

Dancing, moving and writing in clinical supervision?

Employing embodied practices in psychotherapy supervision

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Abstract

This paper takes a new look at the methods of embodiment for psychotherapy supervision. It makes a rigorous distinction between knowledge derived via language and knowledge derived via the body without the intervention of conscious thought and above all language.

In an account of a study whereby the principal researcher and her co researchers, all professional practitioners of dance movement psychotherapy, the genesis and development of new tools designed to capture the connection between movement and the possibility of “linguaging” the embodied experience (Sheets-Johnstone, 2007, p. 1) is shown. An unexpected outcome resulted in which the methodology developed for the study proved to be useful for clinical supervision. Of the several different models developed, one, a model for self-supervision, is presented here as a practical example of how to access the knowledge of the body. In putting forward implications for practice, the authors suggest that the integration of movement and writing may be beneficial not only for clinical supervision in dance movement psychotherapy, but also for body psychotherapies, arts therapies, and for any verbal approaches of psychotherapy supervision that aim to integrate and explore the embodied experience.

Keywords

Clinical supervision, embodiment, body memory, dance movement psychotherapy

Introduction

Clinical supervision is considered vital for learning to function effectively as a psychotherapist and highly relevant to both the professional practice and identity of the psychotherapist (Watkins, 1997). It is aimed at improving professional competence through a process of self-reflection (Jones and Dokter, 2008; Fiedler, 2008; Panhofer, 2008), entailing confrontation, change and integration. Parting from a conception of an embodied mind and embodied cognition this article suggests new ways of self-examination in clinical supervision, integrating the body and its knowledge, as well as movement and the written word, into the process of psychotherapy supervision.

The origins of these methodological innovations for clinical supervision stem from a doctoral study (Panhofer 2009) in the field of Dance Movement Psychotherapy (DMP), a psychotherapeutic approach which integrates movement and dance as a means of growth and learning in therapy. The methodological tools that were developed specifically for the study involved a process of moving (Csordas, 1993; Koltai, 1994; Smith, 2002; Riley, 2004) and writing (Reason and Hawkins, 1988; Coffey and Atkinson, 1996; Wolcott, 1994, 2001; Sparkes, 2002, 2003; Meekums, 2005) in order to examine the connection between movement and the possibility of “linguaging” the embodied experience (Sheets-Johnstone, 2007, p. 1).

This article however does not focus on the findings concerning the original research question about the extent to which the embodied experience can be worded (this can be found in Panhofer and Payne, 2010), but deals rather with an unexpected outcome i.e. that the developed methodological procedures were shown to be useful for psychotherapy supervision. Consequently several different models were evolved,

directed at small and large sized groups, individual supervision, etc. One of these, a model for self-supervision, will be presented in this article as it provides a practical example of how to access the knowledge of the body.

Nonlanguage ways of knowing

Important advances in neuroscience, (Damasio, 1994, 1999; Carroll, 2006; Panksepp, 2006a, 2006b) philosophy (Merleau-Ponty, 1962, 1964; Bourdieu, 1977; Sheets-Johnstone, 1999; Fuchs, 2001, 2004; Gallagher, 1986, 2005, 2008; Atkins, 2008; Gallagher and Hutt, 2009) and cognitive linguistics (Lakoff, 1987; Lakoff and Turner, 1989; Lakoff and Johnson 1999, 2003; Gibbs and Bogdonovich, 1999; Kövecses, 2003) suggest that the nature of the human mind is largely determined by the form of the human body, putting forward the idea of an embodied cognition and an embodied mind. The genesis of thought is mostly unconscious and abstract concepts are mainly presented in a metaphorical manner (Lakoff and Johnson, 1999), opening the door to the idea that knowing can happen in the body, in an unconscious or preconscious way, and in a nonlanguage, metaphorical manner.

Sheets-Johnstone (2003) refers to the Russian neuropsychologist Aleksandra Luria who speaks about “kinetic melodies” (Luria, 1973, p. 32) – a chain of isolated motor impulses which, upon repetition, become stored in the body as kinetic melodies. These are inscribed in the body, the most basic ones being built in the course of baby and childhood, some of them beginning in prenatal life (Piontelli, 2004), constituting our kinaesthetic memory (Sheets-Johnstone, 2003). In everyday life these kinetic melodies flow easily and yet are always adapted to the particular situation at hand.

