ATOL: Art Therapy OnLine

Meeting spaces: Inter-corporeal adventures

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Abstract

This paper offers a critically descriptive report of a keynote presentation at the conference 'Finding Spaces, Making Places: Exploring social and cultural space in contemporary Art Therapy practice' held at Goldsmiths, University of London, 13-16th April 2016. The interactive nature of the presentation is described and links to related video clips are offered. The concept of expanding and shrinking are linked to breath as a core feature of human experience connected to attachment issues and intersubjectivity. Simple tasks are described that illuminate how the audience members carry previous embodied encounters into each new relationship. The talk perturbs notions of therapeutic space/s, provokes reflection upon practice and plays with understandings of relational space. The theme of widening and narrowing, as related to breath, is extended to connect with ideas from other keynote speakers and with the political dimension of accountability. Practice provocations and references from the presentation are offered to the reader to stimulate further explorations.

Keywords: intersubjectivity, relational space, interactional shaping, breath.

Introduction

'When we are able to surrender to connection, to open to a wider mind the resources that are available for us are richer and wider' (Rolef Ben-Shahar, 2014:28).

My intention within my presentation was to provoke, perturb and play with notions of interpersonal space/s. I particularly wanted to play with the overarching question of how our body-minds are shaped and shape others within and through our practices. My talk was timetabled for the morning of the last day permitting me to incorporate voices and relational experiences from the rest of the conference. I was intrigued by being asked as a dance movement psychotherapist (DMP) to speak within a conference primarily targeting art psychotherapists. I was aware of my own projected assumptions that the audience might hold quite different perspectives upon the lived experience of the body within the therapeutic space. I hoped to offer aspects of space as a relational entity based upon my professional life as dancer, teacher, therapist, supervisor, researcher and international facilitator. My aim was to create an interactive talk based upon the extraordinary power of physical relational space and the ways in which embodied transitions across space and time illuminate interpersonal themes.

Within this written piece I wish to give a flavour of the presentation. I will offer descriptions of the event itself including relevant links to the video recording, and a selection of practice provocations and quotes, which I used as perturbations within the talk. Here I use them to stimulate the reader's further critical reflections.

Context of presentation: a modern lecture theatre with upright raked seating; a large expectant screen designed for power-point presentations; a space familiar to the conference delegates as all keynotes had taken place in this theatre; and finally a small asymmetric stage with variable heights and sheer edges that appeared designed for static presentations rather than one with spontaneous movement. To create a boundary for safe movement I placed coloured papers filled with provocations along the edges of the stage and also decorated the stage floor with similar papers linked by purple yarn. The picture was completed with a chime bell and ball of orange yarn. Wishing to create an inviting space for the audience, I had spread small sheets of brightly coloured confetti-like papers across the raked desks. Each paper contained a gift, a provocation linked to the theme – either a quote or a practice question. I wanted to shift the audience's expectations of arriving and sitting back into their personal space. I wanted to shift engagement in a shared space.

'Place is security, space is freedom: we are attached to the one and long for the other... What begins as undifferentiated space becomes place as we get to know it better and endow it with value' (YI-Fan Tuan cited in Olsen, 2002:31).

Practice Provocations:

- In what ways do arts therapists and arts practitioners concretize or make visible, the intangible spaces in between people or people and art? How do you do this in your own practice? For what purpose?
- What bodily responses do you have when you hear the often used practice terms: 'potential space', 'safe space', 'intersubjective space', 'transitional space', 'We-space', 'relational space'? For instance how does your body feel when you imagine 'safe space'? Is this different from the other terms?

Vibrating the space: expanding and shrinking

'The body is the medium through which we experience ourselves and the environment. The ways we gather and interpret sensory information affect both how we monitor our internal workings and how we construct our views of the world' (Olsen, 2002: xxi). I began by asking the audience to join me in honouring the space we were sharing. Based upon my experience of aboriginal peoples in Australia and Canada I wanted us together to acknowledge the importance of place, the fact that we were meeting in a location that already had history of the presence of other living creatures. I asked everyone to breathe in, simply open their mouths and sound into the space. Sounding happened, loudly and fully orchestrated by my conducting arm gestures. The energy shifted, attention heightened and eyes opened. I then asked everyone to agitate and vibrate Wonderful growling and whooshing and arm shaking ensued, the space. followed by a release into shared laughter. We pondered how our experience of this shared space had changed and noticed how we felt more IN the space now. By expanding and shrinking to create the sounds we had also vibrated our inner spaces acting as resonating chambers. Our inner spaces had been touched by air and through 'tension flow', the quality of the tightening muscles, vibration and energy. I grounded the task briefly within DMP movement observational theory of tension flow and shape flow explaining correlations breathing, attachment, attunement and relational development (Best, 2003; 2010).

Expanding and shrinking is an essential element of living organisms from amoebas to humans. At our core, our animal selves, we breathe, expand and shrink our body shaping in relation to both inner and outer stimuli. Our body shaping is reflected in how much space we take, for instance when we are feeling safe or unsafe, threatened or interested, anxious or confident. All of these relate to our engagement with our environment whether as a baby or an adult professional.

