

Therapeutic Relationships and Kinesthetic Empathy

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Kinesthetic empathy is a core concept that has long been mentioned in DMT literature and implemented in dance/movement therapy practice. Empathy is the ability of one person to understand another. It is the attempt to experience somebody else's inner life and implies knowing what the other one feels, having information about the other's situation and acting accordingly. It arises out of elements that are common in the experience of both individuals that are involved in the empathy process. Considered one of DMT's major contributions to psychotherapy (Berger, 1992), this construct synthesizes an approach of the dynamics of the therapeutic relationship that includes non-verbal communication, bodily movement, dancing and verbal expression. Through the use of kinesthetic empathy, the dance therapist facilitates the self-development of a client when the process has been blocked or interrupted. It also demands that each therapist be open to one's inner sensations and feelings and be aware of what is familiar in one's own movement. Understanding, acknowledging and interpreting are functions inherent to therapeutic processes which aim to relieve human suffering. The ways in which these operations are defined determine different practices in psychotherapy. Dance Movement Therapy (DMT) focuses on the experience of *movement sensing and how movement makes sense*. The dance therapist gets empathically involved in an intersubjective experience that *rooted* in the body.

This chapter will illustrate how these concepts can be integrated into dance/movement therapy practice. In order to understand this approach it is necessary to describe first the epistemological frame of reference that explains psychotherapeutic practices oriented to somatic and relational expressions.

Psychoanalysis and psychotherapies have been influenced by the new paradigms of contemporary scientific post-modern thinking. The truth is no longer conceived as essential and unique but diverse, partial, implying different perspectives that undergo a continuous transformation. Pure objectivity is an illusion. Reality is a consensual construction. Laws and truths which pretend to be absolute, collapse. Meanings are contextually related. Nowadays a therapeutic relationship is considered as the encounter of subjectivities, two perspectives meeting for the goal of comprehending one.

Influenced by Sullivan's thinking (Levy, 1992), Marian Chace conceives DMT as a relational therapeutic modality that intervenes in response to the patient's movement

patterns. The therapist reflects through her own movements the client's experience (Sandel et. All, 1993). The dance therapist, acting as a partner, begins a dialogue of movement. Communication is established through all available sensor motor channels, favoring both non-verbal and verbal expression. Chace empathically involved herself in the subjective experience of the patient, joining him "*where and how he is*". They jointly create an environment of trust and safety that helps in unwinding defensive behaviors, exploring conflictive aspects of the patient's life, and allowing spontaneous expressive movement to emerge. In this way the dance therapist is able to facilitate fluid communication with the most cut-off aspects of the client's self, facilitating awareness of being and becoming alive that gradually enables a socialization process.

DMT is essentially a discipline that is continually evolving. A variety of dance and psychotherapy approaches are interwoven in the construction of this practice. Nowadays neurosciences, early developmental research, Self Psychology, Relational psychoanalysis, and certain concepts of post-rationalist cognitive science such as *embodiedmind* and *enaction* (Varela, et al. 1991) contribute to explaining what dance movement therapists early understood on an intuitive level.

DMT can be seen as an *enactive* approach. What does this neologism mean? It means that "we can only know by doing" (Maturana, 1984). Classical cognitive science conceived that an inner mind represents an outer world using symbols. In its development, cognitive science arrived at a newer concept which views mental processes as embodied in the sensorimotor activity of the organism and embedded in the environment. This view-point has come to be known as *enactive* or *embodied* cognitive science (Varela *et al.*, Thompson, 1991) The basic principles of the enactive approach state that : "the mind is not located in the head, but is embodied in the whole organism embedded in its environment"; "Embodied cognition is constituted by emergent and self-organized processes that span and interconnect the brain, the body, and the environment."; "In social creatures, embodied cognition emerges from the dynamic co-determination of self and other" (Thompson, 2001 pp 1-32).

Affect and emotion that had been seen for decades as interferences in cognition are now considered at the basis of the mind (Damasio, 2000; 2001; 2003). Neuroscientists describe affects as prototypical whole-organism events, affects are ways of knowing and cognition involves affects. Thompson (2001) goes further and says that much of affect is a prototypical *two-organism event, self-other event*. In this way empathy becomes an evolved human biological capacity.

Enaction and Embodiment

We will describe a way of thinking that strives to overcome the dualistic *mind-body* separation.

Enaction is a word that comes from the verb *to enact*, which means “to start doing” as well as “to perform” or “to act” (Varela, 2002). It entails an epistemology of complexity that considers knowledge to be a constructive organic experience: in a single act something is perceived, created and transformed. This perspective integrates action, perception, emotion and cognition. The term *enaction* synthesizes the effectiveness of DMT, as it operates on the repertoire of the patient’s movement patterns, bringing them to a conscious level, and offers an unprecedented opportunity to expand this range through new intersubjective experiences.