(...) we know and remember the flow in a corporeally felt sense: we kinetically instantiate what we know kinaesthetically (Sheets-Johnstone, 2003, p. 75).

(...) the melody runs off by itself because a familiar dynamics is awakened in kinaesthetic memory and generated by it (Sheets-Johnstone, 2003, p. 75).

The initial impulse for the movement is out of free will, our kinaesthetic body is always present and any time we wish to pay closer attention to it, it will listen. Sheets-Johnstone (2009, p. 1) calls this “thinking in movement.” When you are walking along a path and there is a big stone in the path, you automatically adjust the position of your leg, and your walk proceeds in a very regular, unbroken fashion, she suggests:

There is no need to think “Oh, there is a stone in my path, I have to lift a leg, I have to extend it, I have to step over, make an effort” (Sheets-Johnstone, 2007, p. 4).

Gallagher (2005) confirms that in a majority of situations the normal adult maintains posture or moves without consciously monitoring motor activity. Similar to Sheets-Johnstone’s “thinking in movement” he uses the term “pre-reflective” meaning “before we know it” (Gallagher, 2005, p. 2) to describe these aspects of our consciousness that normally do not enter into the phenomenal content of experience in an explicit way, and are therefore often inaccessible to reflective consciousness. Investigating the influence of the body on self consciousness, perception, language and social cognition Gallagher maintains that the body shapes the mind at a fundamental level, contributing to a prior kind of knowledge which is unavailable to introspective consciousness, a knowledge which remains “behind the scene” (ibid, p. 141).

Making use of nonlanguage ways of knowing

Clinical supervision has been described as a learning process that requires the involvement of the whole self, implying reflection as a professional, but also as an

individual (Itzhaky and Ribner, 1998). In dance movement psychotherapy (DMP) supervision has long been considered crucial to safe-guarding client welfare and to developing and maintaining professional competence although there has been a paucity of research into the subject (Payne, 2008). Its practice tends to be personal and directed towards self-awareness. However, verbal clinical supervision generally does not pay attention to the “whole self” of the therapist. Drawing solely on verbal techniques it leaves out the bodily experience and the knowledge that inhabits “behind the scene.”

There have been calls from a purely verbal psychotherapeutic perspective to expand the clinical attention towards an inclusion of the embodied experience (Knoblauch, 2005) and the integration of the inter-corporeal aspect of the clinical experience. An emphasis solely on verbalization, leaving aside the body, risks neglecting experiences which have been stored as body memories, or in other sensory modalities, and which are easily accessible to DMP practitioners or other body oriented psychotherapists who are attentive to their physical reactions.

Contemporary psychoanalytic theory acknowledges the importance of countertransference¹, the therapist’s response to the client’s transference, and accredits bodily reactions of the therapist termed as bodily countertransference². This shifts the

¹ **Transference phenomena:** Transference phenomena have been described by Freud (1914, 1915) as the process of displacing unconscious drives, fantasies, feelings, ideas and attitudes that patients have towards their therapists on to their therapists. Deriving from previous figures in his/her life the client relates to the therapist as though s/he were some former object of his life, projecting past relationships which the client is unable to remember (Dosmantes-Alperson, 1987; Rycroft, 1995). Countertransference refers to the therapist’s response to the client’s transference and to the therapist’s emotional attitude towards the client (Rycroft, 1995). Originally viewed as an obstacle it is now considered as a highly important organ of information for a therapist (Samuels et al, 1996).

² **Bodily Countertransference:** Bodily Countertransference includes all types of countertransference reactions which may occur in the body for example a tired feeling- or heaviness when dealing with an emotionally numb client, a pain in the neck when angry with someone, a tingling sensation in a particular part of the body, etc.

focus from the client onto both, client and therapist and takes into account the intersubjective nature of the therapeutic relationship. However, the bodily experience often remains disregarded and its vast source of information is not always accessed in a purely verbal context.

The newly developed methodological procedures from the present study offer such an embodied approach and works with kinaesthetic, perceptual practices which allow the therapist to “tap into somatic images” (Smith, 2002, p. 133). They meet the request for an opening up to new methodological possibilities which move closer to the body’s senses, feelings and multi-sensorial communication (Winther, 2008) since Sparkes (2002, p. 146) has observed that ...

