

# Dance/movement and music in improvisational concert: A model for psychotherapy

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## Abstract

Improvised dance and live music played by the participants themselves define a dance/movement and music (DMM) model in which interactive, variable geometries of sound and movement open up a novel theatre for emergent imagination and drive the interplay of intra-psychic and interpersonal domains. The model is conceived as a mixture of therapeutic and artistic exploration leading to performances prepared mainly by the participants. It incorporates poetry. One outcome of the model's optional modalities is the "holding" of the dancer by the music; another is the musical instrument as a transitional object. The expanded therapeutic environment derives strength from the non-verbal movement-and-music coupling, which may favour access to pre-verbal and unconscious psychic provenances, and from the potent triadic formation of therapist, dancers and musicians. It contributes to participants' freeing themselves from their isolation and, more generally, offers a new prospect to the expression of unresolved trauma and distress.

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Mental illness in Western Europe is a major public-health issue, highlighted by the first WHO European Ministerial Conference on Mental Health held in Finland in January 2005. In England, where the work presented in this paper took place, severe illness (principally schizophrenia) affects about 1% of the population and common illnesses (mainly anxiety and depression) more than 15% of adults under 75, including about 3% reporting disabling problems (Glover & Whitty, 2004). The high level of mental illness among the prison population (Glover & Whitty, 2004) is illustrative of the human and social costs involved. The causes and consequences of mental illness being complex, treatment in the United Kingdom, as in other countries, covers a range of possible approaches requiring public and other services and facilities from the national down to that of the community. Within this vast field, the role and potential of the arts therapies are pertinent questions.

Throughout the development of both dance/movement therapy and music therapy the psychotherapeutic use of dance and music has evolved primarily within rather than across these disciplines. This paper introduces an interactive model for therapy founded on the combination of dance with live music improvised in concert by the participants (interchangeably referred to as clients). The model, which I have named Dance/Movement and Music (DMM) explores therapeutic issues through artistic channels and incorporates poetry. In its appeal to more than one art form DMM has affinities with earlier cross-boundary approaches, as illustrated by Jennings and Minde's (1993) combined therapeutic use of drama and art, and with the integrative/expressive arts movement in the US (Levine & Levine, 1999).

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The concept of the model grew out of a project I was invited to design for a therapeutic arts organization, the Studio Upstairs, which I shall refer to as the Studio. A characteristic of the Studio is the strong emphasis it puts on minimizing the inherent distinction between therapist and client in order to promote a co-creative atmosphere. (See Phillips, 1992, for discussion on therapeutic boundaries and collaborations.) Familiar with this approach, I was at ease with incorporating it into the project. Moreover, my interest in the whole concept of boundaries was aroused by the idea of combining or blurring the demarcations between two entities of thought or action to produce a new reality.

Drawing on my own background in professional theatre, dance and choreography, I decided to investigate the use of the two arts, dance and music, fused in improvisational partnership. The paper follows the consequences of that decision and the discovery in the process of a novel therapeutic intervention for people with mental health problems. Occupying 3 months of outreach and 9 months at the Studio, the experiment involved 36 sessions held once a week and three public performances which were staged towards the end of the project.

## Concepts

All disciplines and models, including DMM, that use the creative arts in psychotherapy share theoretical ideas. All address the emotional, cognitive and social needs of individuals. A common therapeutic task is to bring to light and find meaning in shifts of the psyche that take place in an imaginary “potential space” (Winnicott, 1974): a playground, from the psychodynamic point of view, for transferences and counter-transferences, projections and projective identification processes. (See Thomas, 1996, for discussion of these notions.) To such ends the arts therapies commonly work with improvisation and a metaphorical language in which a client’s emotional states and conflicts are reflected in the images that emerge from body movement in dance, in the playing of a musical instrument or in other ways proper to the art form concerned. As Cruz (2004) puts it, referring to dance/movement therapy, movement is “complex, individual and expressive communication; prescribing particular movements would disrupt the process of assessing individual expression.”

The interactive nature of the dance-music couple, which places DMM in the philosophical domain of the integrative arts, is the over-arching principle of the model. A second principle is that a given series of therapeutic sessions culminates in performances largely prepared by the participants themselves. The use of poetry is not mechanically related to the dance or music but is a therapeutic complement of interest.

Since dance and music are its main underpinnings, part of the originality of the model derives from notions that distinguish it from dance/movement therapy and music therapy. DMM’s relationships to these therapies are, however, not the same. Dance/movement therapy is part of the model. Music therapy as such is not incorporated as a constituent therapy. Nevertheless, music in itself has many inherent therapeutic properties that are intrinsic to DMM practice, for example, its capacity to “hold, shape and structure inner experiences” (Warja, 1999, p. 172).

### *DMM and dance/movement therapy*

Whilst music therapy is a self-sufficient therapeutic vehicle, dance/movement therapy typically co-ops music, usually pre-recorded; exceptionally the therapist or a musician might accompany the dance. In introducing live music played by the clients into dance/movement therapy, DMM expands beyond existing concepts. The musical improvisations (as opposed to finite, pre-recorded sound) continuously regulate the mood of the dance, and the reverse, in a living partnership.

Typically, a single entity with respect to the therapist is formed by the juxtaposition of participant dancers and musicians, whom I shall refer to as players to distinguish them from the musician/composer who was part of the therapeutic team (see Group and Team). An option for the DMM therapist is to “withdraw” to a position of observer but one who can nevertheless intervene in the seemingly unconscious-to-unconscious communications that now passage directly between clients (see Discussion). This wider therapeutic field containing the triadic formation of therapist, players and dancers influences the geometry and amplifies the dynamics of transference and projection processes. The result is that the client is offered an increased choice and number of targets, which include the music itself. (See Warja, 1999, for discussion on music as a container of psychic processes and identifications.) In DMM the music as well as the player can hold the dancer. For the client who is not yet ready to engage fully in the dance (see Client Response to DMM, *Vignette d*) the instrument itself may act as a transitional object.

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