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Reflections on individual webcam dance/movement therapy (DMT) for adults

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ABSTRACT

Dance/movement therapy (DMT) has been forced to find alternative ways to operate amid the Coronavirus pandemic. Due to the restrictions of isolation, therapy sessions have begun to be held through online means, in an attempt to preserve the therapeutic relationship whilst meetings take place in separate physical spaces. Inevitably, various components of the therapy session have been impacted and altered. DMT is based uniquely on an ongoing focus on body-movements, thus enabling the therapist to gather data on personal and interpersonal processes and to assess, intervene, and interpret such data. The shift to webcam-DMT has had an influence on the manner in which the emotional body-movement ‘text’ of patients is revealed. This article attempts to illuminate the adversities affecting DMT during the pandemic and to expound ways to maintain DMT’s unique contribution despite the detriment caused to body-movement textual space in webcam sessions.

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From live to virtual presence

The global COVID-19 pandemic has presented therapists with unprecedented therapy-related challenges. The social distancing directives have moved therapists to use various technological means in an attempt to abridge the physical distance. The therapy setting has changed, thus raising questions as to the impact of such changes on dance/movement therapy (DMT).

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This article is the outcome of a panel discussion organised by YAHAT, the Association for Creative Arts Therapies in Israel, specifically, its Division for Dance/Movement Therapy, and subsequent conversations amongst the panellists.

DMT's exclusivity lies in its being based on body-movement therapeutic relations. Both revealed and concealed body-movements are highly significant, and together they constitute a "kinetic text" (La Barre, 2005) that can be conceived of as an emotional body-movement text through which personal and interpersonal processes are exposed and communicated. The visible and invisible body-movements also have a diagnostic value and constitute a tool for intervention, interpretation, and assessment. DMT clinicians 'listen' to the patients' body-movement text in their bodies, they 'hear' that text with their eyes (Khan, 2018) and they communicate the text through their own movement.

Digital tools provide advantageous solutions for preserving the continuity of the therapeutic relationship in times of lockdowns. And yet, the body-movement text and communication, which lies in the heart of DMT, has been seriously impaired with the use of online media, thus raising the question: What will be the fate of the body-movement-emotional text in a web camera medium?

The following vignette exemplifies the changes in the body-movement text resulting from a shift to webcam setting:

Monday, 11:10 A.M., one week before the lockdown, there is a knock at the door. Josh, 48, and father of two, stands on the doorstep. The therapist takes a careful look at him: from head to toe, at his face, the way he carries himself, bends down to take off his shoes, stands up, straightens his back and enters the therapy room. She notices the way he walks, the way he steps along the floor, his built-in energy, his muscle tone and the way he positions himself. The therapist observes where his shoulders are, where the soles of his feet are, how he positions his back and torso, and how he breathes (from abdomen or diaphragm). His spontaneous, unconscious movements are also noted. She collects the hints and messages as she does every week, stemming from those nonverbal initial movement contacts which reflect the mood Josh has brought with him to their session. The initial moments are vital. They provide both an initial window to the inner world of our clients and therapeutic material for the therapy session.

A week goes by. Monday, 11:10 A.M. It is no longer possible to meet at the clinic. The therapist is at home in her study, which does not permit her much space for movement, and she cannot find a technological medium displaying her entire body. She sits opposite her desktop computer. Only a small portion of her body is visible on the screen, and she sends Josh an invitation to a webcam meeting.

The new webcam setting raises questions regarding the shared space for movement. Can such a space be created when the therapist's and client's only meeting point is virtual, over a computer screen? Cyberspace enables interaction and communication without a concrete common space. Note that the term 'virtual' associated with cyberspace refers to something that does not exist physically but whose appearance can be created with suitable software. The term virtual originates from Latin. It dates from the 15th century

and denotes existing in essence, or having the potential of affecting something or producing a certain effect, though not actually or in fact (OED, 2020).

When Josh's image appears on the screen, he is already seated on the chair in his study. The therapist realises that significant initial movement moments have been lost. Being a seasoned high-tech professional who has participated in numerous video conferences before, Josh is relaxed as he sits across from his desktop computer. Only a small portion of his body is visible on the screen. He appears like a Protome (Greek – a type of adornment that takes the form of the head and upper torso of either a human or an animal) (Bell, 2014). Only his head, neck, shoulders, and a little bit of his chest are visible. Anything below his chest line is not seen. Even his leg, which often bounces at various moments, is invisible. The invitation that he postures himself so that his body can be seen in its entirety is, for the moment, set aside. The therapist is finding it difficult to see and to resonate in her body his full revealed movement, muscle tone and breathing. The space and the body-movement text have shrunk, becoming limited for both therapist and client, and questions arise concerning the significance of the loss of parts of the body-movement text. To what extent are these segments vital for therapy?