... where bodies have been focused on, they have been heavenly theorized bodies, detached, distant, and for the most part lacking intimate connection to lived experiences of the corporal beings that are the objects of analytical scrutiny.

The methodological procedures from the present study have shown themselves to be useful for clinical supervision, crossing over modalities and thus brain hemispheres and allowing access to valuable – at times unconscious, nonverbal - material from clinical work. Subsequently, they will be described briefly.

Accessing the knowledge “from behind the scene”: The development of a specific methodological approach

A group of six co researchers, all professional DMP practitioners, was chosen to reflect on a significant moment of their clinical work, defined as

That part of the session where the therapist believed there was an event which significantly developed the therapeutic relationship or pushed the therapy forward in some way (Campbell et al, 2003, p. 420).

Or, alternatively a moment where some “insight” was reached (Elliott et al, 1994 p. 450) which for Elliott proposes four elements: the metaphorical vision, the connection making, the suddenness and the newness (ibid).

These remarkable moments of change were used in the present study as the basis for a further investigation:

- First a written exploration took place: The co researchers wrote about their significant moment in therapy and created an initial written narrative. They used writing “as a positive act of sense making” (Coffey and Atkinson, 1996, p.110).
- Subsequently, the co researchers followed an investigation in movement: Based on the initial narrative they engaged in a space of improvisation and free play, allowing a movement sequence or choreography to develop.
- Finally, the significant moments and the previously constructed moving narratives were used as a stimulus for a further written elaboration, an expressive response in writing (Lyubomirsky et al, 2006), or a free association in language.

The same procedures were repeated twice: first the main researcher’s participation was studied using 25 initial significant moments which were subsequently elaborated through the writing-moving-writing process. Second, the co researchers elaborated five significant moments each using the same process, adding up to a final total of 55 significant moments.

After a one day workshop, a focus group was conducted with all co researchers in order to evaluate the outcomes from the researcher's and the co researchers' participation. The goal of the focus group was to explore the views of the co researchers on how they worded the embodied experience during the workshop, but it also gave noteworthy insight into the use of the procedures themselves. After applying the techniques into practice for a period of two months, the co researchers responded to an open questionnaire, providing yet more information about the experience, some of which is incorporated into the findings presented here.

Surprising findings

A surprising outcome from the present study was that the proposed procedures enhanced the connection to the therapist's countertransferential material, a finding that was confirmed by the focus group and the final follow up questionnaires from the co researchers. The process of moving enhanced an engagement from the co researchers' whole self, including the emotional attitude towards the client. "First (*making reference to the initial narrative, comment in italics from the authors*) it was a description of another person, then it was rather an internal dialogue" one co researcher stated. Another co researcher expressed surprise when comparing her two texts, supporting the finding that the procedures of moving and writing had brought her closer to her own personal thoughts and emotions, shifting from an aloof observer to an engaged participant.

Most co researchers also pointed out how the methodological procedures had been novel to them and had provided them with new insights about their therapeutic work or about themselves. One co researcher commented:

‘The proposed experience of writing and moving has allowed me to reflect in a different way about the material and has provided me with new ways of how to focus in the therapeutic process’.

“It has enhanced the knowledge about me,” another confirmed in her final feedback. Comments like these support the utility of employing the procedures for clinical supervision in DMP, and show clearly how the process of writing and moving can develop the therapist’s personal insight.

One particular co researcher, whose initial writings changed greatly from factual technical accounts to very emotional, short phrased in the final writings, expressed surprise in her final feedback about the application to practice. Having given all her initial attention to technical aspects she became aware how she had initially ignored important emotional facets, suppressing vital information. Comparing the initial writing with her final accounts she regretted not having been able to apply the procedures earlier in her work, and therefore not having given attention to important and valuable material.

This latter testimony pinpoints the involvement of the body in the procedures. Thinking and writing alone did not appear to bring the co researcher closer to her personal material, whereas the fact of connecting personally in movement gave attention to the “somatic modes of attention” (Csordas 1993, p. 135) and allowed her to access knowledge from “behind the scene.” Bodily engagement is a core feature within all DMP practice, and as a familiar tool it helped to trigger, for this particular co researcher, a connection to the entire self.

