Dance/movement therapy, emotional dynamics, and professional relationships: exploring shifts in subjective positioning within a Chace circle

Abstract

Objective: This paper explores the potential of dance/movement therapy (DMT) to facilitate shifts in subjective positioning in the professional relationship of a dance movement therapist (DMT) and a supervisor, within the context of a DMT workshop.
Methods: The study draws from a qualitative analysis of field notes collected during a research project funded by CONICET, which investigates therapeutic processes and devices dance/movement therapy (DMT) that catalyze change, with a specific emphasis on DMT. The analysis focuses on a dance session within the context of a DMT workshop in which a DMT and her supervisor participate.
Results: The analysis highlights the role of the Chace and Baum circle as a therapeutic tool that may function similarly to "reverie", acting as a container for emotional experiences. The opportunity for empathic mirroring through dance — supported by kinesthetic empathy and intercorporeal resonance — appears to promote emotional exchange between participants. The shared emotional experience among the group facilitated identification processes that had previously been hindered by emotional barriers. As a result, a shift occurred from a partial object relationship to a more integrated object relation, with long-term implications for the professional alliance between the supervisor and the DMT.
Conclusions: The transformation in relational dynamics observed suggests the potential of DMT to act as a catalyst for conflict and as a fundamental tool for addressing professional relationships, in general, and for enhancing collaborative practice within healthcare and therapeutic environments, in particular.

Keywords: dance/movement therapy (DMT), professional relationships, therapeutic transformation, psychoanalytic theory

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Introduction

This paper explores the potential of dance/movement therapy (DMT) to contribute to transformations in in professional relationships which affect the psychological well-being of health professionals. The psychological well-being of mental health professionals is a critical factor influencing patient care, particularly in somatic practices like DMT, where therapists' bodily awareness and somatic countertransference are integral to therapeutic processes [1]. The work environment, and particularly the supervisory working alliance, which encompasses the emotional bond between supervisor and professional and their agreement on the tasks and goals of supervision [2], significantly impacts professionals' mental health. Positive supervisory relationships have been associated with reduced burnout and enhanced sense of coherence among health professionals [3]. These findings underscore the importance of fostering supportive work environments and supervisory relationships to promote the well-being of mental health professionals and, by extension, the quality of patient care. This study examines the impact of DMT on the subjective positioning of a dance/movement therapist (DMT) — in relation to her supervisor (hereafter referred to as "C"), within the context of a DMT workshop. The DMT workshop took place at a mental health institution in Buenos Aires that functions as a day hospital for patients with psychiatric diagnoses. The institution provides ongoing support to a stable group of patients from 9:30 AM to 5:00 PM, Monday through Friday, throughout the year. The program includes a range of art-therapeutic activities and psychological support, facilitated by a multidisciplinary team of professionals, all under the supervision of a supervisor.
The supervisor (C) assumed his position several months after the DMT had joined the institution, following a vacancy in the role. Since his arrival, significant differences in their approaches to understanding and addressing

various situations became evident, particularly concerning the institutional framework and intervention strategies. These differences led to frequent discussions and verbal reprimands directed at the DMT, stemming from her tendency to question the system of norms that C sought to establish. Consequently, the DMT experienced heightened tension and emotions of anger, sadness, frustration, and distrust toward C. Two months after his arrival, C attended the DMT workshop in his role as supervisor, participating in an activity facilitated by the DMT with the group of patients. This paper will examine the events that unfolded during this visit. It will explore the dynamics between C and the DMT as he engaged in the activity.

The findings of this analysis are significant as they highlight the potential of DMT to influence emotions, subjective positioning, and interpersonal dynamics, particularly within the context of healthcare professionals working collaboratively in a team. These results contribute to the conceptualization of DMT as a valuable intervention tool to enhance workplace relationships, offering insights into its applicability in fostering emotional and professional transformation among colleagues.

Theoretical framework and background

The study emerges as a byproduct of a qualitative analysis of field notes collected during a research project funded by CONICET, which investigates therapeutic processes and interventions that facilitate psychological change, with a particular focus on DMT. The aim of this study is to explore the hypothesis that DMT can contribute to transformations in professional relationships within therapeutic contexts. Specifically, the research stems from an observed phenomenon in a Mental Health Day Hospital, where a notable shift occurred in the professional relationship between a DMT and her supervisor. The central research question guiding this inquiry is: How did DMT foster transformations in the professional relationship between the DMT and her supervisor?

This inquiry is further developed through the following specific research questions:

1. What changes occurred in the therapist's subjective positioning that enabled a transformation in her professional relationship with her supervisor?
2. What specific dynamics contributed to this change?
3. How can the process of change be described?

