



Moments of Meeting in DMT: Characteristics and Implications from the Subjective Experience of Therapists

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Abstract

Moments of meeting (MoM) are characterized by instances of special intersubjective connection between the therapist and patient which causes a change in the *implicit relational knowing* (IRK) of both individuals. MoM have been widely described for non-creative arts therapies, but there is little information about their characteristics in dance/movement therapy (DMT). This study seeks to explore and characterize the MoM in DMT from the perception of professional therapists. Nine dance/movement therapists (dmts) were consulted using a multimodal approach that travels between writing and movement (Panhofer, 2011) and data were examined using qualitative content analysis. The results show that the characteristics of MoM can be grouped into three categories: (1) relationship (shared experience, experience of fusion, security and kinesthetic empathy) (2) emotion (emotional intensity and genuine affection) and (3) movement (physical closeness, eye contact, *emergency*, irruption of the present and release of the flow). These results are contrasted with what was originally proposed by the Boston Group (Lyons-Ruth et al in *Infant Ment Health J* 19(3):282–289, [https://doi.org/10.1002/\(sici\)1097-0355\(199823\)19:3<282::aid-imhj3>3.0.co;2-o](https://doi.org/10.1002/(sici)1097-0355(199823)19:3<282::aid-imhj3>3.0.co;2-o), 1998) and recently by Duarte et al. (*Psychother Res* 31:1–14, <https://doi.org/10.1080/10503307.2021.1948138>, 2021) and Lauffenburger (*Am J Dance Ther* 42(1):16–32, <https://doi.org/10.1007/s10465-020-09321-y>, 2020), finding similarities and new elements exclusive to DMT. This work contributes to a deeper understanding and conceptualization of MoM in the specific field of DMT and its clinical practice.

Keywords Dance movement therapy · Moments of meeting · Implicit relational knowing · Kinaesthetic intersubjectivity · Subjective experience of therapists

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Introduction

According to the Boston Change Process Study Group (hereinafter, the Boston Group), moments of deep connection between therapist and patient seem to be fundamental when thinking about change in psychotherapy (Lyons-Ruth et al., 1998). These moments cause an expansion or transformation in the knowledge of how to be with others, which is termed as implicit relational knowing (IRK) (Lyons-Ruth et al., 1998). The term was coined by the Boston Group (Lyons-Ruth et al., 1998) as a way to research change in psychotherapy. Likewise, one of the fundamental principles of dance/movement therapy (DMT) is that by exploring a more varied vocabulary of movement, people experience the possibility of achieving a safe equilibrium and, at the same time, greater spontaneity and adaptability (Payne, 1992). This expansion of movement patterns encompasses change in IRK through moving dialogues and danced Moments of Meeting (MoM).

Both verbal and movement models of intervention, with a relational approach, place the interactive process of the therapist-patient relationship in the center or, as Stern (2004) calls it, the implicit agenda. This interactive process is characterized as being subtle, unorderly, improvised, co-creative, and embodied (Bruschweiler-Stern et al., 2005; Fuchs & de Jaegher, 2009; Lyons-Ruth et al., 1998). All these characteristics, according to Lauffenburger (2020), make DMT a privileged approach to operate at this level.

An Embodied, Relational and Enactive Approach

Over the last several decades, investigation in neuroscience and psychoanalysis has shifted from a unipersonal view of an isolated brain that autoregulates itself, to a two-person vision of a brain that regulates itself in interaction (Gallese, 2003; Lyons-Ruth, 1999). Schore (2019) states “that the structure and function of the mind and brain are shaped by experiences, especially those involving emotional relationships.” (p.13). In the last decades this has led to a shift in all forms of psychotherapy focusing more on the relational aspects of the work.

DMT can be considered as an *embodied and intersubjective* therapy, including the bodies of the therapist and client in a moving dialogue (Lykou, 2017). Its enactive character seeks to overcome the mind–body dualistic view and gives importance to the intersubjective experience (Koch & Fischman, 2011) in psychotherapy. The *embodied* approach posits that perception, cognition, attitudes, affect, behaviour, and their interrelationships, are based on sensorimotor processes. In other words, the mind has a foundational origin in the experience of the body (Damasio, 2003) where the body is understood as a living organism that expresses and interacts with the environment (Koch & Fischman, 2011).

For Totton (2014), the founder of the Embodied-Relational Therapy (ERT), the embodiment and the relational focus are vital and inseparable for the therapeutic process. We need the body to relate to each other, therefore, relationships are above all bodily events (Lapierre, 2015).

In this sense, the *enactive* approach (Varela et al., 2011) understands knowing as an action, in which an organism, through its interaction with the environment, transforms the world at the same time as it is transformed by the world. According to these points of view, it can be said that the mind is not reduced to brain processes, but rather functions within the interaction of the brain, the body, and the environment, building a dynamic scaffolding that allows cognition (Gallagher & Payne, 2015).

According to Fischman (2009), Marian Chace (1896–1970) already understood DMT as a relational therapy and proposed getting involved in the subjective experience of the patient. In this sense, the currents of relational psychology agree with this approach, conceiving the psychotherapeutic encounter as reciprocally co-constructed by the participants, where both subjectivities, that of patient and analyst, contribute to the form and content of the dialogue that emerges between them (Lyons-Ruth, 1999). This is how the pioneers and various generations of dance/movement therapists (dmts) have approached the therapeutic encounter as a deeply interactive phenomenon, understanding themselves as embodied subjects participating in the relationship and in a construction of meaning.

