



Jennifer Tantia: Embodied research methodology

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Jennifer Frank Tantia, PhD, MS, BC-DMT, LCAT is a somatic psychologist and dance/movement psychotherapist, specializing in trauma and medically unexplained symptoms. She teaches research and evaluation in the Expressive Therapies graduate program at Lesley University and specializes in embodied research. Dr. Tantia is former chair of the United States Association for Body Psychotherapy research committee and currently serves on the board of the American Dance Therapy Association as chair of Research and Practice. She is a peer-reviewer for several academic journals and is an associate editor of the international journal, *Body, Movement and Dance in Psychotherapy*. Dr. Tantia presents and teaches internationally and has authored several publications in both dance/movement therapy and somatic psychology. Her forthcoming co-edited book, *Embodied Perspectives in Psychotherapy* will be published by Routledge in Spring, 2018. She has a full-time private practice in Manhattan.

Serge Prengel, LMHC is the editor the *Active Pause* project.

For better or worse, this transcript retains the spontaneous, spoken-language quality of the podcast conversation.

Serge: Hi Jennifer.

Jennifer: Hi Serge.

Serge: We're going to be talking about embodied research methodology. Do you want to mention a little bit what it's about?

Jennifer: Embodied research methodology seems to have emerged from two places. First, we have our typical quantitative studies and qualitative studies, but then other types of inquiries are beginning to develop; arts based research is starting to develop, and I'm developing embodied research methods. This all began when I wrote my dissertation, I started realizing that as I was interviewing my participants, they were, (just as I'm doing right now), using gestures, using eye gaze, all the things that we look at as therapists in our practice of somatic psychology practice, but was never really seen as part of data in the research process. My topic was very obscure and I was looking at clinical intuition, and how therapists experienced intuition while working with clients. It's a very difficult thing to talk about, and I learned that what my participants were saying was not exactly what they were conveying through their movement!

What I found was that when therapists (the participants) were trying to describe what they were saying, they were using posture, and expressing very different movements, including distinct pauses in their descriptions of intuition. What I found

was, beside the words that they were saying, their movements were telling me more information; even when they were saying, "I don't know how it happened," their gestures were different from what they were saying. I started becoming curious about that. I started realizing that the work that we do as clinicians, and what we pay attention to in our sessions, is also how people convey information through their bodies in addition to what's being said. I felt that this could translate to a research method.

The second part of what I was starting to say is that we have quantitative qualitative arts based and embodied research, and the embodied research is partly a continuation of qualitative, but it's also based in how we work as clinicians. It's taking a clinical practice and turning it into a research method.

Serge: Yeah, so if you allow me a little summary of what I'm hearing, to check that we're on the same wavelength, that if we just listen to the words of what people say, we have incomplete information. That, we know as clinician, but is not necessarily reflected in research methods. This approach is about benefiting of the experience as clinicians in order to enrich what you can study in research.

Jennifer: That's right, yeah. You said it better than I did. Yeah, lovely!. There seems to be many ways of doing that. I'm starting to investigate and pull in other researchers from other disciplines and all over, in different countries, who are investigating what embodiment in research really means, and what it means to collect and analyze the data.

Serge: What's been your impression so far, based on what you've gotten out of this call for papers?

Jennifer: Well, I was very humbled and surprised, and not surprised but I guess, all together a feeling of complete gratitude that embodiment is not just something that we do in clinical practice. It's not just in somatic psychotherapy. It's not just in dance/movement therapy, but people are including the body and the value of, as I call it, embodied data; what we can derive and record from an embodied experience. It's happening in many different pockets all over the world.

So far, I'm still kind of sifting through the proposals that I've received. I was told maybe twenty chapters for my upcoming book, Embodied Research Methods, and I received forty-five proposals in addition to the five to ten theoretical chapters of those I invited to write chapters. It's really astonishing how much embodiment is seen and understood in different places all over the world, and how it's being studied. It astounds me. I'm so excited to be learning about how other people see embodiment. It's not just how the embodied *mind* is, "Oh, the body is a map for the brain," - it's not just a servant of the brain, but actually has its own experience and can produce new knowledge that we couldn't grasp through words alone.

Serge: Right, so you're eluding to really a major shift in model that we're not just grading this little homunculus that's again creating a sense of the will or inside, little puppet,

but is really something that the body, the whole body, the whole organism, has a logic of its own that cannot be reduced to that little particle.