The analysis is grounded in the elaboration of hypotheses informed by a multireferential theoretical framework [4]. Acknowledging the inherent complexity of human phenomena [5], this framework integrates a diverse array of conceptual resources, including psychoanalytic theory — particularly from the British school — alongside humanistic psychology, neuropsychology, cognitive theory, and art therapy theories. Each of these perspectives contributes to a more nuanced understanding of the case.

In what follows we will proceed by first addressing a concept foundational to the relevance of this study: the relationship between the psychological well-being of therapists and the quality of their supervisory relationships. Next, we examine the concept of subjective positioning, identified as the key element of change in the case. This is followed by a discussion of therapeutic processes within DMT that are useful to understand the process of change itself. Finally, we tackle the specificities of a DMT technique — the Chace and Baum circle — which seem to have had a key role in facilitating the observed shift in the DMT's positioning.

Mental health and supervisor – supervisee relationship

The psychological well-being of professionals working in mental health is a critical factor that can indirectly impact patient care [6], [7]. This is particularly relevant in fields such as DMT, which, as a somatic practice [8], involves addressing somatic countertransference. One significant factor influencing the mental health of professionals is the work environment [9], which encompasses various elements, including interpersonal relationships among colleagues [10] and, more specifically, the professional relationship with a supervisor [8], [11].

Although research on this topic is still limited, some studies highlight the importance of the supervisor–supervisee relationship as a core element of self-care strategies [12], [13], [14], [15], crucial for coping with the stress inherent in providing patient care [16]. Indeed, the value of a strong therapeutic alliance between therapist and supervisor has been emphasized as a key factor for professional well-being [3], [17].

In the context of professional training, the "Working Alliance Inventory", developed and validated for supervisees, measures critical dimensions such as cooperation, mutuality, and collaboration between supervisor and supervisee in achieving shared professional goals [18]. Supervision not only supports career development but also promotes self-care [19].

The development of the working alliance is a dynamic and evolving process, shaped by the quality of the relationship between supervisor and supervisee. It is influenced by the ongoing interplay and inherent tension between the subjective positions each participant brings to the interaction.

Subjective positioning and relationships

Within the English school of psychoanalysis, Melanie Klein [20] introduced the concept of "position" as a framework through which individuals perceive, experience, and interpret phenomena. Her theory posits that position shapes how the subject engages with others, transforming them into objects of psychological significance. Each intersubjective relationship is rooted in a specific position, and any alteration in this position leads to a corresponding shift in the nature of the relationship [21].

According to Klein [21], the position is determined by the characteristics of the object, the type of anxiety involved,

and the defensive mechanisms employed to manage anxiety. Psychic life is characterized by a dynamic oscillation between two primary positions, which emerge in the early months of life but can be reactivated and adopted throughout the lifespan: the schizo-paranoid position and the depressive position. The schizo-paranoid position is associated with the first six months of human life. In the presence of the mother, the infant experiences her as a total, "good breast", and that figure is introjected into the psyche. However, in her absence, the infant confronts a profound death anxiety, which triggers a defensive mechanism involving the splitting of the perceived object into "good" and "bad". In these moments, the mother is experienced as the "bad breast", and the infant projects the anxiety associated with the death drive onto this external object. Klein labeled this stage as schizo-paranoid position. The "schizoid" aspect refers to the splitting of the self, wherein the good breast is introjected and the death drive is projected onto the external object, the breast. The "paranoid" aspect pertains to the projection of negative qualities onto the "bad breast", which becomes a source of persecution for the infant, leading to attempts to flee from it. In this position, relationships are formed with partial objects, either entirely good (the gratifying breast) or entirely bad (the frustrating, threatening breast). This polarization fosters fantasies of both persecution and limitless gratification. The anxiety of the schizo-paranoid position is intense and persecutory in nature, with defensive mechanisms such as introjection, projection, idealization, denial, and projective identification playing a predominant role.

The second position — the depressive position — emerges during the second half of the first year of life as the individual's psychic development progresses. In this phase, the infant's ability to tolerate anxiety is facilitated by the presence of a "good enough" mother [22] and the predominance of good breasts. This enables the infant to integrate both the "good" and "bad" breasts. The depressive position arises in response to the guilt associated with the perception of having harmed the object, which triggers an attempt to repair the damage. At this stage, the infant begins to relate to the object in its totality, acknowledging both love and hate. The schizo-paranoid and depressive positions represent two fundamental mental states that continue to interact throughout adulthood. When these positions dynamically engage with one another, an integrated mode of functioning is achieved, one that is not psychotic. However, when anxiety becomes overwhelming, individuals may regress into a psychotic mode of functioning, characterized by the establishment of partial object relations.