Kinesthetic Intersubjectivity

Stern (2004) defined *intersubjectivity* as the human capacity of sharing, knowing and resonating with the subjective experience lived by another person, in other words, as the ability to read intentions. Fuchs (2016) understood the development of *intersubjectivity* as a pre-reflective and *embodied* process, debating the *theory of mind*, the reading of hidden intentions, to lead to a theory that puts *embodied* interaction at the centre of social cognition. Fuchs (2016) proposed *interaffectivity* and *intercorporeal memory* (Fuchs, 2016), while drawing from Merleau-Ponty's concept of *intercorporality* (2012). These terms are defined below, and are regarded as the pillars of “how to be with others”, and the basis of relational *implicit knowing* (Lyons-Ruth et al., 1998). Fuchs (2016) spoke of *embodied affectivity*, suggesting that emotions are not simply read or interpreted, but rather are expressive and dynamic forces that affect individuals through bodily resonance and connect them with each other in circular interactions. This generates *embodied interaffectivity*, where the interlocutors are intertwined in a process of *bodily resonance*, and *mutual incorporation* that provides the basis for an intuitive empathic understanding. Empathy, in its original German *Einfühlung* means “feeling into something.” Lapiere (2015) distinguished between three levels of empathic relating: First of all, emotional contagion, such as body resonance, which occurs naturally when people share feelings; then affect attunement, which is the response instinctively or not, to how the other feels. And finally, he talks about empathy, which is based on the two previous processes, emotional contagion and affect attunement, and cognitive elements. In the context of DMT, this empathic and intuitive understanding is taken as a shared movement, concentrating on what happens in an intersubjective *kinesthetic* relationship (*embodied and enactive*), where the body is its source (Rova, 2017). *Intercorporeal memory* (Fuchs, 2012) is non-symbolic, non-verbal and procedural knowledge that is

acquired in early childhood. It is a particular way of relating that includes, for example, how to show affection for others, learning to attract attention or to joke, among other manifestations (Duarte et al., 2021).

The understanding of intersubjectivity as an embodied and related process (Samaritter & Payne, 2013), placed DMT in a privileged position when it comes to understanding change in psychotherapy from an embodied intersubjective perspective. From developmental research, empathy is seen as *attunement* (Stern, 1985), *emotional availability* (Gerhardt, 2015) or *resonance* (Siegel, 2010) which is reciprocal (Rova, 2017), among other ways of approaching the *embodied* and *enactive* nature of this process (Koch & Fischman, 2011). DMT and other bodily psychotherapies with a relational approach pay special attention to the bodily processes of empathic relating, delving into the kinesthetic dimension of empathy (Berger, 1972; Rova, 2017). Similar processes also occur with transference and countertransference, as described by DMT authors and other body psychotherapies, highlighting its somatic component (Dosamantes-Beaudry, 2007). According to Totton (2014), transference dynamics are both psychological and bodily processes that take place at an implicit level and that create a resonance in the body itself, of what is happening to the other.

Federman (2011) described how the concept of kinesthetic empathy was conceived by Roskin and later developed by Dosamantes-Alperson. It is understood as the ability to understand/feel, with and through movement, the experience of others (Fischman, 2009; Rova, 2017). On the other hand, *somatic transference and countertransference*, is understood as the somatic reactions that the patient has towards the therapist and the therapist has towards the patient, respectively (Dosamantes-Beaudry, 1998). The somatic sensitivity that is required for these processes, is acquired by the dmts during their training and applied in their clinical work (Federman, 2011).

Lapierre (2015) approached relational body psychotherapy from transference dynamics and therapeutic resonance. Coming from an embodied perspective he saw the body as engaged in continuous dialogue, needing to pay attention to the tuned and collaborative therapeutic alliance. From philosophical point of view Mühlhoff (2015) investigated further into “affective resonance”, underlining the unfolding of a creative dynamic within a relational interplay.

DMT founding members highlighted the bodily character of the empathic phenomenon. Marian Chace focused on the role of the therapist’s body in the reflection of the movement, and on resonating with the internal movement of the client, while Mary Whitehouse focusing on witnessing the experience of another (Fischman, 2009). Chace explored mirroring as an empathic response to the movement of her patients. On the other hand, Whitehouse in her practice of “Authentic Movement” worked both with the experience of the mover, in their own body and that of the witness (Adler, 1999), using resonance and letting the body be moved by the experience of others (Fischman, 2009). DMT founding members highlighted the bodily character of the empathic phenomenon, through the use of their own body in the reflection of the movement, and through resonating the internal movement, while witnessing the experience of another (Fischman, 2009).

This article considers these approaches, taking DMT tools and processes, such as the dynamics of somatic transference, kinesthetic empathy and affective resonance, as embodied processes. DMT thus proposed a theoretical-clinical model that comes close to the approaches of relational psychoanalysis from an embodied perspective that allows it to operate at an *intersubjective kinesthetic* level (Fischman, 2009).

The “Something More”

Effectiveness in DMT occurs through the sum of aspects common to various psychotherapies with elements that are specific and unique to this discipline (Lauffenburger, 2020). Stern and the Boston Group (Lyons-Ruth et al., 1998; Stern, 1985) contributed to DMT in their investigation of how change occurs in psychotherapy, as they make the importance of the implicit and the relational central to the debate. The Boston Group (Bruschweiler-Stern et al., 2002; Lyons-Ruth et al., 1998) posit “something more” referring to non-verbal, psycho-emotional transformative experiences that occur in the expressive interaction between caregiver-infant and therapist-patient dyads. This *relational dance* (Stern, 1985) is co-created in the interaction, and is the result of a process that results from variability and redundancy, where the unpredictable and the improvisatory play a fundamental role (Bruschweiler-Stern et al., 2005). Lauffenburger (2020) affirmed that DMT, from a relational approach, operates mainly in the implicit domain, having the tools to work in the non-verbal, non-linear, interactive and creative plane.

Implicit Relational Knowing

According to the Boston Group (Bruschweiler-Stern et al., 2002; Lyons-Ruth et al., 1998) the early non-verbal interaction of the caregiver-infant dyad forms knowledge of how to be with others. This can be defined as intercorporeal memory (Fuchs, 2012). According to Tronick (2007), during childhood, Implicit Relational Knowing (*IRK*) encompassed the recurrent pattern of movements of mutual regulation between infant and caregiver. What is learned in relational terms and the memory of these early interactions is subject to variation; it is active knowledge, in which each encounter contributes. That is, *IRK* is co-created moment by moment through interactions and various relational contexts (Duarte et al., 2021).

