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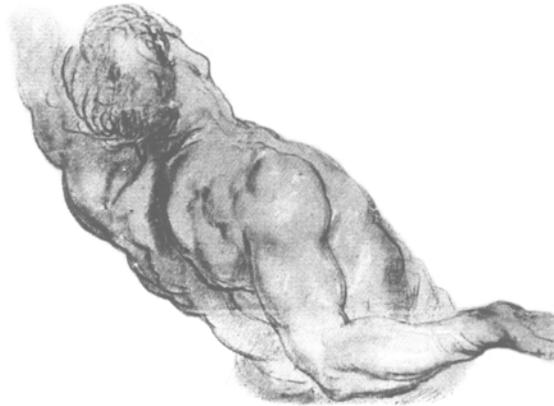


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The USABP believes that integration of the body and mind is essential to effective psychotherapy, and to that end, its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humanity. (revised October 1999)

Interactional Shaping within Therapeutic Encounters: Three Dimensional Dialogues

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Abstract

This paper suggests that within therapeutic encounters, and explicitly within body therapies, there is relational shaping between the body of the client and body of the therapist, and between the body of therapist and body of the supervisor. This mutual shaping is both active and passive and takes place both consciously and unconsciously in the spaces in between individuals and between individuals and contexts. This improvised relational 'dance' consists of interactions in which the players influence each other, and each other's stories, over time. The present paper introduces and defines the concept Interactional Shaping, as a frame for conflating dance therapy, movement observation and social constructionist discourses. It presents supportive qualitative data from a dance therapy supervisee on research project. It also locates the concept of Interactional Shaping within other related theoretical perspectives and gives a rationale for offering another viewpoint for observing relationships. Whilst the context for this paper is set within dance therapy, the focus upon mutual influence within relationships is relevant for any professional working within therapeutic, caring or education sectors.

Keywords

Interactional Shaping within therapeutic encounters - Mutual influence - Non-verbal interaction - Shaping - Supervision

Dance Movement Therapy

Dance Movement Therapy (DMT) is defined by the professional association in Britain as 'the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical, and social integration.' (ADMT UK, n.d.). DMT is based upon a core belief in the interrelationship of body and mind. Body processes and both verbal and non-verbal communication are central to the work (Meekums, 2002). However, within the field there is not one agreed definition of self, or of what constitutes a therapeutic relationship. When dance therapists write about their work, there is usually a division between descriptions of the movement behavior and ways of understanding the therapeutic relationship (Levy, 1995). Arts therapists tend to borrow language, and constructs, from established schools of psychology and psychotherapy, e.g. psychoanalytic, humanist, object relations, systemic, to understand what happens between people (Best, 2000). Each of these approaches brings with them a set of values and beliefs which are integrated into, and influence, the therapist's practice. Within this paper the reader will notice an allegiance to systemic and social constructionist ideas within descriptions of relational material. The construct being presented, Interactional Shaping (I.S.), is one attempt to synthesize observed movement phenomena and psychosocial theory.

Interactional Shaping

The majority of this paper will be presented from a first person position to be coherent with the experiential nature of the concept being presented, as well as, with the qualitative research data. My colleague and I have, both as educators and supervisors within a postgraduate Dance Movement Therapy training in the UK, wished to offer our students an adaptable framework for creatively understanding relational phenomena. Within the training we are intensely curious about how people 'do' communication. Social constructionist and systemic ideas inform our practice as they locate communication within wider interactive systems. We privilege constructionist and artistic discourses which encourage trainees to be curious about meaning making within verbal and nonverbal social dialogues (Anderson & Goolishian, 1990; Pearce & Cronen, 1980; Pearce, 1984). Within dance movement therapy literature relational events are often described either in object relations terms (Meekums, 2002) or using transference language informed by a psychodynamic approach (Dosamantes, 1992). Within our training programs we needed ways of locating systemic and constructionist ideas, of mutual and contextual influences within movement language for use within dance therapy. We, therefore, devised the term Interactional Shaping (I.S.).

Foundations for the term, I.S., exist within many fields researching communication and relationship. Related terms used within non-verbal communication research, developmental psychology, movement observation analysis and social constructionist therapy will be indicated in this paper. Other fields offer conceptual, and in some cases empirical, support for the centrality of relationship in creating experience i.e. neuroscience, social psychology, body psychotherapy, psychoanalysis, feminist, narrative and systemic therapy.