I reminded everyone that we ALL live within relational bodies. The relational body is the site of all human experience and the filter of meaning making. This is a simple fact yet it is often strangely overlooked even within therapy sessions. We bring our interactive bodies into the shared space as do our clients. With our bodies come the shaping experiences of being with many other body-minds throughout life. To emphasise this point I gestured and

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demonstrated how this makes the shared therapeutic space very crowded indeed. I then went on to actively show that when we enter a space, we are disturbing, and yet sharing, the same air as others; there is an invisible energetic interaction as well as the, often clearer, verbal interactions. Daniel Seigal (2010) defines the mind as needing a body and also being beyond oneself, being the exchange of energy and information within the relational space. And he goes on to define health as being a balancing act between linkage with and differentiation from others. Expanding brings us closer to our environment and shrinking gives more space between us and another; a dynamic balance is an on-going journey.

Video clip 1: https://youtu.be/THOWIfTI8KE

At this point I noted that conference speakers had emphasized different crucial factors in supporting the journey of another human being. Some were more expansive highlighting connectivity and systemic views while others were more focused, narrowing to aspects of the self. Earlier in the conference both Patrick Casement and Fausto Sergej Sommer focused upon the self and the importance of an awareness of our self within the therapeutic relationship. Sommer spoke of knowing his existence by the statement, "I displace air", and he posited that the "only space we own is our unique and own body". Patrick Casement spoke movingly of the need to have "respect for the privacy of another's mind."

On the other hand I felt that Grayson Perry, Patricia Fenner, Hayley Berman and Sally Skaife expanded their focus outward more horizontally into acknowledging the mutuality and overlaps in space. Grayson did this with his interactional life maps within his art and reference to his own journey as a client in his statement "I just need a witness". Fenner referred to the vitality of space as assemblage and "zones of intensity". Berman in her presentation referred to her trauma work in South Africa highlighting the interpersonal histories of her clients making an impression upon the earth saying, "how can I know my own mind if I haven't spoken? How can I know my own being, if I haven't left a trace?" And finally Skaife tussled with the ethical issues surrounding private/public dynamics and how these spaces might overlap effectively.

My own practice focus is upon the intercorporeality of existence, that we cannot, not be in relationship. Both attachment theory and the construct of intersubjectivity are essentially spatial concepts, dyadic in nature. There is a blending or differentiation of inner and outer interpersonal body-minds. Chris Wood, another conference presenter, focusing upon the history of social psychiatry said in her talk that "health is dependant upon our ability to negotiate inner and outer worlds." I would add to this description of health the need to negotiate, adapt and balance, or not, with other bodies, systems, cultures, and values. In this I am drawn to author Rolef Ben-Shahar's interpretations of Bateson's systemic and cybernetic ideas concerning the importance of the wider field within healing (Rolef Ben-Shahar, 2014:20)

"...the major therapeutic act is not helping the other to regulate but to become part of the system: an act of surrender, we are then asked to let our shared space heal itself, and us within it' (Rolef Ben-Shahar, 2014 :28).

Practice Provocations:

- How much space do you put between your body and that of the client? Of the service user? Who regulates this? How do you know? What are you observing or feeling to suggest who is regulating the distance or proximity?
- If we could make our interactional shaping in space more explicit for ourselves, might this open new spaces/places for the client to 'put' themselves? In relation to us?

My body in the shared space

'How to make one's own three-dimensional body experience more conscious as a container for transference, projective identification, and counter transference more fully ' (Bloom, 2006:36).

It was important for the theme of the talk that I be authentically present within the interactional space. I shared with the audience how differently my body felt being in this performative mode as opposed to a more dialogic workshop space. Even so, I wanted to bring awareness to ways in which my presence as a presenter could be viewed as similar to my presence as a therapist. One similarity I shared with the audience was my vulnerability in that moment with them. While I had researched, prepared and pondered extensively for this moment, I shared through movement that I had actively chosen not to set my talk, not to write a paper and rather I was choosing to step off a cliff into direct relationship with the audience. I took the risk of 'not knowing' the path of the talk so that I could demonstrate nonverbally how my embodied presence might inform me within the shared space. I noted that just as in practice, we arrive filled with ideas, experiences, and theories supporting us as we meet each new client. Yet it is really only by genuinely being available and risking to enter an unknown shared intersubjective space that the therapeutic relationship begins. Most of us do not plan the path exactly beforehand and the more we can stay open to risks within the mutual space the more available we can become.