Human movement patterns involve emotional tonalities that have intrinsic meaning. Laban (1987) and Bartenieff (1980) hold that movements or *effort dynamics* that have been developed by different animal species, shape their body structure, limiting and enabling an action repertoire, while the body structure determines the species’ movement habits. In the same way human bodies have been shaped by the effort habits they have developed in their relationship to the environment through the ages. The subjective experience is indissolubly tied to its own structure, according to Maturana (Maturana, 1984). Our clinical practice endorses this theory every time we come across a patient whose limits and possibilities are anchored to his past experiences, to his history. His way of being becomes actualized in every action, and each new experience becomes an opportunity of finding something different through a new intertwining of self, other and the environment. We also know that change is genuine when it becomes part of our own spontaneous movement repertoire and this may happen when we get our safety needs met.

Enaction theory conceives knowledge as action in the world, therefore as movement, a living cognition emerges as it manifests in every vital moment. The world in which we live emerges or is molded; it is not defined a priori. *Enaction* is an epistemological background with which I conceive DMT: each individual knows the world through his own actions. This occurs at the same time that he co-creates the worlds in which he lives, generating his everyday life. By this process the person transforms himself and his world, at the same time the world transforms him (Varela, Thompson, y Eleonor Rosch, 1997; Najmanovich, 2005).

DMT is a therapeutic modality in which the patient and the therapist compose¹ taking into account the developmental needs of the patient, which at the same time is reciprocally determined as the task unfolds. Co-determination doesn't mean absence of the sense of self-determination, owning sense of agency of each participant of the dyad. Both know their role, needs and intentions, and at the same time they regulate their behaviors intersubjectively. This means that they affect each other conscious and unconsciously.

The literature has described a diversity of aspects and perspectives from which this therapeutic relation phenomenon can be accessed. I have chosen the concepts *co-determination* (Thompson, 2005), *compose* (Deleuze, 2004), *affective attunement* (Stern, 1996) and *kinesthetic empathy* (Berger, 1972), to consider how their nuances relate to DMT clinical practice. The same consideration will be given to the terms *grounding* (Lowen, 1991) and *embodying* (Johnson, 1991) (Lakoff & Johnson, 1998) considering that both are used to describe the idea of “*inhabiting the body*”.

“To inhabit the body” or “Life is elsewhere”

The causes that induce us to separate ourselves from our body are complex and diverse. One of DMT's main goals is to revitalize the body, reestablishing the connection that has been blocked². Motherly care, physical manipulation, the introduction and support of the world as an object, modulate the processes of integration, personalization and the sense of existential continuity in an infant (Winnicott, 1982). The sense of core self (Stern, 1996) is the result of a healthy condition. The flaws in the constitution of the self are related to a deficit in early care. Winnicott describes as *holding* the mother's ability to contain each and every one of the states (hunger, sleep, cold, tiredness, interest, excitement, calm, and attention) the baby experiences during the day. Holding is related to the temporal process within which the infant develops and thereby permits it to experience existential continuity. Handling and contact refer to the ways in which the baby is touched, rocked, carried, and moved.

The early relational patterns are influenced by the way these operations are performed and can be described according to time, space, intensity, degree of activation and hedonic tone. The caregiver participates actively in the self regulation of the dyad itself.

Winnicott (1979) believes that the flaws introduced by an erratic maternal behavior produce hyperactivity in mental functioning which becomes reactive. The

mind-body opposition is born here. Cognition starts moving away from the intimate relationship it had with the psychosoma (Winnicott, 1979). Each infant has different qualities. Therefore observing the dyad as a whole one can see how they affect each other and reciprocally regulate their interaction (Stern, 1996). As dance therapists we draw on Winnicott's concepts that underlie his outlook on the integration processes that lead to the construction of the self as psychesoma; and as well as for shedding light on the way actions or caretaking are performed.

The self, meaning awareness of our own existence is not there from the very beginning. It is a lifelong construction resulting from the development of intersubjective experiences. The sense of self as a separate being is determined by our primary experiences. Stern states that the ability to recognize oneself as the performer of one's actions implies: 1- to have volition, to have control over the generated action; 2- to be consistent, to have a sense of being a non fragmented physical entity, with boundaries and integrated actions both when moving and standing still; 3- to have affections, to experience qualities; and 4- to have a personal story, a sense of permanence and continuity with one's past, so that one can change and yet remain oneself. (1996, p.95)

This core sense of the self as being an agent is the foundation of all the other more elaborate domains of the self such as the awareness of our own subjectivity and others.