According to Klein [20], in situations of psychotic functioning, the psyche fails to operate as a container capable of holding thought. In such cases, it is possible that other people, drawing from their own psychic resources, may temporarily assume the role of container until the individual's own psychic structure develops. Both Klein [20] and Bion [23], who revisits this concept, refer to this function as the "capacity for reverie". This sensitivity to creating a containing space for another is re-edited in individuals who take on helping roles that facilitate emotional processing. It also plays a crucial role in the analysis of asymmetrical relationships, such as those between supervisors and supervisees. The concept of subjective positioning and its transformation is central to addressing the core research question of this study: What changed in the situation under analysis? However, in order to fully comprehend the nature of this change, it is also essential to examine the process through which it occurred. For this reason, the following section explores the therapeutic mechanisms fostered by DMT that may have facilitated this transformation.

Therapeutic processes in dance/movement therapy

The therapeutic efficacy of DMT is rooted in the phenomenological framework of embodiment, a philosophy of mind which poses the dynamic relationship between movement and emotional states, where each can influence and transform the other in a bidirectional way [24], [25]. In summary these framework poses that movement and emotions are intricately connected. Not only do our movements express how we feel, but also specific movements can influence our emotional states. This bidirectional relationship has significant implications for DMT.

From a humanistic perspective, mood or emotion is defined as a subjective response to a specific stimulus, occurring within a brief temporal episode, and triggered by a concrete and immediate situation [26]. It is conceived as a bodily, situated, and transient experience that permeates the flow of consciousness. It is felt within the body and shapes one's perception of the surrounding environment [27]. It encompasses neurophysiological and cognitive dimensions that enable the interpretation of events [28], as well as pre-verbal sensations that constitute the subjective experience of emotion [26]. Additionally, emotional experiences have motor components that facilitate the externalization of emotional expression through the body, along with motivational aspects that prepare and guide action. Although emotional responses may not always be consciously recognized, they exert a significant influence on the cardiovascular, musculoskeletal, neuroendocrine, and autonomic nervous systems. They manifest through various physiological and metabolic reaction patterns, as well as through characteristic facial expressions, which are modulated by the cultural environment as part of the socialization process.

Challenging the dualistic approach of cognitive neuroscience, which continues to distinguish between the 'mental' and the 'physical', embodied cognition theories suggest that emotions are deeply linked to bodily sensations and movements [25]. Numerous studies within DMT have provided valuable insights into how movement serves as a powerful medium for emotional expression across diverse populations and settings [29], [30], [31], [32], [33].

In their collaborative work, [32] highlight the therapeutic potential of movement in accessing and processing emotional experiences. They discuss how specific movement patterns and group dynamics within DMT sessions can create a safe space for individuals to express and transform emotional states.

Moreover, recent studies have even shown that experiencing emotions involves activation in sensorimotor regions of the brain, including the primary somatosensory and motor cortices, insula, and medial prefrontal cortex [34], [35], [36]. This indicates that emotional experiences are grounded in bodily sensations and movements. Quite a while ago Sawada, Suda and Ishii [35] investigated the relationship between specific arm movement characteristics and the expression of emotions in dance. Their findings suggested that certain movement qualities are systematically associated with particular emotional expressions, indicating that bodily movements can effectively convey emotional states. Recently, Cheng and his colleagues [36] developed a comprehensive database capturing full-body movements expressing various emotions. Professional performers enacted emotions such as happiness, anger, sadness, fear, surprise, disgust, and contempt, which were recorded using high-speed motion capture technology. Participants then viewed simplified stick-figure animations derived from these recordings and were asked to identify the emotions being expressed. The results indicated that observers could accurately recognize emotions solely based on body movements, even in the absence of facial cues. This finding underscores the significant role of bodily movement in conveying emotional states.

A growing body of research has demonstrated that movement not only serves as a means to express or perceive emotions, as previously discussed, but also has the capacity to actively influence emotional states [37]. Recent empirical findings suggest that affective experiences may, in part, arise from somato-visceral feedback generated through bodily movement [38]. In their study, Schmidt and colleagues [38] observed that participants who engaged in dance movements designed to express either happiness or sadness subsequently experienced mood changes consistent with the emotional quality of the movements. These findings indicate that specific movement patterns can effectively modulate emotional states. Another strand of research on the therapeutic processes underlying art therapies emphasizes the role of the unconscious and the potential for resonance. Dannecker [39] offers a significant contribution to this matter by redefining the concept of the unconscious through a dual-dimensional model, drawing on Buchholz [40]. The first, or vertical dimension aligns with classical psychoanalytic theory and refers to the repressed contents of the psyche. The second, or horizontal dimension conceptualizes the unconscious as a dynamic construct shaped and expressed through social interactions in relational contexts. Within this framework, the unconscious is understood as resonant, capable of attuning and responding to others in a therapeutic setting [41].