Through microanalysis of conversations Condon (Condon 1980:56) coined the term 'interactional synchrony' to describe the complex, complimentary movement process between listener and speaker. Quite separately within developmental psychology, Winnicott (1965), when describing the relationship between mother and infant, wrote

of 'mutuality, 'mutual influences', and rhythmic 'interactional synchrony' as being essential for healthy communication. Another developmental interactionist, Stern, spoke of 'intersubjective relatedness' and the importance of the mother's use of 'shape' when attuning with her infant (Stern, 1985:27 & 146).

At a similar time within the world of dance and movement analysis, choreographer Rudolph Laban devised a systematic movement observation system, Labanalysis (Laban & Lawrence 1967; Laban, 1992). The system was divided into 3 areas: the use of the body (actions), where the body moves in space (shape) and how the body moves (qualities or rhythmic efforts). The system, originally designed for use within industry, choreography, and dance education, is now used within dance therapy for diagnosis and description. The method of observation has become known as Effort/Shape and is based upon the premise that even within functional actions motion and emotion are linked (North, 1972; Davis 1995). The system locates all movement qualities, or Efforts, along 4 continua - Flow (binding to freeing), Space (unifocus to multifocus), Weight (increasing to decreasing pressure), and Time (increasing to decreasing speed). For the purposes of this paper it is the other aspect, Shape, which is most relevant, as it pertains to relationships in environmental space, between body parts, objects and people (Bartenieff & Lewis 1980). Pupils of Laban, Warren Lamb and Irmgard Bartenieff, went on to support psychoanalyst Judith Kestenberg to further develop Laban's ideas for use within therapeutic settings. In particular the concept of 'Shape Flow' was developed to describe individuals' relational experiences, or their physical responses to environmental influences (Kestenberg & Sossin 1979).

Connections between the environment, relational experience and physical adaptation are also found within other fields. Researches within neuroscience write of "neuronal plasticity" in which neurons are dependent upon, and adaptable to, experience (MRC, 1999), while social psychologists study the phenomenon 'emotional contagion' or mood exchanges between people (Wild et al, 2001). Neuropsychologist Schore investigates 'synchronized energy exchanges' between mother and infant within the development of attachment behaviors (Schore, 1994), while research into memory and neurodynamics suggests a possible neural basis for adult behaviors within psychotherapeutic transference phenomena (Grigsby & Stevens, 2001). Similarly within body psychotherapy praxis there is acknowledgement of the interconnected nature of bodily, psychological and environmental processes both in past and present interactions between people (Carroll, in press). Some somatic psychologists acknowledge the effect of wider cultures as shapers of experience. Practitioner Johnson uses the term 'social somatics' to describe 'the constant shaping of bodily experience by institutions of our various cultures' (Johnson, 1998:9).

Many fields studying human behavior note a paradigmatic shift towards an increased awareness of complex interactive systems in which there is mutual relational influence and co-creation (Gergen, 2003). The concept of Interactional Shaping is coherent with this shift towards understanding how people are shaped by, and in turn shape, their experiences. This is especially evident within the field of psychotherapy. Postmodern psychoanalysis is now seeing some analysts disclosing personal material, positioning themselves differently, and focusing more upon interactive relational processes (Goldberg, 2001; Jacobs, 2001). Feminist therapy continues to locate the therapeutic relationship within an interactive frame of connectivity, mutuality, and related awareness, especially within the relational-cultural model (Jordan, 1996; Stiver et al, 2001). Social constructionist and narrative therapies focus upon the interfaces between individual and social 'stories', or narratives, and how these shape, and are shaped by, joint actions (Epston & White, 1992). Social constructionist Pearce suggests there is 'a reciprocal, causal relationship between forms of communication and ways of being human' (Pearce, 2001:11). Within systems thinking and systemic therapy attention is paid to 'feedback loops' (O'Connor & McDermott, 1997), mutual influences, and the observer's effect on the observed system (von Foerster, 1981).

While all of the theorists above acknowledge the effect of environmental influences, not all focus upon the idea of interaction as being a two-way, or even multi-way, dynamic process which shapes all parties moment to moment. My intention in using the proposed term, Interactional Shaping has been to draw students and supervisees' attention to a more active sense of shaping their environment, as well as their being shaped by it. I am curious about how this shaping occurs between bodies and how it is affected by the context, the qualities of the movements, and the beliefs and expectations of participants. Through drawing attention to I.S. within supervision I encourage supervisees to become curious about all the other possible conversations which might have been made had they acted differently (Pearce, 1994). Every encounter contains a rich mixture of influences from past, present, and imagined social exchanges.