The primordial self is shaped in the preverbal stages of development, whereas the possibility of naming and telling the story of one's experiences is added later on with the addition of the verbal domain (Stern, 1996). The exploration of different combinations and ranges of movements, sounds and touch as intervention modes including words, make DMT the ideal approach to access non-integrated or undeveloped aspects of the non-verbal domains of the self that need to be restored.

Failures and misunderstandings occurring in the original mother-infant dyad, shape the self accordingly, and result in a partially developed or false self. Winnicott refers to the feeling of nonexistence. This description relates to the phenomena of dissociation, split personality, non integration and disintegration of the self that we observe in our clinical practices. When the sense of existential continuity is interrupted or absent, the perception of temporality manifests itself in particular ways: a timeless life, in a dream world, discontinuous, accelerated or slowed down. In depersonalization processes the body and its actions may be experienced as something strange, as an enemy. Taking action may not be recognized as one's own. The body is felt as if it falls forever or is injured in a psychotic disintegration. As an example I remember a

physically healthy woman who argued that she had marital problems because “her spine was broken”.

Whoever has gone through a traumatic situation has experienced the dissociation implied in abandoning the body to avoid feeling pain, denying the experience. A disconnection from oneself occurs. The connection with the body is lost in the attempt to interrupt the flow of information coming from the perceptive channels. Pain is blocked and so are all other feelings such as anger, fear and so many other affects considered to be negative or dangerous (Lowen, 1990, 1991). Even pleasure can be segregated. There are families and cultures which deny or prohibit some emotions among their repertoire. Emotional expression is thus limited to a minimally accepted spectrum. Expanding the movement repertoire goes with expanding the range of emotions.

Embodiment implies revitalizing the body, reestablishing the *enactive* sensoriperceptive connection and recovering the possibility of accessing the emotional wealth present in the unfolding of life.

Case study: From survival to the experience of existence

I will illustrate with a clinical report the transition from survival to the sense of existence.

Pablo, about to turn 50, seeks help to solve his grief from a broken love affair that he anticipates as endless. He is down, devastated, with no interest in life. Having almost no hope in his chance to heal, he starts therapy submissively trying to do what he is told. He begins each session pouring out his grief and pain, complaining and going into a long and detailed account of his frustrated relationship. This is repeated during each session in a monotone manner, methodically, with the production of a discourse that shows no change. It appears to be as a traumatic repetition containing no elaboration. He seems to need to be heard, to let his pain be known. It seems that he could repeat the story hundreds of times as a way of getting back together with his lover; the love of his dreams being more real than all the other aspects of his life. Pablo lives in his own mind. He is hardly aware of my presence and my hearing; it seems that “*his life is elsewhere*”.

Pablo lost his mother when he was 4, and from then onward he lived in different boarding houses. He chose a military career where respect and absolute obedience meant survival. His linear, thin and emaciated body shows an extreme level of stress.

After listening to the daily story , and when my own body no longer tolerated being unknown as a presence, I invite Pablo to lie down on a mat and watch his own breathing, to discover which parts of his body move under the effect of the circulating air. He balances and discovers the floor that holds him and explores his limited and painful possibilities of moving. Gradually and through a slow process, Pablo begins to perceive. After quite a few sessions he manages to recognise his rigidity and he discovers the way he has lived in armour as a way to avoid feeling life. He begins to learn of his survival. Through contact with my hand, his chest expands, he makes sounds, he finds his pain, he cries like a disconsolate child while curling into a foetal position which allows me to find a way of holding him by touching his head and tail bone. I meet the child inside the man. We are moved. He ends the experience and recovers his usual posture, but he and I know that there is something else, a new affective tone that impregnates everything. There are many monotonous and repetitive sessions that take turns with those other ones where a moment of contact arises, where closeness and encounter with another existing human being is possible. Through such instances of decisive experience of recognition, new relational patterns will be built in which a new variant appears. These “human warmth” experiences of finding new ways of relating contribute over a long term to allow his body to be a liveable space.

Movement and emotion

Movement involves affective tonalities that are inevitably expressed, although on occasions they remain at an unconscious level for the mover. A complex system of processes and degrees of muscular tension-relaxation allows affects to emerge. The inhibition, repression or suppression of emotions (by means of extreme tensions, sometimes chronic ones) and at the opposite end, the explosion, outburst or loss of emotional control makes up the range of expression.