Building on this framework, therapeutic efficacy in art therapies — and by extension, in dance/movement therapy — is increasingly understood as contingent upon the dynamic interplay between the unconscious processes of both therapist and client [42]. The capacity for unconscious resonance relies on two primary conditions. First, the creation of a safe and supportive environment is essential, one in which participants feel both held and stimulated, thereby enabling trust and openness [39]. Second, the therapist's ability to access a particular state of mind conducive to unconscious attunement is equally critical [43]. This mental state — often compared to artists' experiences during deep aesthetic engagement — is described metaphorically as 'oceanic engulfment' [39], [44]. It involves a state of profound immersion and multi- dimensional attention, wherein conventional boundaries of space and time momentarily dissolve.

Within the context of DMT, such a state facilitates embodied access to unconscious material, supporting moments of insight and emotional integration. As such, it is considered a vital component of the therapeutic process.

The concepts discussed in the preceding paragraphs contribute to the understanding of the therapeutic efficacy of dance/movement therapy (DMT), particularly in relation to both the embodied nature of movement and the relational dynamics between the therapist and patients. Within this broader framework, specific techniques have demonstrated sustained therapeutic value over time. The following section will examine these techniques in greater detail.

DMT specific techniques: mirroring, the Chace and Baum circle dynamics

One of the core techniques in DMT is mirroring, which involves the therapist or group members imitating the movement qualities of an individual in real time [45]. Given the intrinsic link between movement and emotion, engaging in shared movement allows participants to both express their own emotional states and attune to those of others.

Psychoanalytic theory offers a complementary framework for understanding the mechanisms that underlie intersubjective connection in mirroring, particularly through the concept of identification [46]. Primary identification refers to the earliest emotional bond formed with another person, establishing a sense of sameness between the subject and the object. Secondary identification, by contrast, emerges later in development and involves adopting aspects or attributes of another person who is admired or emotionally significant. This process leads to either a partial or total transformation of the self in relation to the model [47].

The psychoanalytic concept of identification also provides a foundation for understanding empathy — a phenomenon of emotional resonance that unfolds within the relational field [48]. Empathy, in this framework, is not simply an intellectual or cognitive understanding of the other but a deep affective attunement that arises from unconscious-

to-unconscious contact. It involves a recognition of shared elements with the other, without erasing or assimilating their distinctiveness [49].

From a broader psychological and neuroscientific perspective, empathy is similarly understood as the capacity to vicariously experience the emotional states of others. This experiential dimension of empathy has been empirically supported by research on the mirror neuron system. Rizzolatti and Craighero [50] demonstrated that observing another's actions or emotional expressions activates neural circuits in the observer that mirror those of the person being observed, providing a biological basis for affective resonance. Segal [51] further emphasizes that these shared neural circuits are not dependent on physical interaction but can be triggered through observation alone, highlighting the profound somatic and relational mechanisms at play during empathic engagement.

Within the context of DMT, these insights reinforce the therapeutic value of embodied relational processes such as mirroring, through which identification and empathy can be fostered and deepened. In fact, several authors have extended the traditional understanding of empathy to encompass kinesthetic empathy — the ability to empathize through embodied movement [52], [53], [54]. The activation of the mirror neuron system, previously mentioned, is believed to be further reinforced by shared motor and emotional experiences [55].

Kinesthetic empathy has also been associated with the phenomenon of somatic countertransference, in which the therapist's bodily sensations serve as a medium for perceiving and processing the client's unexpressed or unconscious emotional content [1], [56], [57]. This embodied resonance enables the therapist to attune to the client's internal states, particularly through the practice of mirroring.

Importantly, the process of kinesthetic empathy involves a dynamic interplay between identification and differentiation: shared embodied qualities foster connection, while the recognition of difference preserves the boundaries of self and other [54]. This balance is central to the therapeutic encounter in DMT, supporting both attunement and individuation within the relational field.

Both the Chace circle and the Baum circle emphasize the central role of communal movement and mirroring in facilitating therapeutic processes. Within these frameworks, kinesthetic empathy is continually activated through group mirroring practices, supporting emotional attunement and shared embodied experience [58].

From an intersubjective perspective, the physical interaction among bodies in motion — particularly within the circular formation of Chace's mirroring approach — enables the emergence of shared rhythms and collective resonance [59], [60], [61]. This process not only cultivates a sense of group cohesion but also encourages the exploration of interpersonal connection and the negotiation of relational boundaries between self and other.

The structures of Chace circle and the Baum circle allow for each movement proposed by a participant to be acknowledged and validated through the responsive mirroring of other group members [62], [63]. Such reciprocal movement interactions support the recognition and affirmation of individual expression [64] while fostering the development of empathy within the group [65].

Furthermore, the focused attention on each participant facilitates moments of interpersonal contact, defined as an affective, mutual engagement occurring in the immediacy of the therapeutic encounter. These encounters can lead to the formation of interpersonal bonds — relational connections that carry shared meaning and a co-constructed history. Over time, such bonds hold the potential for transformation and growth within the therapeutic context.