This is supported by new perspectives to understand neurodevelopment, parting from a systemic view and understanding it as a continuous process: “based on the plasticity of the nervous system; the biological, dynamic and inherent capacity of the central nervous system to undergo structural and functional adaptive changes in response to environmental demands”(Förster & López, 2022, p. 338). These statements lead us to a growing understanding of the importance of the relationship with the environment and its quality, for the optimal development of individuals. Research in neuropsychanalysis is emphatic in proposing the importance of emotionally charged relational experiences in the function and structure of the brain and mind (Schoore, 2019). These social interactions between right brains, especially

during critical early periods, through synchrony and spontaneous interpersonal mechanisms, shape emotional circuits within the brain. These are expressed in how we relate both in attachment and in therapeutic relationships (Schor, 2019).

Studies of DMT (Koch & Fischman, 2011; Samaritter & Payne, 2013) in resonance with research in neurosciences, attachment and child development, agree on the importance of relationships and the environment, in the development of the brain and mind, and specifically IRK. This makes us think that it is through nonverbal dynamics or “feeling of what is happening in relationship” (Laufenberger, 2020, p. 22) the greatest changes in psychotherapy could be generated, by applying this type of corporeal memory to DMT interventions.

Moments of Meeting

MoM are moments of special connection that are intersubjective (Lyons-Ruth et al., 1998), intercorporeal and interaffective (Fuchs, 2016). They occur between people, and involve a reorganization of IRK. MoM occur in therapy as a result of an interactive process, through *relational dances* or *mutual regulation* (Tronick, 2007), moment by moment during a process that the Boston Group has called *moving along* (Lyons-Ruth et al., 1998). With this concept they refer to travelling and advancing directly or indirectly towards the implicit or explicit objectives of the therapy (Duarte et al., 2021). The relational movements of *moving along* can be transformed into *present moments*, which are a direct temporal experience where the person becomes aware of their subjective experience, while and how they are experiencing it. According to Stern (2004), during psychotherapy, the desire for intersubjective contact generates a series of *present moments*, where both individuals are aware of the present experience shared with the other. In this sense, as the relationship progresses and deepens, it also leads to the emergence of *now moments*, which differ from the *present moments* by being more intense and suddenly unfolding, loaded with immediately imminent consequences. MoM come to satisfy the need for resolution of a *now moment* (Stern, 2004).

The process of socio-emotional micro-regulations that occur in the caregiver-infant or therapist-patient dyad develops, in therapy, through *moving along*, lead to *present moments* or *now moments* that generate, or fail in the attempt, *dyadic states of consciousness* (Tronick, 2007) or *moments of meeting*.

According to Tronick (2007) these moments expand the state of consciousness of both participants, making them more complex and coherent, and therefore expanding IRK to new ways of being with others. Dosamantes-Beaudry (2007) describes that in certain moments of DMT therapies, adult patients regress to pre-verbal states, showing that an affectively attuned DMT can collaborate in the creation of a *transitional space* (Winnicott, 1982) that allows moments of special intersubjective connection, which produce “fresh and spontaneous affective exchanges” (Dosamantes-Beaudry, 2007, p. 78), which can be codified as MoM. In this sense, DMT has access to pre-verbal states where, through attunement, kinesthetic empathy and

affective resonance, a multimodal exchange can be accessed (Stern, 1985) that enables MoM.

According to what has been reviewed so far, only few publications use MoM explicitly in DMT other than theoretical studies or clinical cases referring to individual experiences. This study seeks to make an empirical contribution to the understanding and characterization of MoM via a qualitative methodology applied to the subjective experience of professional dmts with clinical experience in individual therapy.

Methodology

For this study, Panhofer et al., (2011) multimodal approach of writing-moving-writing was used to collect texts from professional dmts, and then observe them through qualitative content analysis. The process proposed by Panhofer et al., (2011), consists of three stages: A significant moment is explored via writing, followed by free association in movement, improvisation or embodied reflection based on the written material. Thirdly, a new text is generated which responds to the previous stages. The data collected were both texts written through the Panhofer et al., (2011) process, which studies various disciplines in order to communicate embodied and relational experiences (Panhofer & Payne, 2011; Panhofer et al., 2011). This is implemented through three stages proposed by Panhofer based on the spiral creative process proposed by Meekums (1993). The first step was a written exploration, in which the participating dmts wrote about their MoM in individual therapy. Second, participants were invited to respond to the initial writing with movement, allowing for a free embodied association (Panhofer et al., 2011). And finally, both previous steps worked as a stimulus for a final expressive response in writing (Panhofer et al., 2011).

This study used a qualitative approach, with mixed, deductive and inductive method of analysis proposed by Mayring (2021). Mayring (2021) employed an empirical approach that analyses texts, considering their contexts, following analytical rules for content and step-by-step models. According to this approach, the material is first analyzed, dividing it into analytical content units. Subsequently, these are grouped into categories, which can emerge in a deductive way, based on the collected material, or an inductive way, based on the research questions (Mayring, 2021).

The methodology was designed in order to try to capture something of the experience of MoM according to the subjective experience of the participating dmts. The framework of research is the *enactive* and *embodied* orientation where the body, movement and subjectivity are key elements both in terms of content and methodology (Koch & Fischman, 2011).