The dance movement therapist invites the patient to experience new combinations of muscular and respiratory activities. She offers an opportunity to record alternatives in the bodily-emotional expression within a supportive environment that helps to regulate and modulate emotions. DMT’s effectiveness is related to working with the awareness of bodily experiences when they emerge, are recreated or repeated³. DMT *operates where sensation and meaning* come together. Freud believes (1916) one of the aspects of the therapeutic process is to reconnect affect and meaning when they have been

separated. Focusing and working with the body and movement enhances the integration of the psychesoma (Winnicott, 1979).

The dance therapist, in the role of an observer who participates, becomes the necessary relationship within which new emotional experiences can develop in a safe environment of respect and trust. DMT posits that the integration of sensations, perceptions, affective tonality and cognition in the intrapersonal, interpersonal and transpersonal domains promote development.

During clinical practice with children, adolescents and adults, the operative specificity of DMT is related to implicit messages. A dance therapist grasps and meets the needs of those aspects of the self that are disadvantaged, split or frozen. She understands within her body as it echoes with that of the patient. The therapist structures movement exploration in accordance with the particular mobility qualities of the patient in order to elicit movements, sounds and sensations that were missing in the patient's original experience.

Transitional space, as Donald Winnicott describes it, is an area developed between self and other, inner and outer worlds, mother and infant which allow primary creativity, meaning the sensing of self existence. It is a potential space in which it is not important who does what, it is a place for relaxation, of freedom, where spontaneity arises. Through movement interactions, DMT creates transitional spaces between the dance therapist and the patient through which an inner world is unfolded and shared.

Welcoming the patient's movement qualities becomes the key to get to movement spontaneity. DMT operates by processing, on a body level, experiences from the past that could have been profound intersubjective misunderstandings. In this way it takes care of the aspects of the self that were neglected and therefore injured.

Relational interactions can be analyzed as relational patterns. Acknowledging Laban movement analysis categories and Stern's summary of transmodal qualities involved in emotional attunement, we can enumerate and group qualities as follows: 1) related to time: speed, rhythm, duration; 2) related to space: origin-path-goal, edges or boundaries, axes and coordinates; 3) related to energy: intensity, strength, weight, fluidity; 4) related to support : degrees of rigidity and flexibility; 5) related to physical contact and different handling modes; 6) related to the ways objects are presented: lack or excess of stimulation, spectrum of qualities presented; 7) related to the range of actions and concomitant affects: intersubjective emotional regulation.

All these abstract sensed qualities may be combined and in their complexity become actions and phrases. DMT process focuses through a wide range beginning with abstract simple qualities being in the process of organization, to complicated scenes, memories and stories with highly dramatic dynamic contents. Enabling this spectrum allows integration of different domains of the self⁴.

Transference in DMT

This approach focuses and underlines pre-symbolic inter-subjective features in relation to transference. Besides recognizing the classic psychoanalytical theories of drives, symbolic, representational and verbal model, the enacting model alludes to emerging processes that include repetition and restraint. It argues that when contextual changes take place, a quantum of modification happens in the self; when this amount increases, a qualitative behavioural transformation occurs.

New procedures designed '*to be with*' destabilize the pre-existing behavioural organization and work like a change engine to make more coherent and flexible forms. Repeated encounters give rise to increasing complexity and articulation of relational procedures.

Relational psychoanalysis focuses the attention on *implicit forms* of knowledge that involve procedures, actions and skills. It suggests that besides verbalization and recovery of memories to bring the unconscious to consciousness, it pays attention to affective-perceptive and spatial-temporal experiences. Changes in this operational modality do not always become symbolised. This does not deny the value of words and narration of lived experiences. It maintains that they are two parallel and interlinked ways of operating, one verbal and the other one pre-verbal and untranslatable one into the other (Karlen Lyons-Ruth, 1999).

Changes that happen in the inter-subjective plane do so thanks to what Stern calls *moments of encounter*. The concept of *moment* captures the subjective experience of a sudden (here and now) change in the implicit relational knowledge for both parts of the dyad. Mutual regulation of this state is based on the interaction or exchange of information through perceptual systems, demonstration of affect, and how they are appreciated and correspond with the process that implies bi-directional influence (Stern, 1998).

During the development of the sense of oneself and of the other, from the Self psychology perspective, Kohut (Kohut, 1990) maintains that the driving force of the

therapeutic process is determined by the reactivation of frustrated needs of the self in the transference, through repetition. The patient searches unconsciously for a new chance to restore his damaged self through a new encounter with somebody who responds more empathically than those relations experienced originally. He points out that the fundamental aspects involved in transference are three: 1) *mirror* transference: transference relative to personal ambition, trying to cause within the self and in the other confirmatory and approving responses, looking for appreciation; 2) *idealization* transference: patients seek, from their injured ideals, that the self and the other one tolerate being idealized. It is related to the feeling of grandiosity; 3) *twin* transference: transference referring to talents and skills that seek an encounter with the peer or fellow man. It is related to sharing, in opposition to isolation (Kohut, 1990). These three ways involve the basic needs of individuals who all through their lives search for acceptance, relationship and personal worth. Meeting somebody virtually similar, who mirrors and reflects back what the person experiences, is a concept supported by Winnicott (1982), Lacan (1988), and Chace (Chaiklin, S. & Schmais, 1986). This eagerness for empathic encounter evolves from suffering emptiness, loneliness and devaluation.