The theoretical concepts outlined above offer valuable insights into the therapeutic processes underlying DMT. However, as previously noted, there remains a limited body of research specifically examining how these processes influence professional relationships — particularly between supervisors and supervisees — and how they may enhance the working alliance. The present study seeks to address this gap by analyzing a transformative experience undergone by a DMT during a Baum circle, which subsequently contributed to a shift in her subjective positioning which led to a change in the professional relationship with her supervisor.

Methodology

Epistemological approach and general strategy

This study is part of a broader research project funded by CONICET, situated at the intersection of education, psychology, and mental health, with a focus on intervention strategies and clinical devices that facilitate transformative processes. The research adopts a comprehensive hermeneutic methodology, grounded in the interpretive-qualitative paradigm [66], [67], and is particularly oriented towards a clinical approach [68]. This methodological framework enables an in-depth exploration of individual experiences, emphasizing the temporal and subjective dimensions of the phenomena under investigation.

The central research question guiding this inquiry is: How did DMT foster transformations in the professional relationship between the DMT and her supervisor?

This inquiry is further developed through the following specific research questions:

1. What changes occurred in the therapist's subjective positioning that enabled a transformation in her professional relationship with her supervisor?
2. What specific dynamics contributed to this change?
3. How can the process of change be described?

Participants

The primary participants in this study are the DMT (dance movement therapist), a 50-year-old professional with experience coordinating group spaces for personal development — in her first experience working with patients diagnosed with psychosis — and the supervisor, a male health professional over 55 years of age with extensive experience in mental health. The study focuses on their professional interaction within a DMT context, alongside patients diagnosed with psychosis. To ensure confidentiality, the supervisor is referred to as "C". Consent for the publication of this study was obtained from C. In his role as supervisor, C was responsible for overseeing both the patients and the professionals, ensuring the prevention of iatrogenic effects, and safeguarding professionals from burnout.

Day hospital (DH)

Located in a health center in Buenos Aires, Argentina, the Day Hospital is designed for adults diagnosed with psychosis. Its goal is to improve their quality of life by fostering the integration of mind-body- emotion, the development of playfulness and creativity, and the ability to connect with others through self-awareness and self-knowledge.

The facility offers a variety of therapeutic workshops, including DMT, creative writing, cultural journalism, graphic arts, and music therapy. It also integrates work with an occupational therapist, a social worker, nursing staff, and weekly psychopharmacological and psychiatric monitoring (as a stabilization resource), as well as group and individual psychotherapy. The DMT workshop consists of 3 modules, each lasting 1.5 hours.

Data collection and analysis

Data collection was carried out through a weekly field journal. For this study, the journal entries taken between July and November 2022 are analyzed. For qualitative analysis, we followed the three-step approach outlined by Söderberg, Lundman, and Norberg [69], which is rooted in hermeneutic phenomenology. Each step involves different levels of interpretation. The steps include:

4. developing a naïve understanding of the text to provide an initial sense of the data through the description of facts,
5. conducting a structural analysis to identify meaningful themes and subthemes within the text, which allows a first level of interpretation, and
6. synthesizing both the naïve understanding and structural analysis to produce a comprehensive interpretation of the data through final hypothesis.

In the first step, a dense description[70] was constructed to organize the data and identify initial interpretations based on the field notes. This preliminary analysis facilitated the identification of key moments within the process (step two). One such moment was then selected for in-depth examination: a DMT workshop in which both professionals — the DMT and C — were actively engaged. A movement analysis was then conducted using Laban's [71] effort-shape system, applied to the kinesthetic resonance and movements observed during the session, especially during the mix of the Chace and the Baum circle.

Laban [71] defines movement as the dynamic architecture created by the human body through effort, which traces various shapes in space. Of the four areas of his system — body, shape, effort, and space — the category of effort is particularly relevant for this analysis. Effort is considered both the origin and internal condition of movement, making it closely linked to emotional expression. Laban further subdivides the effort category into four factors of mobility: flow, weight, time, and space. Flow in movement can vary from bound to free, while the quality of weight can range from light to strong. In relation to time, movement can be sustained (prolonged) or quick. Finally, movement can be either direct or indirect in space.

In the third step of analysis, which synthesizes the findings from the previous two stages [69], hypotheses were formulated within a psychoanalytic framework. This approach enabled a deeper exploration of the phenomenon under investigation — the transformation in subjective positioning that facilitated a shift in the professional relationship — viewed through a clinical lens [68]. The findings are then discussed in relation to key concepts within the field of DMT.

Results and discussion

In order to answer the research questions, this section is organized into the following parts following the different levels of interpretation previously described:

1. **Process overview:** We begin by describing the full sequence of events, drawing on the empirical material — specifically, the field journal of the DMT, which includes movement analysis. (step 1)
2. **Change in position:** We analyze the shift in the subjective positioning of the DMT through a psychoanalytic lens. (step 2)
3. **Transformation process:** We focus on the transformation that occurred within the Chace and Baum circle, examining the specific dynamics that facilitated this change. (step 3)
4. **Conclusions:** In the final section, we summarize the key hypotheses generated by the study.