Ordinarily, not only do the initial movement moments offer a window to the patients' inner world but they also constitute transitions. In webcam therapy, we are unable to witness the transitions (entrance) from the 'outside world' to the room and vice-versa. We are also unable to witness the transitions from the vertical plane (entry in a standing position, walking into the clinic) to the horizontal plane (sitting/lying down) nor the transition from revealed body-movement to concealed body-movement (e.g., the movement sequence by which the patient ends by covering herself with a blanket). For the most part, we encounter our clients 'lying down' on the screen, positioned in a static manner like a protome. However, unlike the static protome, what we see is a virtual protome, which is full of movement and which is present at the present time. In its movement, this protome reminds us that, there exists a body full of life behind the screen.

Josh exemplifies the way we encounter our patients online. The manner in which they locate themselves in private spaces emphasises the loss of the initial body-movement moments and the absence of the common space that exists in the clinic:

For example, Susan, 38, married with two small children, holds her sessions from her husband's car, where she can find privacy. Ann, living in a studio apartment, holds the webcam sessions from the apartment's balcony so that her life-partner will not hear her. The most comfortable spot for Doris, who suffers from depression, is her bedroom, while Talia, who suffers from an eating disorder, chooses to hold the sessions from her kitchen.

In addition to placing themselves in private and emotional spaces, our clients must also position themselves in relation to the webcam lens, which constitutes another 'eye' that enters the matrix of the therapeutic relationship. Through the camera lens, our reflection and our client's reflection appear on the computer screen. It is as if we have placed a mirror in our DMT clinic. The webcam's eye prompts us to be aware of how we stand before the mirror, with the difficulty or pleasure associated with the reflection of our entire body, and with the internal and revealed discourse as to which parts of our body should be seen or concealed. Indeed, the webcam might cause difficulties, for example, in cases which involve the impairment of body image (eating disorders).

This new reality raises questions regarding therapeutic DMT goals in the presence of the mirror, namely, the webcam lens. Should we add a new goal to the existing list of therapeutic goals and help our clients look at themselves in the mirror? As therapists we, too, confront this question with regard to our own reflection in the mirror on the screen. From a technological standpoint, we are all given the choice to place ourselves before this virtual mirror, or, alternatively, to simply remove it.

While the webcam lens redefines the borders of the body-movement text, the camera lens in itself is limited. The two-dimensional image it conveys to us lacks sharpness and depth. The webcam cannot transmit the experience of a body-to-body meeting nor the dimensions of the movement that takes place in the body. It does not enable full and synchronised body-movement and eye contact. Therefore, we cannot regard the reduced virtual picture as a source of comprehensive data and as a full-fledged therapeutic tool. If we cannot see the spontaneous movement of a toe that tells an unconscious story, we will miss a part of the unseen narrative contained in the toe movements. Our patients find it difficult to make us aware of the toe's movement, or, in Josh's case, of his bouncing leg. They leave the responsibility of uncovering the hidden body-movement narrative to us. Thus, the partial virtual body-movement text makes it difficult to reveal hidden narratives.

How can we bridge the gaps?

The imposed present *absent* stresses the unique *present* in DMT. As DMT clinicians, it is our responsibility to attempt to bridge the gaps between the physical body-movement absence and the virtual body-movement presence, and between the partial body-movement text and the full body-movement text.

As we saw, the initial meetings with Josh revealed his virtual protome, which consisted of his face, head, neck, and shoulders. In individual online therapy, facial expressions exert a great influence on the therapeutic relationship. Research studies which compared the efficiency of face-to-face (verbal)

therapy with Internet-based treatment of various disorders found the two forms of treatment equally helpful (Lozano et al., 2015; Oldenburg et al., 2015). While there have been some references relating to digital DMT (e.g., Goldhahn, 2020; Spooner et al., 2019), we found no research study comparing face-to-face DMT with webcam DMT.

In addition to focusing on the virtual protome, many of us began our therapeutic work using techniques of mindfulness, somatic experience, relaxation, guided imagination, attention to interoception (Hindi, 2012) etc. Since these techniques are also used in verbal psychotherapeutic fields, we are reminded of the distinctiveness of our profession. We 'listen to' and 'make present' the body-movement text in an online encounter, in the space accorded to creative expression and self-exploration (Payne et al., 2016; Tantia, 2016; Wengrower, 2016).