DMT proposes a theoretical-clinical system that operates when words are not a sufficient form of contact and encounter. It favours the establishment of a type of transference that operates at a psycho-corporal level, recovering the experiences that were frozen in the body through chronic spasms and tensions that have inhibited movement, and the intensively longed for and unlived spontaneous interactions. Empathetic mirroring or kinaesthetic empathy facilitates the expressiveness of the self and enables a response which differs from the original, restoring the damaged self, and succeeding on developing richer and more meaningful interactions.

Kinesthetic Empathy

In his history of empathy, Wispe (1987) points out that in 1873 in a paper by Vischerin related to aesthetic perception, the concept “*einfuhlung*” meant *feeling with* the artist, admiring his work. This indicates that empathy as a concept is a very recent achievement of culture.

Dance therapists were influenced by contemporary thinkers such as Rogers, Adler, Sullivan and Jung among others. They all were interested in the suffering of

people and how to relieve them from their excessive pain and trauma during the post-war time.

At the University of Chicago, many well known philosophers and psychologists with different perspectives converged with their ideas contributing to the development of empathy as a concept and as a technique implemented in psychotherapy. Each of them emphasizes some aspect involved in this ability. George Mead, Bruno Bettelheim, Heinz Kohut, Martín Buber and Carl Roger are among them (Shlien, 1997).

Today empathy is thought of as a collectively developed concept which is continuously revisited and renewed. Neuroscience (Gallese, 2003) (Iacobini, 2008), early developmental research (Stern, 1998; Meltzoff, 2002) and post-rationalist cognitive science (Varela, 2001; Thompson, 2002) provide strong support in the deepening of the field of empathy.

Dance/movement therapists evolved movement and non-verbal communication aware that they essentially involve emotion and embodied cognition. Marian Chace describes empathic *mirroring* coming from her own intuitive experience of reflecting her patients in her intent to get into their idiosyncratic worlds. Communication was her goal. She let them know that she was available and interested in their feelings, movements and thoughts. By making the spontaneous movements of the patients her own, acceptance showed in her body. Mary Whitehouse worked in a different setting: the transformed dance studio, where more highly developed movers and dancers were eager to be in contact with their inner worlds. Through the richness of the collective unconscious, active imagination and creativity, she became a special witness for their processes by allowing herself to *resonate* and letting her body be moved by the experience of others.

Mirroring and resonating, both faces of the same coin, the first externally oriented and the second inner directed are implemented during movement sessions as main tools of deeply understanding others experience. Through movement and dance, perception, understanding and intervening, dance therapists are able to relate to both inner and outer worlds. They understand that empathy enables intimacy and human closeness. The process involves elements that are common in the experiences of both individuals so that recognition of differences is therefore tolerable.

Freud (1982) in “A Psychology Project for Neurologists” describes a psychic system that works searching identities and establishing differences. The subject compares the current experience with the original mnemonic imprinting, and through

this quasi-mathematical and deeply unconscious process, he builds a perceptive reality, providing categories to the world of significant objects. This operation happens in an inter-subjective matrix.

In the research “*Dance Movement Therapy as a medium of improving empathy levels of educators and health working Professional*” (Fischman, 2006), I maintain that the common factors in the inter-subjective experience imply twin-like conditions, closeness, fusion, consensus, while discrepancies refer to that belonging to somebody else, difference, otherness, strangeness. Total agreement disallows subjectivity while total discrepancy disconnects. Kinaesthetic empathy implies one and the other in varying proportions but with a positive balance favouring similarities.

It is a co-relational, descriptive research design. The participants were professional women working in Buenos Aires as educators, psychotherapists and midwives. Forty subjects divided in 4 groups attended 8 DMT sessions of 2 hours each. The average age was 41 years old. None of them had dance training. The content of the workshops: “*DMT, emotions and professionalism*” consisted of exploration of space, time, flow, and weight. These movement activities led the group *to move, be moved* and talk about their experiences related to themselves and issues in their work.