Methodology

The research material which informs this paper arises from a supervision pilot project I ran in 1998-9 with qualified dance therapists. Qualitative methods were used consisting of extensive field notes, post session questionnaires filled in by participants and supervisor, and an open-ended group interview. The present paper is based upon one aspect of the data - fieldwork notes that I wrote, as supervisor, during and after each session. The results from the full data are to be presented within another paper (Best, 2003). For the purpose of illuminating the concept of Interactional Shaping, I have selected extracts from one session (8th out of 10) for examination.

The project was the beginning of my research developing a model of supervision in which the therapist's creative processes are central and act as a means towards understanding what gets created when relating to

client material. I call this RCPM, or Relational Creative Processes model of supervision. Within the RCPM model participants shift, not only between their personal and professional material, and between therapist and client positions, but also between modes of reflection and expression e.g. moving, sensing, drawing, writing, listening, playing with props, and talking. The RCPM is informed by other supervisory models which use creative activities to reposition the therapist in relation to the clinical material (Lahad, 2000; Lett, 1993). Moving between expressive modes facilitates distance and opportunities to re-engage with the material from a new perspective (Best, 1999). There are other relevant models of supervision, which, whilst not employing creative arts, do make use of positional shifts to create fresh perspectives. Within systemic therapy the use of the 'reflexive team' listening and feeding back, facilitates distance from the clinical relationship, while within narrative therapy the idea of 'collaborative supervision' repositions the therapeutic narratives amongst the supervision group, sometimes also including the client's responses (Andersen, 1991; Crocket, 2002). A metasystems perspective is offered by Gilbert & Evans (2000) within their 'integrative relational model' of psychotherapy supervision which is inclusive of person position shifts and 'multi perspectival views' (p.11).

In the spirit of Interactional Shaping, I ask the reader to take note of my language in the transcription below, and consider how it may have influenced the session. Note also the structure of the sessions, which begin with improvised movement arising out of a warm up section, which I led, based upon my observations and intuitive responses. In this I shape and am shaped. In my role as group supervisor I rarely arrive with a planned task; I allow the events in the room to influence the unfolding of the session. My one repeated strategy is to ask participants what connections there might be between what happens in the room and the supervisees' clinical work. I ask the reader also to consider possible subtexts within supervision, such as expectations, judgments, support, desires which influence both my actions and those of the supervisees. Also note the possible effects of the hypnotic or 'indirect suggestion' of my language and/or interventions and how this might shape events (Furman, 1992.9). I overtly take responsibility for my part in the creation of meanings within the sessions.

Case Material

The transcript below comes from my contemporaneous fieldwork notes, which included some descriptive comments and thoughts written immediately afterwards. I have put direct quotes in italics, and any additional comments for this paper in parentheses. I have condensed the transcript of the introductory warm-up section below, while keeping the overall structure, so the reader can get a sense of the language I was using.

The group was in the room when I arrived carrying all sorts of props and paper and tapes etc. The participants were all sitting on the theatre seats rather than within the movement space and I suggested they walk around the room as a transition into movement. From this came the theme- Walk and Pause. I then said 'The pause can be filled with stillness or attentiveness. You can leave the pause suddenly rushing, or loosely lingering. ... Check how the body feels. What kind of movement does it need to warm up- big / little / heavy /light? Breathing, as you go.' I put on oboe music which to me felt light and spacious allowing for range of movement options. The task then became stop /go, pause/move. The warm up continued as I observed their bodies moving, and then chose ways to support their transition into the space, into a sense of their body weight, physicality, and personal rhythm. I added a suggestion of three dimensionality to encourage a sense of both themselves and others. 'Sometimes putting yourself in places /positions and not knowing how you got there. Pausing and disentangling.' As a cue to ending the warm up section I said 'Begin to settle in to where you are at the moment and move towards a pause '.