The change in position after a dance

The analysis of the DMT's field notes identifies three distinct moments, each corresponding to shifts in her subjective positioning. The first moment begins with C's integration into an established team and continues through his participation in the DMT workshop. The second mo-

ment occurs during the dance within the Chace and the Baum-circle, during C's supervision visit and catalyzed a transformation in the DMT's positioning. The third moment follows the supervision session and emphasizes the enduring nature of the new position adopted by the DMT. These moments are examined in detail below, using excerpts from the DMT's field notes.

Initial moment

The situation begins with the arrival of C to an existing team. The DMT had been part of the team since the end of the COVID-19 isolation, during which time the role of team supervisor had remained vacant. As a result, she had assumed additional responsibilities beyond her role as DMT. This was her first experience working in a Mental Health Center, particularly with a population diagnosed with psychosis. Upon assuming his position, C outlined his expectations for the team during virtual Zoom meetings. The DMT's approach, however, did not align with these new directives, leading to resistance on her part. She struggled to understand the new system of norms that C sought to establish and openly resisted his instructions. This resistance led to heightened tensions within the team, which were reflected in both virtual group discussions and communications within the team's WhatsApp chat. This friction escalated over the course of two months, culminating in C's first visit to the DMT workshop as a supervisor — an unprecedented event for the practitioner, who had never before received supervision.

The entries in the DMT's field journal provide insight into her emotional state and subjective positioning at this initial moment. One entry reads: *"It doesn't seem human to me, the way C is asking me to treat the patients... How can he tell me we're 'moving frames' and talk to me about 'functional dissociation' when one of them has attempted suicide, or when I'm asking that patients be allowed to say goodbye to their peers, or that we be allowed to visit them when they're hospitalized? I can't stand him telling me that you can't love the patients when for me, that's the only way to support them. He treats me like I don't know anything".*

The DMT's expressions reveal her emotional state, characterized by anger, frustration, and the rejection of C's approach. She associates C with values she perceives as inhuman. At this stage, her stance can be described as oppositional and resistant, underpinned by a pervasive sense of disrespect toward C's leadership. This antagonistic and intolerant attitude persisted throughout the first two months, culminating in C's visit to the DMT workshop to supervise her work.

Moment 2: change in position

On the day of C's visit, prior to the session, we extract the following words from the DMT's journal:

"What does he think, that he's going to scare me... What does he think he is! If he doesn't like what I do, he'll have to fire me. I'm not going to show him that I'm scared! I know how well I do my job!"

This entry captures the DMT´s continuing defiance and the anxiety she feels regarding her job security, heightened by the perceived threat posed by C's visit. Her emotional state is one of paranoid anxiety, frustration, and defensiveness. However, a notable shift in her perspective occurs during the DMT activity itself. The activity is based on the Chace and Baum circle method – already described. During the activity, C participates as a member of the circle. The DMT's field journal records: *"In the first moment of the dance, I notice my own rigidity in the torso, some dryness in my mouth, and a desire to shake my limbs, but I don't allow it. I make a conscious effort to relax my jaw. I begin by initiating movement and offer the group the gesture of breathing deeply and extending the arms high, which helps me relax. I pass my hands over my face, especially over my brow, which I still feel slightly furrowed. I suggest bouncing movements to activate the hyperextended knees that I observe in C and other members of the group, which hinder contact with the sensation of gravity and the integration of the whole body".*

This initial resistance to movement, characterized by physical rigidity, suggests a defensive posture related to struggle or resistance [71]. However, over the next 20 minutes, as the group engages in mirroring, the DMT's attitude shifts. This is evidenced by the following journal entry: *"The group, which is already familiar with the mirroring game, enjoys moving. They laugh and joke with each other. They suggest music they like. They seem more enthusiastic than usual, perhaps because of C's presence. C follows the movement proposals from both me and the patients, fully engaging in the activity. As always, it's harder to follow a common rhythm at the beginning, but by the second musical piece, it's clear we've achieved it as a group. After 20 minutes, C looks at the patients and me, smiles, and jokes about moving like other animals, which was part of the directive. The movement originates in the torso, integrating all parts of the body. I feel the loose flow and my smile emerges when I see the sparkle in C's eyes. As I mirror C's movements, I sense the soft quality in his weight shift from one leg to the other. I experience relaxation and enjoyment as we perform sustained movements".*

This entry reflects a shift towards a more open and accepting posture. Through the movement activity, the DMT's resistance begins to dissipate, and she expresses a sense of connection and enjoyment. A particularly significant journal entry reads: *"At one point, we looked each other in the eyes, and I thought: It's as if I'm only seeing him now. He seems like a different person. This version is more human, and I feel like I want to get closer. He even seems likable and pleasant to the patients. I can't believe he's the same person who ended the Zoom meeting a few weeks ago. Dancing really does people good! He even thanked me for the trust, and congratulated me on the session"*. This moment marks a clear

shift in the DMT's perception of C, from viewing him as a threat to seeing him as a more relatable, human figure.