Jennifer: Yeah, and that it's understood this way worldwide. We all have a body and we all have access to the Internet, so embodiment is accessible to people, the concept of embodiment, and they are running with it. I've had proposals from departments of anthropology, education, osteopathy, performance studies, nursing, of course psychology and social science. It's just really, really astonishing how there's a common knowledge that seems to be, there's like a thread through this term of embodiment that is inherently understood, but right now is only little smatterings around the globe. It's really a -- it feels like a real honor to be able to bring everything together into one volume that can be like, "Hey, look at this. This is something that has been existing and here it is all together. Hey, this might be something."

Commented [JT1]: I think what I was trying to say here is that we all have access to the internet, so this new conceptual way beyond embodied mind has been available to me when I sent out the CFP..and I'm excited about it!!!!

Serge: As therapists, who are interested in embodied life and the embodied mind, and embodied behavior and somatic psychotherapy, we are, we bring in a point of view in dealing with our clients. It's very powerful to see that this point of view of what it's like to be a human being is shared by a large number of disciplines. It's a view that is not just ours. It's not parochial.

Jennifer: Right. It's very exciting. I've also seen some chapters where people kind of, the traditional way of talking about embodiment. They talk about it, but don't actually connect it to a lived experience, so on the other hand of what you're saying, I guess my bias opinion or view is from a psychology perspective, that we really get in there and find the actual experience. I guess what I'm saying is this is also connected to at least two different methodologies that I'm familiar with right now, with collecting and analyzing embodied experience. One is of a descriptive nature and one is of an interpretive nature. It's kind of borrowing from qualitative but then taking it a step further into present moment experience.

Serge: Do you want to elaborate a little bit on these two approaches?

Jennifer: Sure, yeah. I'm co-authoring a chapter with Tomoyo Kawano in an upcoming dance/movement therapy, research volume. My method is based in descriptive, so I'll just talk about that first and then I'll talk about hers. My idea about description came from reading about researchers interpreting the information from their participants, and so a participant would say something like, "I don't know. It's like ...," and they would do something like this, [making a gesture] and then the researcher would say, "Oh, it's kind of like a globe, right?" The participant would go, "Yeah." What happens there is that the researcher jumped in a little too soon, interpreted what they saw of what this is, and it left the participant just agreeing with the researcher. In a somatic psychology situation, you know, we would say, "I see you're doing something like this, what ... Take a moment and keep doing that. What does that feel like? What is that for you?" Then, the participant gives their description of what their experience is.

The descriptive method is more about really describing what is happening. For example, the hands come together like this [makes a gesture] and form a rounded sphere. The participant describes it, so it's the participant's interpretation but it's also their experience. I wanted to get as close to the data as possible, as close to the experience of the participant as possible without my interrupted interpretation. In a somatic (or any kind of psychotherapy process, I would hope), you don't want the therapist to interfere with the participant or the client's experience. By really staying with the description, staying with the participant's present moment experience, even if they're talking about something that happened before, is the valuable data. What's happening right now? How are you describing this to me, and their experience in the very moment that I'm asking. My method was based on Georgi's descriptive phenomenological, psychological analysis, a combination of that and Eugene Gendlin's Focusing process.

Commented [JT2]: "...experience in the very moment that I am asking."

The other method, which isn't descriptive... I hope I get this right, is more of an interpretive method. It actually, and ... I'm going to kind of go back and forth between talking about the clinical experience, and how that translates to the research experience. When a client is describing something, they describe it in words. There's an experience, kind of a qualitative base, when they start describing their experience. Then, they put it into movement, put it into a non-verbal, more feeling state of what it feels like to move their words. What that does is open up another realm of knowledge... kind of like an iceberg thing, where the words are here, but then underneath there's all this other information that becomes revealed.

The participant moves their words, moves their experience. After talking about it, the researcher moves as a response to the participant's movement. This starts to sound like it's spinning out but actually, what it does is bring them closer. When the researcher moves, dances their response to the participant's movement, the participant is witnessing the researcher moving, and then the participant can then say, "Oh, yes. That's what it is," or "No, that's not right," according to what they feel aesthetically. Then there's something shared, so it is more of a constructivist, more along the lines of Charmaz maybe, co-constructed research study. It's an interpretive study because the participant then moves their words, which is an interpretation, and the researcher is interpreting the participant's movement, but the participant then gets to "read" the researcher's movement and decide whether or not it is accurate to their feeling (similar to the way the patient verifies within a Focusing session). However, beyond the interpretation, something else is learned and derived from the shared experience.