The next task was 'Let the mind conjure up stories, pictures, words, associations from your movement. Then out of these associations create a sculpture. It can be a moving one or a still one...' Individuals slowly went into shapes.' Imagine where this sculpture is? Inside a building? On a landscape? Perched on the edge of something? Build a picture of what is round you. How much detail can you see? Is it important to this sculpture or could it be anywhere? (I am trying to deepen the felt experience by establishing a sensed context). 'When ready, let go of the sculpture and share something of your experience with another one or two people.' Then I said shortly afterwards 'go back to the sculpture and see if it can move. If it were able to move, how would it do so? ... 'What does it know about you? Especially, what does it know about you as healer, therapist, clinician? What message does it have for you'

I wanted then to add another shift of modality. They had moved physically, gone into imaginative associations and an internal focus, then out to verbal dialogue with others. There had then been a shift back to the kinesthetic, combining sensation and imagination ('how might the sculpture move') and cognition ('what does it know about you?') The next task shifted to another mode that of drawing, of externalizing from the felt sense, towards a concretizing form. 'When ready get some paper, and write a sentence, a word, an image about the sculpture and something you found out or maybe didn't find.. Once again I felt the need to move on, not yet knowing quite where we were heading, yet sensing that further integration was now needed with clinical work. I gave a temporal cue, 'One more minute and let yourself finish. We can come back to the picture later.' (Notice the language of permission which I used and then the shift of person from 'you' to 'we'. These language structures may serve to shift subtly the relationship between myself and them and between themselves and the image /word they are working on.)

It now felt it was time to bring in explicitly the participants' clinical work. I said 'Nominate,' (at the time I noticed this was a strange word which had come to me, so I reflected upon this out loud and that I was going to stay with this word because it had come to me). I then continued, 'Nominate a client or a group, someone who stays with you, or jumps out at you. Make a mark on the paper to represent this person or thing that you have chosen.' We then went back into movement. Now move this person or an aspect of the group. Put them into your body. Get something of it in your body'.

The next task arose as I watched them move. I wondered what might happen if while 'being' inside the body of the remembered client, the participants could reflectively switch to reversed second person position i.e. an empathic sense of the other. I was in effect asking them to jump twice, once to second person position of understanding and then to look back at themselves. I said 'While in the body of this person, imagine what this person makes of you. Imagine/sense what this person thinks of you? What do they feel about you? After a moment to allow them to feel and move this I went one step further focusing the quest. 'What does this client think is your main concern as a therapist? What do you keep saying or doing as therapist? What do they notice about you? What would they say is your favorite movement? What do they see as your main intervention and does it help?'

As participants became still, I said. 'Go into 2 small groups and talk about your therapist (yourself) while in role as the client. The others in the group are also other clients with other therapists listening to you talk about your therapist. Help each other by asking questions. I had not used this specific embodiment and role reversal task before, though I have used, as have others, role-play in supervision and training (Lahad, 2000). As in most of my work I respond to what I observe, through a bodily felt response, intuition and tacit knowledge (Nikolitsa, 2002). My writing is one way in which I externalize and assess my processes as being valid. I became very excited by the task, as I observed the eagerness with which the participants entered the role-play.

This appeared to be a very powerful task, as participants had moved through several stages to reach a potential new level of understanding, of embodiment. I noticed the participants were particularly engrossed in the task, with very focused eye contact, high intensity in their muscles, and total attention being given to each speaker. My sense of the powerfulness of the task became confirmed later, when the participants reported on their experiences. I visited the two groups while participants remained in role talking to one another, as if in a self-help group for people trying to understand their therapists. They were speaking 'as if' the client, being curious about why their therapists (actually themselves) behaved as they did. As I watched I was in awe of the way they were inside their clients. It appeared they had really noticed things about themselves. It was hard work and rewarding. Below are two small cameos from these self-help groups.

One supervisee, whom I shall call Jane, who is wanting to do more work with refugee children, and who already works with refugees was speaking 'as if' a refugee child saying to the others in a bemused, and somewhat confused, manner, "She (Jane) keeps wanting me to make a house. I don't know how to make a house! My house burned. I can't make another one. She gave me string and I wrapped it around me. But I couldn't make a house. She says we will dance. I don't know how to dance, but I can jump. Jump up and down, up and down." Another group member asked, "Does she move, too?" "Yes, she spins, round and round, round and round". Another person asked, " why does she do that?" The child answers, "She is making wind, and wind will blow out the fire". I will come again to jump up and down, and to try to make a house." Jane was almost in tears and had to stop her role-play, as it was such a powerful experience. In the sessions this child had not spoken. Jane now saw what a distance there was between what she did as therapist and how hard the child had worked to make sense of the therapist's actions. Jane felt enormous respect for the child's ability to continue working on the relationship. Jane became very excited about forging ahead with her work and stated at the end of the sessions that she now had so many new ideas.