Several research scales were used that compared affective tones, movement and relational qualities between duos during their improvised dance interactions. With a tool created for the purpose, participants marked their perception of enumerated qualities involved in their own movement experience, in their partners and how they imagined their partners viewed them. Comparing scores from a first interaction to a second evaluation made 8 sessions later, we found that: perception of relational qualities (such as sensation of comfort, being moulded, individuation, fusion, freedom, discomfort, pleasure, displeasure, being followed when initiating, willing to follow when other initiates, shared interests) diminished differences among partners; perception of affective tones diminished differences; and perception of movement qualities diminished differences of self perception and of others in quantitative terms. Analysing item by item told more about improvement of differentiation levels between self and the partner.

Some conclusions found through the research were: 1) modified movement, affective tones and relational qualities are considered as kinaesthetic empathy factors. 2) Promoting increased positive affects while diminishing negative ones has a tendency to

improve: emotional intelligence, empathy, and psychological well being and life satisfaction levels. 3) Changes in movement repertoire relate to psychological changes.

Some meaningful association between health indicators and kinaesthetic empathy results were as follows: the *perception of Time* had a positive correlation with negative affects such as difficulties in describing another's feelings. Not sharing a similar perception of time as a movement quality brings discomfort, misunderstanding, and negative affects. As an example of this, we only need to think of a hurrying mother walking with a slow toddler on their way to kindergarten.

Differences in perception of weight during movement interaction had a very meaningful negative correlation with *emphatic concern*. Use of weight suggests strength and weakness. The wider the perceived difference of use of weight seems to diminish *the will to attend others needs*. We can imagine a strong man meeting a weak one. How do they feel about each other? We would hope that both might be open to and understanding of the other. If this is so, there is empathy, which is an achievement in the evolution of humankind. But we also painfully know that sometimes being alive means the survival of the strongest. Fortunately, we don't depend only on our use of weight as strength; humans have a wide range that of resources.

To understand other human being sometimes implies to overcome some distance: through mechanisms like simulation, imitation, echoing or using our imagination we build theories matching our own and somebody else's experiences. This manner of understanding empathy implies that not everyone empathizes with everybody. It is the inter-subjective matching that makes a therapeutic couple work. This concept becomes graphic when we ask our colleagues about the choice of the population with which they prefer to work. . We are sure to find common affinities between the experiences of therapists and their patients. The empathetic possibility is relational and selective. One of the basic goals in DMT is to expand movement repertoire so that it will lead to a wide variety of experiences and resources which allow us to accept, respect and understand different human feelings and ways of living in the world.

Both Chace and Whitehouse stress the corporality of the empathetic phenomenon; the former by *mirroring* through the use of her own movement and the latter by *resonating* internal movement, felt or imaginary, while witnessing somebody else's experience.

Both forms imply some degree of communion with the group or patient through the dance therapist own felt body experience.

Whitehouse, imbued with Jung's thinking, uses the concept of *active imagination* to create an introspective investigation. Unfolding the spontaneous expressive movement that appears driven from deep inside the human being in touch with the collective unconscious provides a source of riches and wisdom (Chodorow 1991, 1997). She describes making use of the active imagination which makes it possible for the unconscious to emerge through free association, by implementing diverse expressive forms, among them painting, dance, sculpture, games and words. This implies interruption of critical and rational faculties with the aim of giving way to fantasy, getting in touch with the emptiness or silence inside and finding out what is happening in order to reach the unconscious. In other words we can say: integrating the emerging processes within the self. The aforementioned description can be attributed to an empathetic process, where in the presence of a witness acting as a vital other, receives the contents of the unconscious like a caring midwife receives the newly born. Picking up its vital strength and its delicate fragility and allowing time for it to develop, concedes that at some time this development will take its own shape, clear and consistent.

Janet Adler, (Adler, 1999) writes in depth of the roles of "mover" and "witness". She points out that empathy happens in the body of the witness when watching the dance of the dancer while focused on her own corporal experience. She resonates with what she sees, hears, feels in her own body, picking up and understanding the other from her own felt experience. The material registered by the mover and the witness, added to the verbalization of the experience, will engender a process of empathetic accompaniment in revealing unconscious contents.