Serge: Right.

Jennifer: Hope that's right.

Serge: I want to maybe play that back. The first one was pretty easy in the sense that it's very similar to what we do much of the time, which is to not jump to prematurely interpret, and if we sometimes offer interpretation, it's more with a question mark and an inviting, as opposed to giving something that implies that that's it, and reduces the possibility for the client to check their own experience.

The second approach you describe. I see in it something that feels like essentially taking advantage of the fact that things happen in a shared field, and so for instance when you see a demo and you have somebody doing a demo on the client. The experience inside the field of the demo is very different from what, say the audience can see, because you're not as much in the same field. What I'm hearing is when the researcher actually explicitly introduces themselves in the field, by taking a part in it and playing his or her response, then in a way he or she is part of the field and it's the subjective bias is introduced by that or that knowledge, and then it's somebody's response that the client can respond to. It's a part of the dialogue as opposed to being an intrusion.

Jennifer: Beautifully put, yes, exactly. The connection between the two dances is also the way that it's really about the interpersonal exchange of information and what's shared. The researcher's movement may be aligned with the therapist's counter-transference, and it can be worked with, and then created. Then with the second one, there's also the interpretive method, by the way it's by Tomoyo Kowano's method, there's an aesthetic quality that's brought into the research experience that I think is something that is also missing from statistical studies, or collecting verbatim words to actually really, really truly incorporate what ... It's something like, she and I go back and forth with how is embodiment, aligned with aesthetics. Can it be separated from aesthetics? Because of her methodology, is so aesthetically aligned, you really can't separate embodiment from aesthetics in that.

Serge: Yeah, or ...

Jennifer: Aesthetics are part of research.

Serge: Yeah, so essentially you take the complexity and the implicitness of human interactions, and the idea that they're impoverished when they're cut into data and so this adds, retains some of the implicit quality, and obviously that's going to have an aesthetic dimension to it.

Jennifer: Yeah. Really lovely, yeah. One of the proposals that came in, honestly I don't remember exactly what their method was that they were introducing, but they asked if they could somehow include a video. I'm not really sure how to do this yet, but I hope it's possible. Either have a permanent link, if they can somehow create some kind of permanent link online that can then be just, not embedded but put into the text somehow, so that there is more and as you and I are doing right now, interviews are moving more towards video and interaction, and technology, so it kind of is also very exciting to me that even though it's embodiment, which sometimes you might think of as the opposite of technology, that we're starting ... There's something about this shifting more forward into ... I'm just saying this right now off the top of my head, like integrating or utilizing, finding some ... I don't want to say balance, but more integration of embodiment into technology.

Serge: Yeah, or how, you know, what are the ways in which we can better capture that experience of embodiment, and that writing and printing books are a technology, and more modern technology actually have some capacities that books don't have.

Commented [JT3]: Is it ok to delete this?

Jennifer: Yeah. It just occurred to me, just now as we were talking, that is something, you know another one of my own soap boxes is, "No, it has to be in person," or "It's not embodied," and maybe that's not true. Maybe that's not true after all. Maybe there's a way that we can move into the next century with an embodied experience.

Serge: It could be a substitute. I mean something that's not as good, but has some qualities.

Jennifer: Yeah.

Serge: I'm struck, as you're talking about this, that extensively we made this, we organized this conversation with the idea of talking about research and embodied research, and actually what it's very much about, in addition to research, but it's about also that what is it that we're actually studying in terms of the human behavior, in terms of what happens in therapy, in terms of how therapists do something with clients, and it's in a way, even without talking about the research itself. I found this conversation interesting in the sense that it points out, it helps us as therapists, pay attention to, "Okay, so what is it that we're actually doing?" Then that a researcher says, "Well, if I have an idea of what it is that we're looking at, then we can develop tools to analyze it."