A second supervisee, whom I shall call Sue, was in the other small self help group and was 'being' a severely learning disabled adolescent without speech, whom I shall call Sam, with whom Sue works in a group. Sue asked me what to do, as the young person did not talk and I suggested that tonight he could speak as she would speak for him. Sam spoke very enthusiastically of his therapist, "Sue does dangerous things. I put the elastic over her head and she goes dangerous. She rushes off and around the room and far, far away from me. I put the elastic over and she goes. She's dangerous". Asked by other members ""Does she let anyone else put the elastic around her?" "NO!" is the emphatic reply. "Does she enjoy the dangerous movement?" "Yes, she loves it, Sue loves dancing. I can be anywhere, in the dining room, in the classroom, in the corridor and if I see her all I have to signal is 'Sam - dance' and she smiles and looks and me and says really happily 'yes, Sam - dance'. It can be anywhere and she gets excited when I say that."

This was told with tremendous enthusiasm and Sue then had to physically shake herself out for a while before returning to the circle to talk. She then showed the group the drawing she had done earlier, which had two dots with an ellipse around them (her and Sam), and then another circle, which was the group. She said that Sam always stayed as far out of the group circle as possible in the dance therapy sessions and only connected when she introduced the elastic. Sue noticed from the embodiment task and the subsequent articulation, how connected this lad actually is, even while on the edge of the group. She noticed that Sam has a special connection and this is his autistic way of connecting one at a time, but very firmly. She only realized the specific kind of pull from the

embodiment. She finished the session by saying that she is always so very tired when she is working, yet is reminded that she really does love what she does, and this gives her energy to return to the work.

We ended the group by going back into movement accompanied by music with a strong rhythm to assist participants to de-role and find their own feet. I mused afterwards about whether they had ever left themselves, as the client was 'as if' an extension of themselves or perhaps an aspect of themselves which became alive in relation. From listening in I was reminded how through reflection upon action we discover what we already 'know'. Through creative, reflexive embodiment we may discover aspects of ourselves and make our tacit knowledge explicit (Nikolitsa, 2002).

Discussion

If one uses the concept of Interactional Shaping as a lens through which to look at the case material above, one might be curious about the effects of the supervisor's language on the participants' experiences. For example how certain phrases influence outcomes, e.g. 'nominate a client'; 'you as healer'; or 'What message does (the sculpture) have for you?' One might also wonder about how shifting between kinesthetic, iconic, symbolic and lexical modes provides different information, and shapes the individual and the material in different ways. For example consider the effect of the accumulated information from Sue's, drawing, then her embodiment, and her role-play. Such shifts facilitate creative, multi-focused views of the case material in which embodiment; externalization and reflection lead to what Lett terms the 'multimodal accessing of the knowing-in-being-self' (Lett, 1993.375). Therefore, Interactional Shaping may pertain to the relationship between parts of oneself, between expressive contexts, and between self and others in the environment.

Therapists' explanations for what takes place within the interactive space between therapist and client have changed over time towards greater inclusion of relational processes (Gergen, 2003). Dance Therapist and psychoanalyst Dosamantes summarizes historical ideas about transference phenomenon, highlighting the 'trend' away from 'mechanistic intrapsychic explanations of personality in favor of an intersubjective and interpersonal view' (Dosamantes, 1992.360). Dosamantes goes on to say that the ethical implications of this shift are that analysts 'assume greater responsibility for the continual, and close monitoring of their own actions, fantasies, and thoughts' and are enriched by an awareness of the 'subjective interplay between themselves and their individual patients'.

While Dosamantes uses the term 'interpersonal', her description of transference material appears to emphasize intersubjective phenomena, focusing upon individuals' intrapsychic experiences in relation to one another, as a means of understanding what happens between them. Social constructionist and systemic approaches, on the other hand, emphasize co-creation of meaning and the multiplicity of meanings with an emphasis upon interpersonal communicative processes as the key to understanding what happens in the space in between (McNamee & Gergen, 1992; Pearce, 1994; Best, 2000). There is an assumption that meanings are co-created between selves engaged in social exchanges that contexts are formative and that processes, rather than products, of communication are central.

