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The Use of Movement in Space in Dance Movement Psychotherapy

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There are certain concepts that are widely researched in their own right but not comprehensively looked at, in relation to Dance Movement Psychotherapy (DMP). This article aims to present an overview of the Space and how interpersonal space is instrumental in the development of the self, self regulation and self boundaries which are also considered as therapeutic goals.

Space is a very broad topic in psychotherapy with multiple definitions. In general terms space is “a boundary-less three dimensional extent in which objects and events occur and have creative position and direction” (Britannia Encyclopedia). With regard to DMP, Laban (1976) defines space as “a hidden feature of movement and that movement is visible in space”. Within the large container of one’s physical environment, each individual has their own personal space (Laban 1976; Studd and Cox 2013; Tortura 2006). Personal Space or Kinesphere as defined by Laban (1976), is the immediate space around an individual. This may be considered as an extension of an individual’s body. Interpersonal Space (Davis 1975a) refers to the interactive changing spatial distances between people in a given environment. Winnicott (1971) refers to this as Transitional space. This space does not belong to either individual, and may be a potential space for relationships (1975b). Within this article, the aspect of space that will be focused on is the Personal Space of the client and their use of the Interpersonal Space between client and therapist.

In DMP, Personal Space plays a vital role as the therapist uses their body as a medium of interaction (Taylor and Dragonosky 1979; Meekum 2002). The use of one’s kinesphere reflects the ability to define personal space, relate and interact. Boas (1978) emphasises the role of



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movement of the body through space, shaping an individual's perceptions enabling confidence in reality and control of the body. Bartenieff (1980) supports this view by stating spatial intent as a contributing factor in one's ability to express emotion and to communicate. Within the therapeutic relationship, interpersonal space may be a collaborative space of sharing, experiencing emotions and identifying boundaries (Dott 1995). Participating in this dialogue at a kinesthetic level enables the client to gradually affect and regulate kinetic qualities, which in time can be transferred to one's everyday interactions (Samritter and Payne 2013).

The physical interaction and dynamic quality of movement forming the core of the therapy requires constant observation and assessment (Brooke 2006). The primary method of observing client's use of space can be based on the Laban Movement Analysis (LMA). LMA considers Space as one of the four main components that form the basis of all forms of movement: Body, Effort and Shape (Laban 1976).

The importance of observing the client's use of space as a part of an individual's movement repertoire, and the information it may provide about their mannerisms and means of expression, has been observed by many (Laban 1976; Amighi et. al 1999; Tortura 2006; Meekum 2002). Some research in this area includes Taylor and Dragonosky's (1979) use of interpersonal space as a means of building a working alliance in DMP. Meekum (1991) drew on invasion of personal space when working with abused children while Phipps (1995) did the same with homeless women. Identifying and working with the client's use of interpersonal space as a Dance Movement Psychotherapist, could lead to more body-informed knowledge about development of self and attachment patterns within a therapeutic setting.

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Personal space is a critical component of the sense of self and development of subjectivity (Goffman 1963). Gross (1992) supports this by emphasising the role of sensory motor receptors, motor responses, body actions and personal space in developing sense of body-self. Personal Space behaviours have also been directly linked to self-boundaries with regard to their functional significance especially their protective and mobile nature (Horner 1983). Spatial configurations help define relationships and set territories for action-interaction (Phipps 1995). Fisher and Cleaveland (1968) expand this link to include self regulation, by emphasising on the role of the



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self boundary system in maintaining homeostasis in one's psychological interactions with the world. When raised in an environment of chaos, neglect and violence, the developmental experiences required to facilitate maturation of self-regulation, communication, and ability to relate are usually not supported (Perry 2005).

A primary characteristic of developing relationships with people is the ability to merge with another while retaining a sense of self (Pallaro 1993). Leventhal (1974) states that the effect of focusing on range of dynamics and spatial element on impulse control, ability to sequence and conceptualize and to a certain extent form object relations. Tactile, visual and kinesthetic sensations contribute to an integrated sense of self (Stanton-Jones 1992; Dosamantes 1992).

The therapist's position in shadowing the client, gives them control over spatial placement and exploration. This control of approaching or distancing from the therapist contributes to the freedom of the client (Lewis 1993; Taylor and Dragonosky 1979), which supports the building of trust within the therapeutic relationship. From a developmental point of view, Erikson (1995) emphasized the stage of Trust vs Mistrust leading to Autonomy vs Shame/Doubt which is the stage of exploration from a secure base (Bowlby 1983; Ainsworth 1969). The processes that occur in this stage could be viewed as an extension of the Separation-Individuation Theory proposed by Mahler (1975).

Once the client has experienced trust and safety in the therapeutic relationship, this separation-individuation process can be explored. Interacting in interpersonal space allowed the transfer of information in a spontaneous, automatic and unconscious manner (Shamasundar 1999).

Horner (1983) has linked personal space behaviours and self-boundaries because of their protective and mobile nature. There is a constant testing of boundaries throughout the therapeutic process which leads to a perceived need for enforcing firm boundaries in terms of the use of time and the space. This was supported by bringing awareness to the client's use of kinesphere, defining personal space, relating and interacting with others (Ramsden 1973). This contributes to a more defined sense of self in relation to another.



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The little literature can help build on the concrete nature of use of space, that can allow for further empirical studies focusing more on its role as an intervention, and not only as an aspect of movement observation.

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