In effect, our online practice continues our clinical work. We continue to enable our patients to encounter their self-body-movement's segments revealed on the screen. At the same time, online encounters demand that we cope with a new phenomenon, namely, how to deal with the absence of the whole human body. While patients at the clinic can hide certain parts of their body-movement, but cannot conceal from us the act of concealment, during webcam encounters patients are able to hide body parts (consciously or unconsciously) and prevent us from witnessing the act of concealment.

In light of this situation, we are left with a lacuna in the role of therapist as witness to the act of concealment, for instance, when patients hide and cover themselves, or use a 'non-movement' (Shahar-Levy, 2004). However, the online encounter puts us in contact with a new, empowering stratum of concealment which is the ability of patients to annihilate parts of their bodies and movements from our eyes and from their own eyes. The patient thus remains alone in her body, without any shared-space through which the feeling of 'togetherness' is ordinarily created. As for the invisible body parts, the therapist is required to use a new 'body' of recognition. First, the therapist must observe and analyse the visible movements while recalling the patient's annihilated parts and the represented body as a whole. Second, our attention to the annihilation act appearing in the body-movement text leads us to newly encounter a range of concealment options. These options, in turn, lead us to higher levels of intimacy, consequently opening up an additional space for yielding to the unconscious (Bouchard, 1995).

DMT clinicians use their bodies and their movements as a central medium for the absorption of data from their patients. Bodies and movements carry sensations, experiences, and physical as well as emotional memories. In online therapy, it is possible to maintain a sequence through the revival of internalised and hidden memories contained in the body-movement of both the therapist and the patient from previous sessions. Awareness of this

possibility allows us to continue the therapy even during periods of reduced physical presence.

Moreover, DMT clinicians utilise body-movement as a means for interpersonal communication and therapeutic intervention. The therapists' effort to make their body present is an invitation and a modelling for their patients to present and expose their bodies and bodies' movements. DMT therapists associate meanings with the patients' body-movement text and verbal text through their own bodies, postures, and movements similar to a mother offering meanings to her infant's babbling (Tortora, 2010). Furthermore, the therapist's body and movements function as a mirror for patients in connection with both their body-movement text and verbal text.

However, in webcam DMT sessions, patients face a double mirror: Their body and movement are reflected on the screen as in a first mirror and are also reflected through the therapist's movement and body as in a second mirror. These double mirrors also double the emotional-mental experience of online therapy sessions. Evidently, a patient using the 'hide self-view' function consciously cancels the double mirror experience. In order to work with this double witnessing reflected in the double mirrors, one must verbally and physically revive the annihilated body-movement text. The therapist invites patients to provide verbal witness for the missing or annihilated text (e.g., Josh's tapping leg). Also, when the hidden movements of the lower body are reflected in the movements of the upper body, the therapist can simply ask the patient about her experience of her lower body hidden from the camera's eye. In addition, the therapist invites the patient to set in motion the annihilated part and to attest to that experience. These invitations strengthen our reliance on the patients' witnessing of their own embodied presence, thereby reviving the annihilated body-movement text. These actions breathe life into the virtual protome by connecting the torso and limbs towards a complete organism. Our alertness to body parts and movement prevents their omission. Our patients' use of words which attest to their movement reveals additional therapeutic data (Shalem-Zafari & Grosu, 2016) and brings to life what they would prefer to annihilate in their fantasies.

Summary

Nowadays, as therapists and patients alike are coping with virtual tools and with their yearning for physical experience, there clearly is no substitute for the actual body-movement presence in the therapy session. However, our ability as DMT clinicians to use the absent body-movement text has enabled us to tune the online meeting to the needs of the dance/movement therapeutic space.

Virtual therapy has introduced various therapeutic dilemmas connected to the missing physical presence and the absent body-movement experience.

Some of our work as DMT clinicians has focused on the absent parts of the body-movement text.

Although some body-movement transitions are missing from the online meeting, they have been internalised within us. We have also dealt with the transitions between the prominence of body-movement in the clinic and the prominence of the missing and annihilated movement in the online meeting.

The online meeting has laid particular stress on the missing text, and we have been forced to improve the way we work with its absence. We have sought connections between the protome and the other body parts, towards creating an entire body-movement text. In sum, we sought ways for bringing to life the virtual annihilated parts into a living presence.

The question raised with regard to the significance of the partial body-movement text in DMT for adults will continue to reverberate, and it is important that we continue to give considerable thought to this question.

Disclosure statement

No potential conflict of interest was reported by the authors.

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