The findings of this study demonstrate an increase in the co researchers' connection to their personal bodily countertransference as a result of the procedures adopted. The participation and involvement of the therapist's body is acknowledged and further explored. "I needed to put myself into the skin of the other" a co researcher mentioned in her final feedback, underlining the importance of having engaged into motion. Best (2008, p. 145) points out how body movement gives information about two main aspects of experience: "how it is to be in oneself (for example movement quality) and that one relates to the world (for example shaping of movement)." Creating a movement sequence, based on the original narrative of the significant moment, appears to allow for this immediate exploration both of the therapist's personal stance as well as his/her bodily countertransference reactions to the client.

It became apparent that the applied procedures contributed positively to the therapist's process of self-understanding, since they seem to have promoted a deeper understanding of the therapeutic alliance perhaps offering a more effective use of the therapist's clinical skills in the client sessions. The final feedback from the co researchers confirmed these new insights about their therapeutic work or about themselves, suggesting the methodological procedures for a possible application for clinical supervision in DMP, but also in other psychotherapeutic approaches.

Moving and writing as techniques for clinical supervision

Having shown some of the largely unforeseen benefits of the procedures, the following section proposes a manualised version of the application of the methodological procedures for clinical supervision in DMP, but also in other psychotherapeutic

approaches. Due to the word limitations of this article only the model for self-supervision is presented.

A proposed model for self-supervision

Supervision, despite being seen as essential to clinical practice by all the relevant professional associations it is not always available for all professionals (Dennin and Ellis, 2003) all of the time. Either no useful supervisor is on hand at the time, or else supervision is replaced by what may be called more accurately “administration” – reporting periodically on the job rather than focussing on specific difficulties encountered in dealing with clients (Yager, 1987). For these circumstances, a model for self-supervision has been developed. Only two authors have referred to the use of self-supervision: Yager (1987) and in Payne (2001a) the term “the internal supervisor” (Casement, 1985) was coined in relation to the use of Authentic Movement (Chodorow, 1991; Payne, 2006b; Whitehouse, 1978) in clinical supervision. Self-supervision is supposed to assist therapists and counsellors in recognizing and changing ineffective response patterns and improving their clinical skills (Bernard and Goodyear, 1998). Recent research suggests that it is also crucial in the safe management of sexual attraction to clients (Goffrey et al, 2010).

The present model of self-supervision draws on the creative process and its spiral processes of preparation, incubation, illumination and evaluation (Poincaré, 1982, Meekums, 1993, 1999, 2000, 2002, 2006), allowing access to kinaesthetic modes and therefore paying attention to aspects of the intercorporeal relationship which have so far not been sufficiently considered. Subsequently embodied practices are therefore proposed in a more structured way to help activating the ‘inner’ supervisor, gain more

self-understanding of the supervisee and learn about the verbal and nonverbal interactions between therapist and client.

Table I summarizes the proposed techniques for self-supervision, moving to a detailed explanation of their procedures.

Table I: To show a model for self-supervision

Stage	Procedures and objectives	Materials needed	Time frame
1. Identifying the presenting problem	The supervisee produces the initial textual product, identifying the presenting problem through any chosen text-type.	Paper and pen	No particular time frame required, this activity may take a few minutes or expand over several days
2. Warming up	The supervisee connects with his/her own body state and, if necessary, altering this state.	Music, if necessary	Depending on the supervisee's needs 10 – 20 min.
3. Allowing the movement to emerge	The supervisee creates a movement sequence through free association in movement.	Video camera, if available Props such as chairs or mats, if necessary	Setting a timer may be helpful for some
4. Composing a final narrative	The supervisee produces the final textual product as a response to the movement sequence.	Paper and pen	No particular time frame required
5. Evaluation and contemplation	Looking back on the produced material from a temporal and physical distance.	DVDs, created narratives	No particular time frame required

Identifying the presenting problem (Table I, stage 1)

Similar to the “significant moment” situation described above (methodological procedures), this first proposed stage serves to name what is called more generally in

the supervision context a “presenting problem” or question. The supervisee is invited to capture his/her concern on paper, using any narrative style that comes to mind. A long, descriptive text which brings the different thoughts into a new order may appear, but so may short phrases and notes, free associations and images, allowing for some representation of the presenting problem on paper. Next, the supervisee is encouraged to highlight specific words or sentences in the produced text, and / or to choose a title for the emerging text-type.