Moment 3: transformed position – a new relationship enabled

In a third moment, we locate the time following the DMT workshop participation. C engages in the group's WhatsApp chat, highlighting the value of the DMT workshop for the entire team. From this point on, the DMT no longer expresses any of the previous criticisms towards C's instructions, nor are there any heated discussions. Following the DMT workshop, the DMT's journal entries reflect a significant
transformation in her relationship with C. She writes, *"something moved"* and later notes, *"now I feel affection for him"*. Over the course of the next month, she observes C's interactions with the team members and reports a new understanding of the complexity of his role. Even in the face of conflicting situations, she writes, *"I understand a bit more the complexity of his role. The world of psychosis has its own requirements"*. Three months later, after a team meeting led by C, the DMT expresses a newfound appreciation for his supervisory role, noting, *"Only now do I think I'm starting to understand the world of psychosis"*. This progression suggests that the DMT's subjective position has shifted from one of opposition and misunderstanding to one of acceptance and appreciation, especially regarding C's leadership and the demands of working in a psychosis-centered therapeutic environment. The listening attitude that seems to have emerged in the DMT after her shift in subjective positioning appears to enable the supervision process to take place — not only in terms of transmitting specific knowledge but also with regard to professional care, which had previously been obstructed. At this point, the value of the supervisory role becomes apparent.

Change of position: from partial to total object relationship

Building on this description, in order to deepen the understanding of the dynamics at play, we have developed a series of hypotheses within a psychoanalytic theoretical framework. In particular, we examine the emotions expressed in the DMT's journal, which suggest an initial partial object relationship [20] with C, characterized by hostility. In this early phase, extending through the dance session, the DMT's position can be described using Klein's [20] concept of the schizoid-paranoid position, marked by fear and defensive detachment. The DMT appears to feel threatened by C, as evidenced by her journal entry: "I'm not going to show him that I'm scared". This statement encapsulates the underlying fear and resistance associated with this position. At this point, she rejects C's authority and leadership, preventing her from engaging fully with him in his role as supervisor. Her perception of C seems exclusively negative, seeing him as embodying everything she rejects. This rejection of C's authority not only disables the DMT's capacity to accept his leadership, but it also undermines the functional aspects of authority, the boundaries and care inherent in the supervisory relationship. The shift in her attitude, particularly following the movement activity, suggests a transition toward a depressive position [20], where both positive and negative feelings are integrated, and where love and hate, as well as good and bad objects, can coexist within a more nuanced and mature understanding. This transition seems to have enabled a more balanced and reflective relationship with C, allowing the DMT to begin recognizing both the value of his role and the challenges he faced. The following entries in the journal support this hypothesis: *"I understand a bit more the complexity of his role"*; *"Something moved"*; *"Now I feel affection for him"*. The internal shift she experienced, as reflected in her journal during and after the dance, appears to have catalyzed a transformation in the long-term dynamics between her and C, marking a significant shift in her capacity to engage with both his authority and the dynamics of the supervisory relationship. Specifically, the journal entries note that the DMT no longer expresses any of the previous criticisms towards C's instructions, nor are there any heated discussions.
The mechanism of identification [46] seems to be playing a pivotal role in this transformation. Following the shared dance experience, the DMT's recognition of C as a more complex and human figure aligns with the process of identification, wherein she begins to perceive aspects of herself in relation to him — *"I understand a bit more the complexity of his role"*. What is striking is that this dramatic change took place over a very brief period of time, coinciding precisely with the movement activity proposed by the DMT — the Chace circle, as the entry in the journal reveals: *"At one point, we looked each other in the eyes, and I thought: It's as if I'm only seeing him now. He seems like a different person. This version is more human, and I feel like I want to get closer. He even seems likable and pleasant to the patients. I can't believe he's the same person who ended the Zoom meeting a few weeks ago. Dancing really does people good!"* This experience marks a clear shift in the DMT's perception of C, from viewing him as a threat to seeing him as a more relatable, human figure. For this reason, it is particularly interesting to analyze this process.

Kinesthetic empathy and unconscious resonance in the Chace circle

To understand the DMT's shift in subjective positioning and the factors that may have facilitated this sudden transformation, it is crucial to examine in detail the dance activity within the Chace and Baum circle in which the change has occurred. Within the group context, the qualitative shifts in movement effort — particularly in the Laban [71] dimensions of time and flow, transitioning from quick to sustained and from bound to free — serve as empirical indicators of transformation. These changes

suggest that both the DMT and the supervisor, experienced a shift in their emotional states, catalyzed through the process of mirroring. Initially characterized by resistance and emotional detachment, both participants gradually attuned to the group's emerging positive affective tone. This alignment appears to have unfolded through the embodied relational dynamics facilitated by shared movement in the Chace and Baum circle, underscoring the therapeutic potential of kinesthetic empathy and collective movement experiences in fostering emotional transformation.