Psychotherapist Spinelli (1996) speaks of the self as being 'plastic', allowing for the creation and existence of many selves-in-relation. This fits well with the social constructionist perspective being presented in this paper. Barnet Pearce, founder of CMM (Co-ordinated Management of Meaning) focuses upon the 'social worlds that we are co-creating through out actions' (Pearce, 2001.3). The ideas of plasticity and co-creation, of intersubjectivity and the interpersonal may be particularly helpful for therapists working directly with, and in relation to, the body, as these ideas emphasize shared responsibility and the need for self reflexivity of the therapist.

The field of neuroscience offers a different view of plasticity from that of psychotherapist Spinelli, one closer to the Kestenberg Movement Profile view. Neuroscientists investigating learning and memory write of 'neuronal plasticity' referring to ways in which 'the brain is able to remodel its connections in order to adjust the organism's response to changing conditions' (MRC Co-operative, 1999. para.1.) These changes take place over time, rather than moment-to-moment, as in the frame of Interactional Shaping. Body psycho-therapist Carroll (2001) emphasizes the importance of developmental neuroscience in providing a fresh perspective on human processes, embedding psychological and somatic functions within a 'network of relationships' (2001.4). Carroll locates herself within new science, which, along with other disciplines exploring human behavior, is now searching for 'emergent properties of complex interactions between systems' (2001. 1).

Viewing Interactional Shaping as an emergent property of interaction and communication may be useful to the psychotherapeutic practitioner working in the here-and-now, as well as considering previous relational patterns. I.S. as evidenced within my supervisory practice focuses attention upon momentary changes within a dynamic relationship which is being created, and recreated, within a social situation. I.S. refers to somatic, psychological and social narratives which have the capacity to change. In the case material described within the example above, the dance therapist, Sue, became aware in her body, of the excitement and danger of the elastic band and its effect on the behavior and emotions of her client. Sue's bodily 'felt sense' (Gendlin, 1996) was transformed and externalized into a drawing, which was then reflected back as important information about the relationship being co-created between herself and the child. The elastic appeared to wrap together more than their physical bodies; it could be seen also as a concretized expression of mutual influence between social worlds.

From a movement perspective there is a related concept, shape-flow, which is based upon the expanding and narrowing of the body during breathing. The idea of shape-flow initially came from Warren Lamb, a pupil of Laban, and was further developed by psychoanalyst Judith Kestenberg, who with others created a system of movement analysis called KMP (Kestenberg Movement Profile) based upon longitudinal observations of infants interacting with carers (Kestenberg et al 1999). In describing shape-flow dance therapist Loman states it 'expresses plasticity of living tissue... (and) shape-flow patterns provide a means to express and structure internal feelings about relationships' (Loman & Foley 1996. 342). Kestenberg's idea that shaping, plasticity and relationship are connected is supported by recent research in neuroscience, which suggests that 'object relations are embodied' (Carroll, 2001, Part 2, para.1).

The Kestenberg Movement Profile is based upon a developmental premise that, as an individual matures, body movement patterns evolve over time and psychological development can be observed through these 'predictable' patterns (Loman & Foley, 1996). The idea that traumatic and significant experiences are stored in one's body is not unique to KMP. Body psychotherapists acknowledge the concept of somatic memories, and relationship between body and mental states (Johnson & Grand, 1998; Carroll, in press). Within KMP trained observers assess both the developmental issues and age of trauma, and also specific relational issues through body movement patterns. A detailed description of the KMP is outside the scope of this paper, however, interested readers should see Kestenberg and Sossin, 1979.

The Kestenberg Movement Profile (KMP) is divided into two main sub systems: the Tension-flow-Effort system and the Shape-flow-Shaping system. The Tension system is purported to relate primarily to the development and expressions of an individual's 'inner needs', while the Shape system relates to the development of an individual's relationships to people and things in the environment (Loman & Foley 1996). It is the Shape system which is congruent with the idea of Interactional Shaping presented in this paper. 'Shaping is about relationships, about how parts are interconnected' (Kestenberg et al 1999.161). The Shape system follows a developmental sequence. This starts with 'Shape-Flow', in which the infant's body shrinks away when repulsed, and bulges forward when attracted. The next phase is called 'Shaping in Directions' in which the child actively connects with others, and objects, through directional pointing. The final phase is termed 'Shaping in Planes', in which the individual moulds to their environment, including others, using three dimensions, facilitating the most advanced level of relational connectedness (Loman & Foley 1996).