Participants

For recruitment, two open invitations were made through different professional DMT associations and networks, by which respondents were sent an email with an online form asking for relevant data for the selection. The selection criteria consisted of professional dmts who had facilitated individual therapy and had experienced or believed they had experienced MoM during the therapeutic process. Fourteen dmts of various orientations, with between two to thirty years of experience, were recruited from different parts of the world. Finally, nine of the fourteen interviews were included in this study. The inclusion criterion was based on the experiences shared by the therapists which were clearly MoM as understood in this study, that is, as a moment of special intersubjective connection, with a particular focus on the relationship. The nine therapists included had between lived in Chile, Spain, Argentina, Bolivia, Portugal, USA and New Zealand (in order of number of dmts recruited).

Data Collection: Writing- Moving- Writing

The data collected were texts written with the Panhofer et al. (2011) process. This multi-modal process allowed the experience to be revisited through narration and then carried into movement and subsequently taken back to the text. According to Panhofer et al. (2011), the process allows the participants to access material from “behind the scene” (Gallagher, 2005), other types of corporeal memory, and therefore a type of knowledge that is fundamental for this research, IRK or *intercorporeal memory* (Fuchs, 2016). For the purposes of this study, two open questions were also asked, inviting the therapists to reflect about change in the therapeutic relationship and ponder about the factors and characteristics that made this MoM occur. The meetings with the dmts took place remotely through individual video calls lasting approximately 45 min.

Data Analysis

As mentioned above, the texts written by the dmts were analyzed. A qualitative content analysis was carried out, according to the Mayring (2021) approach, following mixed analysis of the content, both deductive and inductive. First, all the texts were examined in order to identify the textual units that appeared to be related. Then, the texts were observed in order to make groups and associate them with deductive subcategories coming from the theory and the research questions, and with new inductive subcategories that emerged from the material. With the coded data, the relationship between the groups was reviewed and categories were established. The findings at this stage were contrasted and supported with the responses to the two questions answered by the therapists. For this process, the participating dmts were numbered from one to nine to anonymize their responses.

Ethical Aspects

Following the European Association of Dance Movement Therapy code of ethics, the best interests and safety of the participants were prioritized in this study, and the necessary authorization was obtained before starting the research (EADMT, 2010).

Results

From the qualitative analysis of the data, three categories emerged from the description of the main characteristics of MoM in DMT according to the dmts. These are: (1) Relationship (2) Emotion and (3) Movement.

In category (1) Relationship, the texts that described the MoM in terms of the intersubjective encounter were grouped. Four properties emerged from this category: shared experience, experience of fusion, security, and kinesthetic empathy.

The shared experience or connection between therapist and patient arose. The dmts described this shared experience as a moment of *communication*, where they *see* and *are seen*. For example, dmt 9 wrote that it is a moment of “looking at each other, finding each other”, dmt 8 spoke of “a spark that traveled between them” and dmt 6 described that it is a moment of “stopping and sharing, we stay there, we see each other, we can continue together.”

Some therapists narrated having had an experience like a fusion with their patients, mentioning the sensation of *no limit* and *unity*. For example, dmt 2 writes “we are one in different dances”, and dmt 7 “I am you and you are me”.

The dmts also talked about security in the moment, they wrote about *constant care*, *companionship* and *support* towards their patients, where there was intimacy and *privacy* in the relationship.

Lastly, the dmts mostly described the MoM with a strong emphasis on *kinesthetic empathy* and *mirroring*. They described it as an instance in which the movements were in synchrony and *shared a single dance*. Dmt 4 wrote “that encounter between us is a meeting in mirroring and reflecting each other” and dmt 5 “suddenly she began to follow me and then I followed her.”

In category (2) Emotion, the stories describing the MoM in affective terms were gathered, where two properties emerged: emotional intensity and genuine affection. The therapists described the experience of a MoM as a moment with a high emotional intensity, some mentioned that they felt tears welling up out of control, or that their patient “she slumped with a huge cry” (dmt 3), in addition the presence of *joy*, *surprise* and *genuine enjoyment* appeared. In this sense, some dmts wrote about the appearance of genuine affection towards their patients. For example, one wrote that the moment occurred “from love” (dmt 1), and dmt 3 commented that in the encounter “there is a moment of surrender towards my love”.

In the category (3) Movement, the writings that describe the movement in a MoM were grouped together. They were categorized under the movement analysis categories which refer to the body, time, space, flow and weight. These properties were observed using some elements from the terminology of Laban (2006)

and Kestenberg et al. (2018). Not enough information was collected that referred to other movement aspects.

In relation to the body, the therapists described their postures and, in some cases, the presence of physical contact. According to the dmts, the postures were usually concave and *in resonance* with that of their patients. One dmt commented that she “*squats* going down to the *low* level” next to her patient who was sitting on the floor. Another described how physical contact arises, writing that the patient “took hold of her head and we stood head-to-head and were there for a few seconds looking at each other” (dmt 6).

The therapists described their experience of time in MoM, pointing out that they occur suddenly, *without warning*, by *surprise* from a specific trigger. Dmt 6 talked about a small accident in movement that causes laughter and then led into the connection. Dmt 4 commented that the patient discovered the presence of a mirror in the room *by surprise*.

In addition, they wrote about how the present appears as a direct experience, a kind of stillness is experienced, where therapist and patient are together in the here and now. Dmt 6 wrote “I am here, you are here, we are”, dmt 8 wrote that the patient was “present with me” and dmt 4 notes that it was “just a moment”.

Regarding the use of space, the dmts spoke of different paths and levels, mainly repeating the presence of closeness between therapist and patient. In addition, visual contact is repeatedly mentioned, that the dmts describe as intense, energized and sustained.

In terms of flow, it is notable that a considerable number of therapists described how the MoM causes a release, an unblocking, a sensation of air and fluid breathing.

Finally, only one therapist mentioned the presence of weight, dmt 8 wrote “I amplify the quality of strong in my movements” adding that it allowed the patient to inhabit that quality.