Jennifer: Yes. This, to me, seems like scratching the surface. I feel I'm taking something that I practice and translating it into a methodology. It's only the beginning. I can't even say what would come of it. Once enough studies are done, use them []to inform our practice. Who knows what can happen from it. More and more, as the way in which we collect and analyze the data, is closer to the somatic embodied stuff that we are interested in learning about the stuff that makes at least somatic psychology and dance movement therapy unique in non-verbal gestures, kinesthesia, proprioception, nociception -- how we experience pain or pleasure, those kinds of not clear things right now that we take for granted and say, "Well, this is what this is," in therapy, can then somehow hopefully, somehow through these methodologies be codified and give us a platform to work from.

Serge: Maybe that's a good segue into the idea of this, what data do we gather and what way to we gather them, as we've talked about. In a way, what's the goal of what kind of information do we want to get? In quantitative research, we get something like we have this chance to work with a 95% degree of confidence or something of that nature. What kind of information can we get through that and how is it useful?

Jennifer: Very, very good questions. I'm thinking, in terms of let's say using the current zeitgeist of being aware of social justice and oppression and equality, and inclusion, . There are definitions for them and every definition has a limitation to the actual experience. To be able to use this kind of non-verbal, felt sense, if you will, to use Gendlin's term, experience it gives a little bit more, and I think I have an example right now, if I may, from my practice.

Serge: Sure.

Commented [JT4]: Thank you for this, Serge. I began to sit with this and started to write about it in the proposal for the book! I have some ideas on this that I'll present at the ADTA conference next week (with Tomoyo) and also in our chapter.

Talking about it is so very helpful!!!!

Commented [JT5]: I think that is what I said here: "use them to inform our practice"

Jennifer: It gives a little bit more information to clarify what we're doing ... I think you just said this, to clarify what we're doing in clinical practice, and maybe I don't know about codify, but perhaps find something a little more tangible to work with. Again, off the top of my head I'm going to go with something that's been coming up in my practice. I've been having this influx, and this is before Weinstein's thing. I've had several men in their 50s coming to me for treatment and telling me that they're afraid to use their sexual aggression, meaning ... In a positive sense., For instance one male patient says, "When I see an attractive woman on the street, I like purposely look the other way because I don't want to offend her." This is very murky waters. This is very ... I feel a little sad hearing him say this because it is affecting his relationships and lack thereof.

What if we find out what happens in his body, how does he -- what's the sensation of shutting down? How does he shut himself down? Does he say something? Is it a top down experience? Is it a fear, bottom up experience? I don't know, but this is something, like we could do it in a psychotherapeutic treatment process, and all of a sudden there's like a whole bunch of male patients coming to me with this similar thing. I'm curious about what is it in them, and is there some kind of common ground in them that they hold back in some embodied way? What is it that they do to themselves to turn back in or distance themselves, and what is that experience, so that then we could find out what it is in research to then come back to, and write a paper about it, so then to come back to the clinical process and say, "Hey, this might be helpful to go to this place in their experience to work with them, to help them feel whole again and not shutting themselves down." That's kind of an idea.

Serge: The words that come to mind as I listen to you are "sharing experience". It's the equivalent, it's actually very much the idea that as a therapist who deals with that or as a researcher who's interested in that, looking at these situations and capturing the experience, and sharing it with other therapists so that the other therapists have the benefit of that experience in a hands on way, in a way that feels almost that they can touch, and can use it in their own practice.

Commented [JT6]: So simple and soooo very profound.

Jennifer: Yeah, when Reich came up with the bands, the bands around the body, honestly I don't know how much that was researched, but what if it were? What else could we learn about those bands, and rather than just kind of putting it out there and saying, "Hey, this is happening," to say, "Oh, this is happening, and this might be more in reference to one emotional experience. This may be in reference to a different one. Let's do some studies on this and find out what they mean for a bunch of ... Now, we're kind of moving into quantitative a little bit, but to find out what's the wider gist of what's happening in the body. It's just so unknown. It's not unknown, but random right now, to go, "Oh, this seems to be this more frequently than something else." I'm getting a little off, but ...

Serge: Right. That's very helpful because that really gets a sense of actually that kind of research is also something that gives the therapist, as a reader, something that's more of an instant or of a gut level grit on it, in terms of getting a sense, if you want a felt sense of what might happen, a working hypothesis to explore with clients.

Jennifer: Yeah, so that would kind of be a little bit more of something that would facilitate a clinical practice and then I'm thinking of another kind of example when it's something, going back to the social justice realm, what's the embodied experience of oppression? How can that be made aware or be made known so that the person experience, it can know it sooner, and change their situation if possible.

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