Chace interacts with patients with the conviction that movement expression tears down verbal barriers and defences. In this way, she manages to draw them out from their psychotic isolation (Sandel et al, 1993). "*Mirroring*" or reflecting shows a strong correspondence with the concept of "*transmodal affective attunement*" (Stern, 1996). Stern describes an inter-subjective domain of self which involves communication, with the mother and baby understanding each other. Sharing affective states comes from matching qualities. Each partner takes part in the interaction sharing elements of the other's manifest behaviour, by imitating, mirroring, introducing "modifying imitations" that maximise or minimise some features of the other's behaviour and giving continuity

to the communicative-expressive-emotional process. The matching is produced by a correspondence of the intensity, of the temporal or spatial modality present in the conduct of both participants. Caregivers and infants mutually create chains and sequences of reciprocal behaviours that make up the social dialogue of the baby's first nine months of life. Attunement suggests mother-baby's affective exchanges. It has to do with active accompaniment from the caretaker. Stern (1996) points out that these communicative modes do not get lost but become working forms of the self during one's entire life. Attunement implies affects which are always the transmodal coin involved in sounds, movement, touch and any experience related to pleasure – displeasure which leads to approach and avoidance as human basic movement.

Consciousness of oneself as an embodied individual in the world is founded on empathy — on one's empathic cognition of others, and others' empathic cognition of oneself (Thompson, 2001).

Some contributions from Neuroscience

Neurologists have validated empathy as physical phenomena (Iacobini, 2008).

“*Imitative mind*” concept (Meltzoff, 2002) and the findings describing the function of “*mirror neurons*” account for the neurological bases of inter-subjectivity and the organic roots of empathy. The ability to understand others is rooted in the nature of our interactions. A pre-reflexive form to understand other individuals is based on the strong identity that binds us as human beings. We share with our fellow human beings a multiplicity of states which include actions, sensations and emotions. Gallese (Gallese, 2002) thinks that it is through this shared diversity that communication, intentional understanding and recognition of others as our fellow human beings are possible. Similar neuronal structures are activated in the processing and control of actions, perceived sensations and emotions when the same are perceived in others. *Mirror neurons*, originally discovered in relation to actions may be considered as a basic organizational form of our brain which enables the rich diversity of inter-subjective experiences (Gallese, 2003).

Through imitation we are able to feel what others feel. Different schools have investigated imitation, emotional contagion, and analogy phenomena. (Iacobini, Brass, Bekkering, Mazziota y Rizzolatti, 1999; Hatfield, Cacciopo y Rapson, 1994; Holyoak y Thagard, 1995). These phenomena, despite their great conceptual difference, are here considered as a continuum where there is a variation in the degree to which identical

and different characteristics manifest themselves. Full identity is also a conceptual ideal as no two dogs; two canaries or two spoons are ever “absolutely” identical. But, from my point of view, seeing these differences may be caused by many circumstances such as: the distance of the observer, personal background, previous interactive experiences, knowledge, the particular interest at the time of the observation, the context, attitude, the movement, the object state, and other variables. The concepts of similarity and difference are always relational.

Processes within DMT

Dance Movement Therapy focuses on the most elementary aspects of interactions through minimum variations, almost homeopathic doses of the qualities involved in the emergence of the behavioral phenomenon, such as: changes in the concrete management of time (speed, duration, rhythm, continuity – discontinuity), of weight (degree of force: softness, strength), of space (direction, levels, spatial planes), flow (degree of activity – quietness, high energy and body parts involved (whole body, the limbs, the trunk, the head). The phenomenon is complex: while a glance is quick and avoidant, the hands may be warm and grasp. While the abdomen is relaxed, the chest might be tense, reducing the expansive capacity of the plexus during inspiration and increasing that of the abdomen. The system implements multiple compensations in order to live or survive according to context.

Kinesthetic empathy implies identification and differentiation. Identification basically connects, binds, reflects or resounds. Differentiation brings novelty, uniqueness, otherness, distance, separation, strangeness (Fischman, 2006).

Therapeutic sessions imply the patient’s and dance therapist’s cultures meeting. By acknowledging differences, exchange becomes possible. It is a complex process, in which a patient sometimes resists change while the therapist reserves the time and space waiting for the patient to work through defenses to allow such change.

To include movement and dance in psychotherapy reminds us that *we are continuously evolving* and therefore *we are, by being*. The dance imposes on us the vision that we are permanently changing, even though we may not always nor immediately achieve the changes we long for.

Kinesthetic empathy is a form of knowledge, of contact and shared construction which may take many forms. It may appear through direct mirroring and affective

attunement in the dance therapist's movements: the forms, qualities and tones of the body language, as well as the use of analogy, metaphor, the telling of a semantically isomorphic story with movement or the patient's verbalization.

Movement explorations are designed by capturing themes or issues the patient shows in his postures, gestures, attitudes, movement and speech. The patient's behavior expresses itself in different modes. The dance therapist acts in transmodal forms: through diverse sensori-motor channels (auditive, kinetic, visual, and tactile). In this way, a dialogue among different channels begins where similarity and the matching of qualities and meanings will prevail. Inevitably, differences which contribute toward facilitating the approach and confrontation with reality will also emerge with a maximum of shared reality and a degree of difference, a nourishing and stimulating diversity.