In short, it could be said that, from the experience of the dmts consulted, the MoM are moments marked by the connection or even a sensation of fusion between therapist and patient where the movement is generally synchronous, with the presence of mirroring and strong affective resonance. These are experienced as a safe experience, where great emotional intensity is experienced and, at times, feelings of genuine affection appear in the dyad. In general, they emerge suddenly, in connection with the present, there may be closeness or physical and visual contact, and a sensation of relief, relaxation or liberation from the flow is usually experienced.

Discussion

In the results of this study some characteristics of MoM can be observed from the experience of the dmts consulted. These provide a starting point for an evidence-based approach to MoM research in the field of DMT.

In relational terms, the MoM were described by the dmts as a shared experience that is sometimes lived as a fusion, where the presence of security and *kinesthetic empathy* are fundamental elements. What the therapists describe is close to the essence of these moments, defined by the Boston Group in 1998 (Lyons-Ruth et al.,

1998) emphasizing, among its characteristics, the co-constructed character, intersubjective recognition (Lyons-Ruth et al., 1998) and a *state of dyadic consciousness* (Tronick, 2007) or shared intersubjective state (Bruschweiler-Stern et al., 2005). This could explain the therapists' feeling of strong connection, where the experience of sharing and co-creating an *intersubjective field* can lead the dyad to a moment close to fusion, in which it is not clear who brings what to that particular situation. The dmTs, by using the mimesis of somatic postures and attitudes or *mirroring*, develop *kinesthetic empathy* to deepen the connection and understanding of their patients through movement (Forester, 2007). For this reason, they tend towards a sense of identification and even feelings close to fusion. Pallaro (1996) speaks of the relevance in DMT of the processes of fusion and separation, based on authors such as Broussard (1984), Buie (1981), Mahler (1968), Winnicott (1960, 1982) and Sander (1975), amongst others. These support the idea that the experience of fusion and bonding, in infants, allows the development of the sense of self and differentiation. In this sense, it could be said that the therapist-patient dyad who during MoM had an experience of fusion during the shared movement, could be going through regressive states, which allow re-editing and reintegration, towards a new organization of the sense of the self in relation to its environment (Dosamantes-Beaudry, 1998; Koestler, 1977) or from IRK.

From the point of view of psychoanalysis, these mechanisms are also validated. The countertransference, projection and projective identification, are understood as necessary processes that open a path towards change, which can be processed and re-internalized (Shay, 2011) and give a sense of connection and security.

In addition, the dmTs described in their texts the presence of care and security. Stern (2004) speaks of the importance of these elements when he describes the need for a containing environment, a good working alliance and a *real relationship* for the implicit agenda to develop. In other words, the *process of mutual regulation* (Tronick, 2007) between therapist and patient can unfold and reach MoM, and that they should both feel that these are situations of care. In this sense, it is not surprising that the dmTs described, in category (2) Emotion, that feelings of genuine affection towards their patients emerged during the MoM. This can show the existence of a real relationship (Lyons-Ruth et al., 1998), where there is an authentic and personal commitment.

The dmTs described the MoM as an instant of synchrony in movement, where *mirroring* and *affective attunement* play a fundamental role. As IRK is procedural knowledge, it is logical that through dialogues in intoned movements (Stern, 1985), where embodied *processes of mutual regulation* occur (Tronick, 2007), the meeting of these knowledges is made possible.

Fischman (2009) maintains that the common factors of the intersubjective experience contain closeness, fusion, consensus and discrepancies. This is related to Tronick's *mutual regulation model* or the Boston Group's process of *moving along*, describing a process of accommodation that allows for the MoM to happen (Bruschweiler-Stern et al., 2002; Lyons-Ruth et al., 1998). The same happens with *kinesthetic empathy*, through mirroring which involves a negotiation or *relational dance* that would favor the encounter.

According to the narratives, it could be said that the consulted therapists and their patients experienced the IRK through *mirroring* and *affective resonance*, among other factors. Duarte et al. (2021), from verbal therapy, agree on the relevance of the sensation of *resonance*, *attunement* and *emotional synchrony*, made possible by the openness or emotional availability of the dyad. Although the sensations of verbal therapists and dmts may be similar, it is important to emphasize that *kineshetic empathy* and *mirroring*, among others, are the specific means by which DMT accesses and fosters an empathic, open and available non-verbal interaction, which arises in the meeting.

In summary, the dmts, by having named connection, security, care and genuine affection, appear to coincide with constitutive elements for the use of the implicit agenda described by Stern (2004) and the Boston Group (Bruschweiler-Stern et al., 2002; Lyons-Ruth et al., 1998). These and other authors who have continued their research in verbal psychotherapy (Bruschweiler-Stern et al., 2008; Duarte et al., 2021; Lyons-Ruth et al., 1998; Stern, 1985, among others) maintain that MoM are instants that occur on an implicit and *embodied* level, where the body and movement appear to play an important role. The results of this research support this assertion by going into key tools of DMT such as *enactive* and *embodied* psychotherapy that operates specifically at these levels. *Mirroring* is highlighted here as a tool that enhances and enables *mutual regulation*, through movement, generating synchronization and an empathic understanding of the patient and her relational repertoire.

Regarding the domain of emotion, in the results, it was observed that the dmts interviewed described the MoM as moments of great emotional intensity and with the presence of genuine affection towards their patients, an aspect that has been already mentioned above. This coincides with what was stated by Duarte et al. (2021) when describing the experience of verbal psychotherapists who show agreement when characterizing these moments as emotionally intense and intimate. Still, dmts might be expected to be more likely to feel intense emotions with their patients. Although Duarte et al. (2021) point out that verbal psychotherapists talk about how MoM are felt in the body and that it is difficult to describe them in words, it seems that dmts are more likely to share intense emotions in moments of special *intersubjective*, *intercorporeal* and *interaffective* connection. This could be explained by the fact that dmts are in constant connection with their body, *somatic transference* and *countertransference*, by sharing and dialoguing in movement with their patient. As Lauffenburger (2020) mentions, feelings and improvisation in movement are central elements of the process in DMT.

