. What can be said is that severe disturbances of attention may serve as a contraindication for the use of the Moving Cycle, beyond working exclusively with Awareness phase resources.

Moving Cycle work and first generation DMT forms have many areas of complementarity, and can evolve cooperatively via deliberate exchange. The Moving Cycle can also challenge older DMT forms via its emphasis on careful precision in moving, its embedded commitment to liberation from somatically oppressive forces, and its lack of interest in traditional movement observation and assessment. By reaffirming, disrupting, and extending the principle of conscious movement sequencing and the interdependence of physiological and psychological processes, we can span generations and enrich all DMT methods, as well as continue to invent new ones. This process can be like a birth. As we consciously and lovingly participate in the gestation, labor, and delivery of new DMT forms, we can welcome into the world continuously evolving beings, ones that can contribute not only to personal growth, but also to the evolution of society (Caldwell, 2014).

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