I wanted to match my entering the space with finding out who else had entered the auditorium that day. So I asked people to identify themselves as either: art, drama, dance, music therapists, or as belonging to other related professions. I encouraged people to turn around and see who else identified that morning as being similar to themselves or different. We then welcomed the national cultures into the room. So by now we had honoured the wider space itself, vibrated it energetically, located the talk within the context of the conference and checked in with some of the embodied identities present. I then shifted the focus towards a dyadic relational space and asked the participants to notice the person sitting next to them and to imagine that the night before they had had a very awkward encounter with this person. In effect this was the last person that they had wanted to end up sitting next to this morning. Very quickly people noticed how their breathing narrowed and their body shapes were shrinking into discomfort as if trying to disappear. Giggles arose as embarrassment fluttered through the room.

From this simple task of connection between breath, shape and emotion, I moved on to consider more three-dimensional space. I asked the participants to explore their own sense of verticality that led people to standing and stretching their arms high and then sinking down towards their seats. The movement was narrow and mostly they maintained differentiation from others. It was noted during the plenary section after the presentations that there were culturally different meanings given to this sense of up and down. Within DMP developmental theory, verticality is often defined in terms of achieving a sense of self and intentionality or as the intrapsychic axis, whereas other cultures might view verticality as a spiritual dimension, outlining the space between the heavens and earth or more as physical reliance upon the fruits of the sky and the ground (Caldwell, 2013).

Video clip 2: https://youtu.be/Fha-OkKbtnE

Next I asked individuals to open out into the horizontal plane spreading their arms and widening their personal space. They immediately found others overlapping their territory and had to negotiate a mutual space. Laughter emerged again and eye contact increased as they entered the plane of communication (Studd and Cox, 2013). We then moved on to explore briefly the sagital plane, forward and backwards, when they discovered there were bodies not only in front of them but also behind them and they could choose when, where and whether to look or make contact. These very simple tasks served to open up awareness of shared territory. People became more aware of their three-dimensionality. Again I emphasized through my own movement the need to keep interactional tasks simple because relationship itself is so

complex. I demonstrated with somewhat wild gesturing that we come to each new situation filled with peopled experience. In this we meet an 'other' who is also filled with a multitude of previous embodied encounters. I encouraged the audience to bring awareness to their own embodied landscapes through which they filter each new encounter when they enter shared therapeutic spaces.

Practice provocations:

- How do you enter your working spaces? Alone? With clients/service users/students? How does your speed, energy or gaze shape your body as you enter? How might this influence your relationship to the space? To the clients?
- In your practice do you think your body is more Foreground, Background, or Middle ground in relation to the client? In relation to the art work? To the clinical material? To the relationship/s?

Entanglement is part of the journey

'Certain environments have a greater density of interaction and provide more excitement and a greater effervescence of ideas; therefore, they prompt the person who is already inclined to break away from conventions to experiment with novelty more readily than if he or she had stayed in a more conservative, more repressive setting' (Csikszentmihalyi, 1996:129).

We ended with my offering my precious ball of bright orange wool that has accompanied me to many countries, many training workshops and conflict resolution work in Eastern Europe. I wanted the audience to get a sense of being part of a whole and notice the inevitability of inter-dependence. Clutching my special ball of tightly wound orange wool, I then expanded and threw it out into the space and suggested people explore it. They thread it round themselves and each other and also under and over desks. In the few minutes left of my talk, I asked them to gently pull or lean or resist and notice how a tiny movement affected those near them, yet also rippled afar. I linked this effect to the importance of action and accountability within our professions. Whether we initiate or not, we are affected by the actions, or lack of action, of others. Here the personal becomes political moment to moment. How we act within shared spaces and how we use our power and status, or lack of it, can have serious implications locally as well as globally. We are part of wider interdependent systems and our work is shaped by moving bodies moment to moment, as well as larger movements including geopolitical forces. We need to remain curious about how each of us influence shared spaces, how we open or close doors of opportunity or how we might unknowingly diminish minority voices through our way of entering, offering and holding shared spaces (add LINK to MVI 6724.m4v).

Video clip 3: https://youtu.be/H5NSewCFF7o

'Our clients may need to become deeply critical of the entire concept of 'adjustment' to society, in ways we cannot foresee' (Bonenfant, 2006:119).

Practice provocations:

 Who owns the space in which you work with service users? Whose territory is it? And how do you feel this in your body? Who regulates distance and proximity? In the clinical space? In the institution more widely? And how might power of ownership be shared more widely? In what ways is your practice linked with the politics of dislocation, relocation, boundary crossings, and migration from space to space of today's world?

Biography

Penny Best is a senior Dance Movement Psychotherapist (DMP), clinical supervisor. International trainer, researcher and dancer with continuing curiosity about the power and intuition of the body. She values the richness of diverse perspectives both for training and practice and was seminal in founding a European DMP association. She currently maintains both private therapy and supervisory practices with adults in London and the Midlands. Penny's interest in cultural differences led to her pioneering, and now mentoring, professional DMP trainings in Poland and Croatia, as well as promoting training in Romania, while continuing as a core tutor in the Netherlands. She is an Honorary Fellow of ADMP UK and a Visiting Research Fellow at Exeter University. Penny was co-creator of the first UK accredited DMP supervision training. Her on-going area for research and publication focuses upon the relational creative process within clinical supervision.

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