Regarding movement, the results described MoM as instants where closeness or physical contact between therapist and patient can appear suddenly, and where time is felt as a direct experience. In general, there was visual contact and immediately there was a feeling of *release* or *unblocking*.

The presence of closeness and contact in MoM, described by the dmts, may be related to what was mentioned above regarding the connection and the relational nature of the moment. This may have fulfilled the functions that can approach constitutive aspects of MoM, such as revisiting or reediting IRK of first bonding experiences with principal caregivers (Dosamantes-Beaudry, 2007). In addition, this closeness or contact could have had a containing, supportive or communicative

role (Malaquias, 2010) among others that respond to the unique experience of that dyad (Duarte et al., 2021). In this sense, it is important to mention that the therapists consulted might have shared IRK with their patients, which allowed, tolerated or accepted closeness or contact, or that at that moment, due to the meeting, one or both had a greater ability to be close to another person.

Regarding time, the experience of the dmts consulted can be summarized in that MoM appear suddenly. Laban (2006) speaks of the sudden time factor as a sensation of sudden or momentary movement, this is related to what Duarte et al. (2021) name as a surprise or the emergent nature of these moments, referring to the way these can occur without warning, like an impasse, misunderstandings, humorous moments, and so on. These emergent experiences seem to dislocate the flow of *moving along* and open a space for the meeting. In this sense, the dmts wrote about a direct experience of time in a MoM. As stated above, Stern (2004) explains how a MoM would solve the need for resolution of a *now moment*, so that the *now moment* could be thought to appear by surprise, in the suddenness and emergence, thus allowing connection with the present, and this would lead to the meeting, on becoming aware of the shared present.

In the results, it was observed that the therapists described these moments as instants where there is generally visual contact. Although this is related to what was stated above, where closeness or physical contact and the sensation of connection are spoken of, it is important to add how, when there is visual contact, the *direct space* movement factor emerges, which Kestenberg et al. (2018) describe as with an attitude towards space, with a clear direction and, in this case, with a direction, attention, and intention in and toward the relationship.

The therapists consulted referred to a feeling of unblocking during the *MoM*. Duarte et al. (2021) also name similar sensations in the verbal psychotherapists interviewed, who speak of effects such as relief and decompression. This sensation could be related to what Laban (2006) calls *free flow*. It is possible that the *MoM* experienced by the dmts and the verbal psychotherapists interviewed by Duarte et al., had immediately caused the release of the flow. This generates a kind of flow of movement, increasing the connection between the trunk and the extremities, and with direct consequences on breathing (Laban, 2006). Laban further describes how free flow involves an ease of change and is related to expression and communication, statements that are relevant when talking about the possible characteristics of a MoM.

Finally, it is curious that only one therapist mentioned weight in the collected texts. It is likely that in this case, the therapist's invitation to their patient to move with a strong weight was intended to encourage an expansion of the patient's movement repertoire and thus of the IRK, which led to a MoM.

According to Kestenberg et al. (2018), the weight effort can be related to intention and the sense of self. On the one hand the use of strong weight, could be related to a sense of self with clear and defined borders where there would be an impact on the environment with a determinate attitude. On the other hand, the use of light weight could be connected to a less defined self and intention to the environment. The scarce data about weight does not allow and inclusion in the attempt to generate a general characterization of a MoM.

Study Limitations

A limitation of this study was that the data collected came only from the perspective of the dmTs, with no information on the experiences of their patients. These views may be influenced by power relations, prejudices and other conditioning factors.

Future research could be enriched by having the perspective of both participants in the therapeutic relationship.

The merit of this research lies in the possibility of accessing a partial overview of what MoMs are like from the perspective of DMT. Although the evidence is limited, it is important to approach this concept due to its clinical value in DMT.

One of the limitations of this study is the varying familiarity with the concept (MoM) of the therapists coming from different backgrounds, and the ability of the researcher to explain the concept without conditioning responses. As the Boston Group's (Bruschweiler-Stern et al., 2002; Lyons-Ruth et al., 1998) definition is quite broad, consensus on a possible description occurred in the intuitive exchange between the researcher and the therapists, which on multiple occasions left a gap too wide to include other significant moments or moments of change.

For future research, it would be interesting to continue with this research and that carried out by Duarte et al. (2021) in a DMT framework and ask about the triggers, enabling conditions and effects of the MoM.

Conclusion

The results of this research support and reaffirm a clearer characterization of MoM, and that its implementation within DMT, similar to the Boston Group's (Bruschweiler-Stern et al., 2002; Lyons-Ruth et al., 1998) and Duarte et al. (2021) proposal, while adding some elements in terms of movement factors. In summary, it could be said that, according to the therapists consulted, a MoM emerges by surprise with a *sudden time* factor, which breaks the flow of *moving along*, and leads to the meeting. This can be described in relational and emotional terms, as a strongly shared or fusional experience, with great emotional intensity, where genuine affection and security can be felt. The moment involves a direct temporal experience, connected with the present and with the relationship. It generally includes synchronicity in movement, eye contact, closeness or physical contact, and a sense of relief or release from the flow.

The results highlight the importance of kinesthetic empathy in a MoM. This takes into consideration that, as mentioned above, DMT proposes a fundamental principle that relates the expansion of the movement repertoire, which includes IRK, with the possibility of achieving greater well-being and adaptability in individuals (Payne, 1992). The IRK is subject to change or expansion through dance encounters, some of which may result in MoM. According to the results of this study, MoM occur to a great extent through ways that are typical and characteristic of DMT, such as *mirroring* and *affective resonance*. This finding suggests that

DMT is a model that is particularly conducive to the emergence of a phenomenon that enables change, namely a MoM.