Earlier within the case material in this paper there is an example of three dimensional shaping. I asked the participants to create a body sculpture encouraging use of three dimensional shaping or shaping in planes. My field notes indicate that during the session, while observing the body movement within the room, I decided to introduce overtly three dimensionality in order to open participants' awareness of others. The task arose in what felt to be an organic manner, based upon my 'felt sense' while observing the movement focus and range. It is only in retrospect, after reflective analysis upon my notes, that I noticed the close link between the sculpture task and my next suggestion for the participants to connect to their clients from within the sculpture. Inherent within any person's capability to shape in this way is their experiential history of relating to others both in the distant and recent past (Kestenberg et al 1999). I might assume that in asking participants to think about their clients while in the process of shaping with their own bodies, they might well be connecting to recent clinical experiences as well as more distant memories.

Winnicott (1965) was aware of the importance in early relational experiences of breathing and shape changes when he highlighted the significance of the mother's adaptability to, and synchrony with, her infant's heartbeat and breathing. Winnicott's idea of mutuality within early relationship experience influenced Kestenberg's concepts of the development of 'self-in-relationship' (1999.6 & 124). Stern (1985) also focused upon 'intersubjective relatedness' and the importance of attunement between caregiver and infant. Stern's description of 'attunement' highlights three features: 'intensity, timing, and shape,' which could all be part of the dynamic complexity within Interactional Shaping. These theorists' perspectives provide support for the interactive nature of the body, psyche and the environment. While the KMP (Kestenberg Movement Profile) profile has been based upon observations of interactions between individuals, as an observational tool it also assesses individual psyche-soma development over time.

If followed rigidly the KMP model might be related to the idea of a 'feedback loop' within systems thinking, or a 'closed chain of cause and effect' (O'Connor & McDermott, 1997.251). Within the concept of Interactional Shaping there is an appreciation of ongoing 'balancing and reinforcing feedback' within the present moment, rather than a focus upon previous 'loops' (O'Connor & McDermott, 1997.32). The perspective of Interactional Shaping draws the attention of the observer (whether therapist, supervisor, or care worker) to the fluid co-creation of realities between individuals and systems through the interaction of bodies in motion in space. The non-verbal influences between people are mutual and take place before, and alongside, verbal interactions. The value of I.S. as a theoretical lens may be that it takes the observer one step beyond 'interactional synchrony' (Condon 1980) and Shaping (Kestenberg et al, 1999) towards a post structuralist ethical position which includes the observer, issues of power, influence, and person position (Stiver et al, 2001). Such a position is in line with feminist, systemic, social constructionist and narrative therapies.

Issues of power can be seen, and deduced, from the case examples provided in this paper. In the position of supervisor I acknowledge the power my physical, verbal, and non-verbal input may have upon outcomes (Fruggeri, 1992). My use of hypnotic language puts me in a potentially powerful position, in which I may be strongly and overtly, or subtly, influencing the experiences, and at times images, of participants (Furman (1992.9). My vocal pacing, breath sounds, and movements at the side of the room may also affect outcomes. There is also the consideration of the therapist's power in shaping clients' experiences. One participant in the example above, Jane, following an embodiment of a non-verbal, relational experience with a refugee child, became aware of what power she may exhibit as therapist. In the subsequent role-play when Jane 'became' the young boy, she experienced how hard the child worked to do what the therapist wanted. Jane, as therapist, could suggest dancing; she could request a house to be built, by offering props. She could spin and spin, perhaps to keep playful movement in the room, as verbal communication was not an option. The child created a different internal story about the 'wind' being created helpfully by the therapist's spinning body. Perhaps he retained some power through this positive interpretation, as well as through his jumping and jumping and jumping.

One rationale for recommending another viewpoint when observing relationship, is a perceived need within the field of Dance movement therapy, to incorporate and relate post-modernist ideas directly with observable movement phenomena (Parker, personal communication). As observers are part of the observed system, and subjects are part of wider systems of movement, meanings, and relationship, adopting different person positions could produce different experiences (O'Connor & McDermott, 1997; von Foerster, 1984). Where you locate yourself in a relationship, theoretically and physically, may influence what you see, the space you have to express yourself, and how you may shape others around you (Best, 2000).