Warming up (Stage 2, Table I, stage 2)

An initial warm-up is suggested to the supervisee, allowing the attention to travel to the body, preparing the different body parts for any movement that may occur in the later process and becoming acquainted with the space and surroundings in order to feel safe (Payne 2001b; Meekums, 1999, 2000, 2002, 2007). This warm-up may include stretching and breathing exercises, rhythmical activity or self-massage, all allowing the supervisee to enter a nonverbal kinaesthetic process, to get a sense for his/her actual physical state and, if necessary, alter or develop the same in some way. This serves as an initial physical ‘check-in’, connecting to the supervisee’s own physical self and, if desired, developing this actual state somehow, for example into bigger, faster, movements etc. Music may be used if necessary, however, the supervisee may prefer to pay close attention to her/his own body rhythms rather than receiving external input, depending on his/her personal preference and prior experience.

Allowing the movement to emerge (Table I)

Following the initial warm-up the supervisee is asked to return with her/his attention to the initial textual product, remembering the title, perhaps the underlined words or the

created narrative, or simply close her/his eyes for a moment in order to re-connect with the presenting problem. S/he is invited to allow some movement based on original text to emerge, as a free association in movement, and to “tap into somatic images through all of our various sensory modalities” (Smith, 2002, p. 133).

The co researchers’ testimonies demonstrate different preferences in practice for stage 3. Whereas some chose to close their eyes and listen to their kinaesthetic perception in order to get a notion of their “somatic modes of attention” (Csordas, 1993, p. 135), others started their movement with a clear image in their head, eyes open and their attention both in and outside of their body. The supervisee is therefore invited to experiment with both possibilities, choosing his/her own preference. For example, she or he may begin by focussing on an inner, kinaesthetic impulse, or else an inner image, sentence or word. The supervisee is asked to translate these emerging impulses into movement, allowing for a movement sequence to develop.

No particular time frame is stipulated, though the supervisee may wish to set a timer in order not to “get lost in movement.” It may be helpful for the supervisee to video record the movement sequence and watch it at the very end of the process, or to repeat the sequence and improvise with different possibilities of altering its content through emphasis or contrast to enhance the exploration.

The researchers observed that props were spontaneously used by the co researchers. Objects which are in the room such as chairs, arrows, benches, newspaper or similar may be used to enhance the supervisee’s process. It is not, however, considered

necessary to make these props the centre of the improvisation, but rather to integrate them in an informal way, if requested.

Composing a final narrative (Table I)

The supervisee is invited to allow all thoughts and feelings after the movement sequence to be captured on paper again, using any preferred available narrative style. This may be a descriptive text or else a short poem, whatever seems most appropriate at the time.

Evaluation and contemplation (Table I)

It is suggested that the supervisee leaves some time before returning to the texts that have emerged from the experience. At this point, it may be useful to contemplate the created material from a certain physical or temporal distance in order to gain a new perspective. As in the last phase of the creative process, the evaluation process serves to reflect on the created product, and any insights emerging from this, in order to assess its utility and application to practice.

Discussion

The proposed model puts forward different techniques of self-observation and self-evaluation, crucial elements for self-supervision as they have been described by Dennin and Ellis (2003). Allowing for a creative process the supervisee moves in and out of conscious and unconscious, active and receptive states (Meekums, 1999), mixing techniques such as moving, writing, and subsequently reading and observing. It is hoped that this multi-modal approach reaches the core of self-regulation processes required for

self-supervision. It is proposed to test the validity of this model with a larger group in a future study.

Early DMP practitioners have made reference to the “somatic unconscious” (Lewis, 1984, p. 181). Focussing on communications between the “somatic unconscious” of the client and of the therapist, Bernstein provided a description of what she called “somatic countertransference” (Bernstein, 1986, p. 321). Whilst Ross’s (2000) definition of somatic countertransference extends the original definition of countertransference and includes the ‘physical’ as well as emotional responses aroused in the therapist, Meekums criticizes the loose definition of such phenomena as “the physical presence of the therapist in the therapy session” (Ross, *ibid*, p. 452). Instead, she prefers to refer to the term of “embodied empathy” (Meekums, 2007, p. 100) as a way of taking up a shared position with the client.