This alignment did not only pertain to rhythmic synchronization but also to a shared emotional experience, as other studies have highlighted [26], [63]. It is plausible to suggest that the process of kinesthetic empathy, enacted through the mirror-dance, allowed both the DMT and C to transcend their individual emotional states and become integrated into the group. This mutual resonance likely played a key role in the transformation of their relational dynamics.

The experience undergone by the DMT can also be characterized as an aesthetic experience, one that is linked to the dissolution of space and time [39], [44]. This state of mind appears to have been shared with both the group and with C, potentially facilitating a resonance at the unconscious level. Though very difficult to prove, the shift in positioning identified may have been triggered by these unconscious encounters.

While the shift in the DMT's subjective positioning is evident, the causal factors proposed in the hypothesis warrant further scrutiny. One alternative explanation is that the observed change may have been influenced, at least in part, by the DMT's role in the session. Specifically, the therapist occupied a leading position, with the supervisor adopting a more supportive or co-leading role. This situational dynamic may have empowered the DMT, enabling her to operate within her area of expertise, demonstrate competence, and experience a sense of agency distinct from that in previous online (Zoom) meetings. In this view, the transformation may have stemmed primarily from the role reversal itself.

However, it is important to consider that in mirroring-based practices such as those employed in the Chace and Baum circle methods, leadership is inherently fluid — each participant has the opportunity to lead and follow. Therefore, the notion of a fixed "leading" position is relative. Furthermore, field notes from the session clearly indicate that the shift in the DMT's emotional stance toward her supervisor occurred specifically during the movement segment of the session — not before or after the implementation of the Chace and Baum circle. This temporal precision reinforces the significance of the embodied, interactive nature of the movement experience in facilitating the observed change.

Conclusions: DMT and transformations in subjective position

The findings of this study suggest that Dance/movement therapy (DMT) plays a significant role in facilitating the transformation of subjective positions. The analysis of this particular case supports the hypothesis that the Chace and Baum circle may be fulfilling a function of reverie, acting as a container that holds emotional material within a shared, embodied space.

Indeed, the opportunity for contact provided by the mirroring in dance, through kinesthetic empathy and intercorporeal resonance, appears to have facilitated an exchange of emotions. Furthermore, the shared emotions seem to have supported identificatory processes that had previously been blocked by emotional barriers. Within this context, a shift in position occurred — from a partial object relationship to a whole object relationship. This transformation in position appears to have influenced the long-term dynamics of a professional relationship, establishing a more empathetic and collaborative connection between the professionals involved.

Thus, the findings underscore the potential of DMT to foster relational transformations that contribute to enhanced professional alliances. The empathetic relationship that developed between the professionals is reminiscent of the concept of alliance building in therapeutic contexts [17]. Such alliances, when established within a professional environment, appear to facilitate a greater capacity for confronting the conflicts and emotional challenges inherent in working with vulnerable populations, such as those with psychosis. In this context, DMT may serve as an important tool for promoting greater emotional resilience and well-being among healthcare professionals, preventing burnout [72] and contributing to the development of a healthier and more sustainable work environment [9].

Finally, the results invite further consideration of the potential of DMT as a catalyst for conflict and as a vital tool for addressing relational dynamics — an aspect that has been previously highlighted in other DMT research [60], [62], [73], [74]. In this study, however, it was particularly evident in the context of professional relationships.

As regards the limitations, the generalizability of this study is constrained by the small sample size, which consists of a single dyad (n=2), limiting the ability to draw broader conclusions. Additionally, while the study demonstrates high ecological validity, the internal validity may be compromised by the lack of triangulation and the potential biases, given the subjective nature of qualitative interpretation.

Further research is necessary to explore the here described processes in greater depth, particularly in relation to the mechanisms of intersubjectivity and embodied interaffectivity [24], [75]. Investigating the role of embodied emotional exchanges in professional settings could provide deeper insights into how DMT and other art therapies can facilitate relational growth, emotional

healing, and improved collaborative practice within healthcare in therapeutic environments.

Notes

Competing interests

The author declares that she has no competing interests.

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Please cite as
Manrique MS. Dance/movement therapy, emotional dynamics, and professional relationships: exploring shifts in subjective positioning within a Chace circle. GMS J Art Ther. 2025;7:Doc06. DOI: 10.3205/jat000046, URN: urn:nbn:de:0183-jat0000467

This article is freely available from
https://doi.org/10.3205/jat000046

Published: *2025-11-06*