We believe that any new element should be gradually presented so that it is not experienced as unacceptable, strange and disruptive. Identity may be felt at risk. In order to develop, the self requires going through the experience of omnipotence which implies feeling as the creator; having the illusion of *being one and the same* with the object and feeling as the discoverer of its world. This experience should be "good enough" so as to later be able to tolerate disappointments which set the limits of the personal domain (Winnicott, 1979, 1982).

The therapeutic process is seen as an affective- cognitive- creative experience which implies a shared adventure. Facing a patient's need, the dance therapist becomes ready to be an available object known by her perceptible personal qualities. Here is where the paradox exists of the therapist accepting shared intimacy and closeness and at the same time, abstaining from participating in the patient's personal life. She thus becomes a substantial part of the patient's life and at the same time, is not included in it. The therapist authenticates the patient's perceptions, re-establishing his basic confidence as a perceptive affective organism.

Again, paradoxically, the therapeutic relationship is *real* and *virtual* at the same time. The dance therapist plays intersubjective roles which are imposed on her as transference needs, accepting the assigned role, assuming the role, character or attribute the patient needs her to be. It is in the combination of both the *virtuality* of the performed movement and the reality of each of the participants that the relational change occurs.

To meet the patient's needs

The following clinical vignette illustrates how affective attunement operates in providing understanding. Susana is a successful lawyer. She dazzles with the richness of her language and the clarity of her arguments. She seems to have everything under control, except for her home, husband, children and even the dog, who do not meet her expectations in the least. Her headaches begin when she enters her house, where she usually loses her temper, arguing with all the members of her family. She says they make her life miserable and that the only solution is to move to her law firm. She sets aside all the annoying aspects of life by projecting them on her close relatives, who in turn do not feel loved, and thus frees herself for a moment from what she dislikes.

When she started attending her sessions, she enjoyed moving with intensity. She preferred music with “gay and quick” rhythms, to which she moved frantically. Her discourse and the quantity of associations were endless. Did she expect to receive an award or acknowledgment? Did she expect that, finally, someone would tell her that she was so very good?

Very slowly, Susana became aware of the attention and care she was receiving during the session, and at the same time, she started recognizing amiable attitudes from her family.

Susana discovered the floor and found unconditional support on which she investigated different possibilities for contact. When exhausted from her own intensive movement, she explored slowness until she finally found stillness. At this point, she became aware of her daily life rhythm and speed. She said she did not deserve so much care. She recognized her primitive cruelty and started worrying about the effects of her actions. How are others feeling? What did I do to them? How is it that they are still with me, needing me? Susana started to alternatively integrate movement and stillness as valuable resources. Through experiencing a whole range in between these polarities, she started to tolerate the love and hate coexisting inside her. She lost part of her identity as “Mrs. Successful” but started feeling less lonely. She managed to value other aspects of her life. According to her, the experience of finding her own dance allowed her to “*get rid of what I had in excess and to have access to unknown feelings*”, to get rid of old demands, which became manifest in her own self abuse through her addiction to work. Internalized original relationships with which she identified were causing her terrible pain which she turned into hatred against herself and her family. The DMT process where she could move according to her needs, the sustained presence of the therapist,

kinesthetic empathy expressed in the most subtle contacts, in the music selected for her experiences, the tone of the dialogues, made it possible for her defenses to give way. Her degree of denial and projection started to decrease; her defensive intellectualization started to turn into an embodied rationality connected to her feelings and emotions. She stopped depending on herself alone and began trusting in human relationships.

This approach describes a way of understanding that emerges more from the practice of human encounter than from critical judgment. Empathy is at the heart of Dance Movement Therapy and it is the basis of this therapeutic model.

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¹ Term used in the Spanish translation of Deleuze's "*En medio de Spinoza*", to refer to a joint creation or joint construction of that which is becoming (Deleuze, 2004).

² Several authors warn us not to take "life in the body" for granted (Berman 1990, 1992; Caldwell, 1999; Winnicott, 1979; Lowen, 1990, 1991) "Life is somewhere else" alludes Milan Kundera's novel title (Kundera, 2001).

³ This approach coincides with Damasio's description (2000) of the emergence of mental patterns he calls *images of an object*, and Johnson (1991) describes as *image sketches*, referring to periodic and dynamic patterns of perceptive interactions and motor programs that structure and add consistency to the experience.

⁴ Daniel Stern's description of self, focusing on different domains of Self and Other as relational and individual developments is very useful to understand the range of levels, aspects and experiences DMT covers. The domains are: sense of *emergent* self, core self, subjective self, and verbal self.