The present study remained with the term of “bodily countertransference,” including all types of countertransference reactions which may occur in the body, and it remains therefore close to Lewis/Bernstein and Ross’s terminology. It includes ideas from Dosmantes-Alperson (1987) who makes a distinction between ‘concordant’ and ‘complementary’ types of countertransference, as they were originally coined by Racker (1968). Concordant countertransference involves an empathic identification by the therapist with the thoughts and feelings of the client and could be compared to “embodied empathy” as described by Meekums (2007, p. 100). However, it also includes complementary types of countertransference which result from identification with the client with his/her unwanted or unbearable parts, and may consist of projective or introjective dynamics. Racker (1968) identifies a third type of countertransferential

reaction, called 'neurotic' countertransference in which the therapist identifies with her/his own infantile feelings in relation to the client. These however need to be worked through in the therapist's personal analysis.

Fiedler (2008) argues that the understanding of concordant and complementary countertransference reaction is essential to understanding the relationship between the client and the therapist. Dosmantes-Alperson (1987) furthermore describes clearly how close attention needs to be paid all bodily-felt reactions, in particular to complementary countertransference type reactions. Working through and with the body allows access to early pre-verbal physical and sensory experiences as well as 'rhythmic attunement' with significant others, such as described by Stern (1985). It is only through movement that these early pre-verbal, bodily experiences can be accessed, offering a unique possibility of communication on a very early level. The integration of movement as a technique for supervision is thus considered vital for supervision in DMP, but also for other psychotherapeutic techniques, even if they do not stem from the psychoanalytic tradition, as Anttila (2007) shows with her theory. She uses the concept of the Finnish psychiatrist and philosopher Lauri Rauhala (Rauhala, 2005 cited in Finnish in Anttila 2007) who classifies organic, biological processes as "mindless" or absolutely non-conscious and non-symbolic. These processes, for example the dividing of a cell or the production of a blood cell are organic processes that cannot be experienced. They differ from the psychoanalytical definition of the unconscious referring to mental processes of which the subject is unaware (Rycroft, 1995). "Mindful" processes are processes that can be experienced, so Rauhala (ibid) comprising "possibly conscious" and "conscious" processes. "Possibly conscious" processes are not yet conscious and include bodily

sensations which are similar to the psychoanalytic definition, and as such, are pre-linguistic.

Anttila (2007) presumes that most of our bodily sensations are preconscious until they become objects of our attention. For her, possibly conscious experiences represent a vast resource which is still very much untouched. For example, one may sense a subjective position such as a tension in the neck and, if one pays attention to it and focuses on this tension one is already in a subject-object relationship with this sensation as it becomes articulated in one's experience. Attending to the bodily sensations may bring them into the sphere of the consciousness which is an important step for knowing oneself (Anttila, 2004).

The process of engaging in embodied perceptual practices and “somatic modes of attention” (Csordas, 1993, p. 135) appeared to stimulate the co researchers' consciousness and helped them to “tap into somatic images through all of our various sensory modalities” (Smith 2002, p. 133). The “felt sense” (Gendlin, 1996, p. 19) has enhanced the tacit, bodily knowing of the co researchers, even though this knowledge is not always translated into an explicit, verbal dimension. However, it confirms Polanyi's theory that tacit knowledge cannot be put into words hence his famous quote: "We know more than we can tell" (Polanyi, 1967, p. 4).

Stern and the Boston Change Process Study Group (Lyons-Ruth, Stern et al, 1998, p. 282) make reference to an “implicit relational knowing”, a bodily knowing of how to deal with others – which an infant acquires during its first years of life. Stern suggests that language would be in the way for this process (Stern, at a round table moderated

and transcribed by Sheets-Johnstone, 2007). “Bodily learning means to forget what we have learned or done explicitly and to let it sink into implicit, unconscious knowing,” (Fuchs, 2004, p. 3). Neither Fuchs nor Stern writes about embodied knowledge as untouchable, but rather as a rich store of knowledge that is there to be used and discovered. Fuchs (2001) also describes from research with amnesic patients how a full comprehension in the life-world may suffer without this nonverbal, tacit knowing. It may be a risk to defend this corporeal source of knowing or body memory because of our “need to rely on language and in its powers in order to have consciousness” (Damasio, 1999, p. 186). Fuchs (2004) distinguishes between five different types of body memory: First, procedural memory which contains patterns of movement and perception connected to habits, such as playing an instrument or typing on the keyboard of the computer, memories formed by repetition and automation. Procedural memory facilitates our everyday performance, working in the background without being noticed as when driving a car or playing a musical instrument. The second, called the situative memory is inseparable from bodily, sensory and atmospheric perception and helps us to be familiar with recurrent situations. As a kind of practical knowledge it allows us immediately to recognize the specific characteristics of a situation, even though it may not necessarily be expressed in words. The third, intercorporeal knowing, is closely linked to Stern’s “implicit relational knowing”, a theory of prototype experiences with significant others, a bodily knowing of how to deal with others. Fuchs points out:

This early intercorporeality has far-reaching effects: Early interactions turn into implicit relational styles that form the personality. As a result of learning processes which are in principle comparable to the acquiring of motor skills, people later shape and enact their relationships according to the patterns they have extracted from their primary experiences (Fuchs, 2004, p. 4).

Fuchs links this third, intercorporeal memory with what he calls an “embodied personality structure” (ibid, p. 2004), showing our basic attitudes and relational patterns

in the world. The fourth type of memory he distinguishes, called incorporative memory, derives from imitation and identification. The body of the toddler gains an external reference, taking on physical attitudes from others and integrating them into a movement vocabulary. Causing a rupture in spontaneous, physical performance these incorporations may be the beginning of neurotic developments, as they may occur through school, army or, for example dance education. This may also explain learned behaviours through identification with attachment figures, which become assimilated into the personality structure. A fifth and last type of memory identified by Fuchs deals with traumatic memory which is often denied, forgotten or repressed and contains too painful experiences such as rape, torture or threat of death. Such memories may be fragmented, encoded in the body yet unprocessed verbally as for example in ‘flashbacks’, panic attacks, unresolved physical symptoms (Meekums, 1999, 2000) , “stress/psychosomatic disorders” (Payne, 1992, p. 6) or medically unexplained symptoms (Payne 2009a, 2009b, 2009c and 2009d;).

The present study demonstrates that body memory can be accessed through movement and that a deeper understanding was reached through the process of moving, without the necessity for more verbalisation. “Re-living the experience of the client in my own skin has given me new, clearer and more detailed information about what happens. It made it easier for me to understand and empathize with my client” a co researcher wrote in her feedback on the final application of the findings. A connection with bodily knowing had been established; a corporeal insight into the work with this particular client.

Herbert (2006), a specialist in post-trauma therapy, points out that traditional verbal therapies which do not take into account the interrelationship between the body,

emotions and the mind potentially limit the client's discovery in therapy. Soth (2006), a body psychotherapist, trainer and supervisor, stresses that we cannot expect profound therapeutic transformation as long as the client and therapist are viewed as disembodied, self-objectifying systems. According to him, the problems inherent in our dualistic conception of the bodymind relationship need to be fully addressed in order to work on the pain and problems manifesting in the body. A emphasis purely on verbalization, leaving aside the body, risks neglecting experiences which have been stored as body memories, or in other sensory modalities, and which are easily accessible to DMP practitioners or other body oriented psychotherapists who are attentive to their bodily countertransference.

Conclusions

Payne (2008) makes it clear that although the objectives of supervision may differ according to the orientations of the supervisor, the achievement of self-understanding, effective clinical techniques/skills and the mastering of countertransference are three of the main goals to be considered in clinical supervision. Transference reactions in the therapist are considered as particularly valuable for making reconstructions of patients' past stories and offer an opportunity to gain access to early experiences and work through their meaning in the present (Dosmantes-Alperson, 1987). Modern psychoanalysis has deepened its interest in countertransference. It has generally moved towards viewing the therapist as a genuine co participant in an on-going process, allowing for his/her possibility of personal growth and development (Samuels, et al, 1996).

This study demonstrated that co researchers were able to deepen their connection with their personal countertransference by engaging in the embodied practices described

here. The procedures allowed accessing “pre-noetic” realms, thus facilitating a vital source of tacit knowing and body memory. The model of self-supervision presented here is an invitation for supervisors from DMP, body psychotherapies, narrative and other arts therapies, but also for any verbal therapies to investigate the connection between embodied experience and the embodied word in order to explore the intercorporeal perspective of the therapeutic relationship and thus deepen their own clinical work and that of their supervisees.

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