This research aims to contribute to the consolidation of DMT as an effective psychotherapy that develops, also, when the MoM are taken to be instants that contribute to the process of general transformation of patients. As Lauffenburger (2020) mentions, elements familiar to DMT, such as improvisation in movement, *mirroring*, *affective resonance*, *somatic transference* and *countertransference*, and movement analysis, among others, contribute to the work at the implicit and intersubjective kinesthetic level.

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Declarations

Conflict of interest The authors declare that they have no conflict of interest.

Consent to Participate Informed consent was obtained from all individual participants included in the study.

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References

- Adler, J. (1999). The collective body. In P. Pallaro (Ed.), *Authentic movement: Essays by Mary Starks Whitehouse, Janet Adler and Joan Chodorow*. Jessica Kingsley Publishers.
- Berger, M. (1972). Bodily experience and expression of emotion. *American Journal of Dance Therapy*.
- Broussard, E. R. (1984). Maternal empathy: its relation to emerging self-representations and empathy in infants. In J. Lichtenberg, M. Bomstein, & D. Silver (Eds.), *Empathy*. (Vol. 2). The Analytic Press.
- Bruschweiler-Stern, N., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Nahum, J. P., Sander, L. W., & Stern, D. N. (2005). The “something more” than interpretation revisited: Sloppiness and co-creativity in the psychoanalytic encounter. *Journal of the American Psychoanalytic Association*, 53(3), 693–729. <https://doi.org/10.1177/0003065105053003040>
- Bruschweiler-Stern, N., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Nahum, J. P., Sander, L. W., Stern, D. N., & Tronick, E. Z. (2002). Explicating the implicit: The local level and the microprocess of change in the analytic situation. *International Journal of Psychoanalysis*, 83(5), 1051–1062. <https://doi.org/10.1516/00207570260338746>

- Bruschweiler-Stern, N., Lyons-Ruth, K., Morgan, A. C., Nahum, J. P., Sander, L., & Stern, D. N. (2008). Forms of relational meaning: Issues in the relations between the implicit and reflective-verbal domains. *Psychoanalytic Dialogues*, 18(2), 125–148. <https://doi.org/10.1080/10481880801909351>
- Buie, D. H. (1981). Empathy: Its nature and limitations. *Journal of the American Psychoanalytic Association*, 29(2), 281–307. <https://doi.org/10.1177/000306518102900201>
- Damasio, A. (2003). *En Busca de Spinoza: Neurobiología de la emoción y los sentimientos* (2°) (p. 2019). Editorial Planeta.
- Dosamantes-Beaudry, I. (1998). Regression-reintegration: Central psychodynamic principle in rituals of transition. *Arts in Psychotherapy*, 25(2), 79–84. [https://doi.org/10.1016/s0197-4556\(98\)00008-2](https://doi.org/10.1016/s0197-4556(98)00008-2)
- Dosamantes-Beaudry, I. (2007). Somatic transference and countertransference in psychoanalytic inter-subjective dance/movement therapy. *American Journal of Dance Therapy*, 29(2), 73–89. <https://doi.org/10.1007/s10465-007-9035-6>
- Duarte, J., Martinez, C., & Tomicic, A. (2021). Sparks of psychotherapeutic change: How therapists understand moments of meetings 'contribution to change in psychotherapy. *Psychotherapy Research*, 31, 1–14. <https://doi.org/10.1080/10503307.2021.1948138>
- European Association of Dance Movement Therapy. (2010). Retrieved from <https://eadmt.com/eadmt/ethical-code>
- Federman, D. (2011). Kinesthetic ability and the development of empathy in Dance Movement Therapy. *Journal of Applied Arts & Health*, 2(2), 137–154. https://doi.org/10.1386/jaah.2.2.137_1
- Fischman, D. (2009). Therapeutic relationships and kinesthetic empathy. In S. Chaiklin & H. Wengrower (Eds.), *The art and science of dance/movement therapy: life is dance* (pp. 81–96). Routledge. <https://doi.org/10.4324/9780203874202>
- Forester, C. (2007). Your own body of wisdom: Recognizing and working with somatic countertransference with dissociative and traumatized patients. *Body, Movement and Dance in Psychotherapy*, 2(2), 123–133. <https://doi.org/10.1080/17432970701374510>
- Förster, J., & López, I. (2022). Neurodesarrollo humano: Un proceso de cambio continuo de un sistema abierto y sensible al contexto. *Revista Médica Clínica Las Condes*, 33(4), 338–346. <https://doi.org/10.1016/j.rmcl.2022.06.001>
- Fuchs, T. (2012). A phenomenology of body memory. In S. Koch, T. Fuchs, M. Summa, & C. Müller (Eds.), *Body memory, metaphor and movement*. Amsterdam/Philadelphia.
- Fuchs, T. (2016). Intercorporeality and interaffectivity. *Phenomenology and Mind*, 11, 194–209. https://doi.org/10.13128/Phe_Mi-20119
- Fuchs, T., & de Jaegher, H. (2009). Enactive intersubjectivity: Participatory sense-making and mutual incorporation. *Phenomenology and the Cognitive Sciences*, 8(4), 465–486. <https://doi.org/10.1007/s11097-009-9136-4>
- Gallagher, S. (2005). *How the body shapes the mind*. Oxford.
- Gallese, V. (2003). The roots of empathy: The shared manifold hypothesis and the neural basis of intersubjectivity. *Psychopathology*, 36(4) 171–180. <https://doi.org/10.1159/000072786>
- Gallagher, S., & Payne, H. (2015). The role of embodiment and intersubjectivity in clinical reasoning. *Body, Movement and Dance in Psychotherapy*, 10(1), 68–78. <https://doi.org/10.1080/17432979.2014.980320>
- Gerhardt, S. (2015). *Why love matters: How affection shapes a baby's brain*. Routledge.
- Kestenberg, J., Loman, S., & Sossin, K. M. (2018). *The meaning of movement* (2°). Routledge.
- Koch, S. C., & Fischman, D. (2011). Embodied enactive dance/movement therapy. *American Journal of Dance Therapy*, 33(1), 57–72. <https://doi.org/10.1007/s10465-011-9108-4>
- Koestler, A. (1977). In W. Anderson (Ed.), *Therapy and the arts*. Harper & Row Publishers.
- Laban, R. (2006). *El Dominio del Movimiento* (2° español). Editorial Fundamentos.
- Lapierre, A. (2015). Relational body psychology (or relational somatic psychology). *International Body Psychotherapy Journal*, 14(2), 80–100.
- Lauffenburger, S. K. (2020). 'Something more': The unique features of dance movement therapy/psychotherapy. *American Journal of Dance Therapy*, 42(1), 16–32. <https://doi.org/10.1007/s10465-020-09321-y>
- Lykou, S. (2017). Relational dance movement psychotherapy: A new old idea. In H. Payne (Ed.), *Essentials of dance movement psychotherapy: International perspectives on theory, research, and practice* (pp. 21–34). Routledge/Taylor & Francis Group
- Lyons-Ruth, K. (1999). El inconsciente bipersonal: El diálogo intersubjetivo, la representación relacional actualada y la emergencia de nuevas formas de organización relacional. *Aperturas Psicoanalíticas*, 4, 576–617.