Within the RCPM sessions participants shift person positions repeatedly. They begin in first person position, checking in with their bodies, their 'felt sense' and then move towards second and third person positions within the session. In the case material in this paper there is one instance when I ask participants to try out the body experience of the client (a shift to 2nd person position). Later during the role-play when the 'clients' are talking together, there is an unusual combination of first and second person positions. At other times in the supervision sessions participants may take on a third person position observing the relationship between another couple or commenting on the overall process in the session. Such shifts of person position are frequent within systemic and social constructionist practice, as well as in narrative therapy supervision during 'outsider-witness' practices (Andersen, 1991; Fox & Tench, 2002). The insider, perhaps the therapist within supervision, takes the outsider position or the supervision group takes the insider position and the client takes the outsider position. These shifts encourage new narratives to be created and integrated in a similar way to the exercise within the case example. Further research might look at differences between shifting perspectives via embodied role-play, artistic media, person positions or theoretical frame.

From a poststructuralist perspective we are shaped by the person position we take, or are put into, and mutually we shape others. In practice, while in the role of therapist, or supervisor, or researcher, we might be in any one of the positions. We could be more distant (3rd) with an overview, or in the empathic second person position (I -thou), or even in first person, fully involved in an 'I' position, and responding from our own feelings, responses (O'Connor & McDermott, 1997; Gilbert & Evans, 2000). I suggest that therapists, supervisors and researchers need to consider what they bring to interactions through their bodies and how to maintain curiosity about what gets created between people. From my clinical and training experience what gets shaped within the interaction is plastic and lively, vulnerable and powerful.

Dance therapist Penny Lewis emphasizes the importance of embodying relational figures and engaging bodily within the 'bi-personal space', thereby connecting to one's 'self-in-relation' (Lewis, 1993.5). Kestenberg's Shape-flow-shaping system claims to assess the 'nonverbal foundations of relational development' (Loman & Foley 1996. 341). Interactional Shaping as a frame may offer a view incorporating both 'bi-personal space' and interpersonal, interactive space. I.S. may help therapists, supervisors, supervisees, (and clients) to appreciate multiplicity and mutual influence within interpersonal dynamics e.g. the variety of modes, expressions and narratives danced, spoken and heard within therapy and supervision processes.

Summary and conclusions

This paper introduced the concept of Interactional Shaping as a creative construct to assist trainees, therapists and supervisors to appreciate the ways in which multiple verbal and non-verbal contexts and narratives shape relationships over time. Connections were drawn with Condon's 'interactional synchrony', 'Dosamantes' 'intersubjectivity', Kestenberg's 'Shape-flow-shaping', Winnicott's 'mutuality', Stern's 'intersubjective relatedness', Laban's 'Effort- Shape', Schore's 'syn-chronized energy exchanges', neuroscientific concepts of 'neuronal plasticity', social psychology's concept of 'emotional contagion', Johnson & Grand's 'social somatics', Lewis's 'bi-personal space', O'Connor & McDermott's 'feedback', feminist therapy's 'relational connectivity' and Carroll's 'embodied object relations'.

Support for the presented model of supervision, RCPM (Relational Creative Processes Model) was drawn from creative arts, narrative, systemic and social constructionist and relational integrative supervision models

highlighting related practices i.e. differing creative media, person position shifts, 'collaborative supervision', 'reflecting team' and 'outsider witness'.

A case was made for the new term Interactional Shaping as a way of focusing therapists' observations and reflections on how not only narratives, but also bodies are shaped moment to moment. The paper provided case examples from qualitative data within a supervision research project. The supervisees considered both active and passive aspects of Interactional Shaping revealing how their body narratives had shaped, and been shaped, by their interactions with particular clients. The reader was also asked to pay attention to the effect of the supervisor's choice of language and task. Connections were drawn between related psychological theories and descriptions of non-verbal interactions. The experience of the author both in private practice and professional training is that this construct serves to promote creative curiosity about what is created between people. It also supports an alternative, post structural ethical position by drawing the therapist's attention to the multiplicity of communications and possible outcomes, prompting therapists to take responsibility for their input. These non-verbal and verbal narratives enrich creative interactions over time, shaping communications and outcomes.

In offering the concept of Interactional Shaping, the author illuminated connections between a number of fields concerned with human behavior, communication and psychotherapeutic relationship. The paper points to a need for further research across these fields. An in depth review of research might critique practitioners' understandings of what happens in the somatic, psychological and social spaces between people. Such research could add another narrative to the interconnecting web of professional conversations, thereby stimulating further curiosity and dialogue.

'Transformation is inherently a relational matter, emerging from myriad coordinations among persons'. (McNamee & Gergen, 1992.5)

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