- Lyons-Ruth, K., Bruschteiler-Stern, N., Harrison, A. M., Morgan, A. C., Nahum, J. P., Sander, L., Stern, D. N., & Tronick, E. Z. (1998). Implicit relational knowing: Its role in development and psychoanalytic treatment. *Infant Mental Health Journal*, 19(3), 282–289. [https://doi.org/10.1002/\(sici\)1097-0355\(199823\)19:3%3c282::aid-imhj3%3e3.0.co;2-o](https://doi.org/10.1002/(sici)1097-0355(199823)19:3%3c282::aid-imhj3%3e3.0.co;2-o)
- Mahler, M. (1968). *On human symbiosis and the vicissitudes of individuation*. International Universities Press.
- Malaquias, S. (2010). *El Toque en la Danza Movimiento Terapia—Perspectivas Teórica, Ética y Empírica* (Unpublished master's thesis). Universidad Autónoma de Barcelona. <https://ddd.uab.cat/record/148403/>
- Mayring, P. (2021). *Qualitative content analysis: A step-by-step guide*. SAGE Publications.
- Meekums, B. (1993). Research as an act of creation. In H. Payne (Ed.), *Handbook of inquiry in the arts therapies* (pp. 130–137). Routledge.
- Merleau-Ponty, M. (2012). *Phenomenology of perception*. (1°). Routledge.
- Mühlhoff, R. (2015). Affective resonance and social interaction. *Phenomenology and the Cognitive Sciences*, 14(4), 1001–1019. <https://doi.org/10.1007/s11097-014-9394-7>
- Pallaro, P. (1996). Self and body-self: Dance/movement therapy and the development of object relations. *Arts in Psychotherapy*, 23(2), 113–119. [https://doi.org/10.1016/0197-4556\(95\)00061-5](https://doi.org/10.1016/0197-4556(95)00061-5)
- Panhofer, H., & Payne, H. (2011). Language the embodied experience. *Body, Movement and Dance in Psychotherapy*, 6(3), 215–232. <https://doi.org/10.1080/17432979.2011.572625>
- Panhofer, H., Payne, H., Meekums, B., & Parke, T. (2011). Dancing, moving and writing in clinical supervision? Employing embodied practices in psychotherapy supervision. *Arts in Psychotherapy*, 38(1), 9–16. <https://doi.org/10.1016/j.aip.2010.10.001>
- Payne, H. (1992). *Dance movement therapy: Theory and practice*. Routledge. <https://doi.org/10.4324/9780203359266>
- Rova, M. (2017). Embodying kinesthetic empathy through interdisciplinary practice-based research. *The Arts in Psychotherapy*, 55, 164–173. <https://doi.org/10.1016/j.aip.2017.04.008>
- Sander, L. W. (1975). Infant and caretaking environment. In E. J. Anthony (Ed.), *Explorations in child psychiatry*. Plenum.
- Samarit, R., & Payne, H. (2013). Kinaesthetic intersubjectivity: A dance informed contribution to self-other relatedness and shared experience in non-verbal psychotherapy with an example from autism. *Arts in Psychotherapy*, 40(1), 143–150. <https://doi.org/10.1016/j.aip.2012.12.004>
- Schore, A. N. (2019). *Right Brain Psychotherapy* (Norton Series on Interpersonal Neurobiology). United States: W. W. Norton. <https://www.norton.com/books/9780393712858>
- Siegel, D. (2010). *Mindsight*. Oneworld.
- Shay J. (2011). Projective identification simplified: Recruiting your shadow. *International Journal of Group Psychotherapy*, 61(2), 238–261. <https://doi.org/10.1521/ijgp.2011.61.2.238>.
- Stern, D. (2004). *El Momento Presente: En psicoterapia y la vida cotidiana* (Spanish). Cuatro Vientos.
- Stern, D. N. (1985). *El mundo interpersonal del infante: una perspectiva desde el psicoanálisis y la psicología evolutiva* (1°). Paidós.
- Totton, N. (2014). Embodiment and the social bond. In K. White (Ed.), *Talking bodies* (pp. 41–64). Karnac.
- Tronick, E. Z. (2007). *The neurobehavioral and social-emotional development of infants and children* (1st ed.). Norton.
- Varela, F., Thompson, E., & Rosch, E. (2011). *De Cuerpo Presente: Las ciencias cognitivas y la experiencia humana* (4°). Gedisa.
- Winnicott, D. (1982). *Objetos transicionales y fenómenos transicionales*. Gedisa.
- Winnicott, D. W. (1960). The theory of the parent-infant relationship. *International Journal of Psychoanalysis*, 41, 585–595.

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