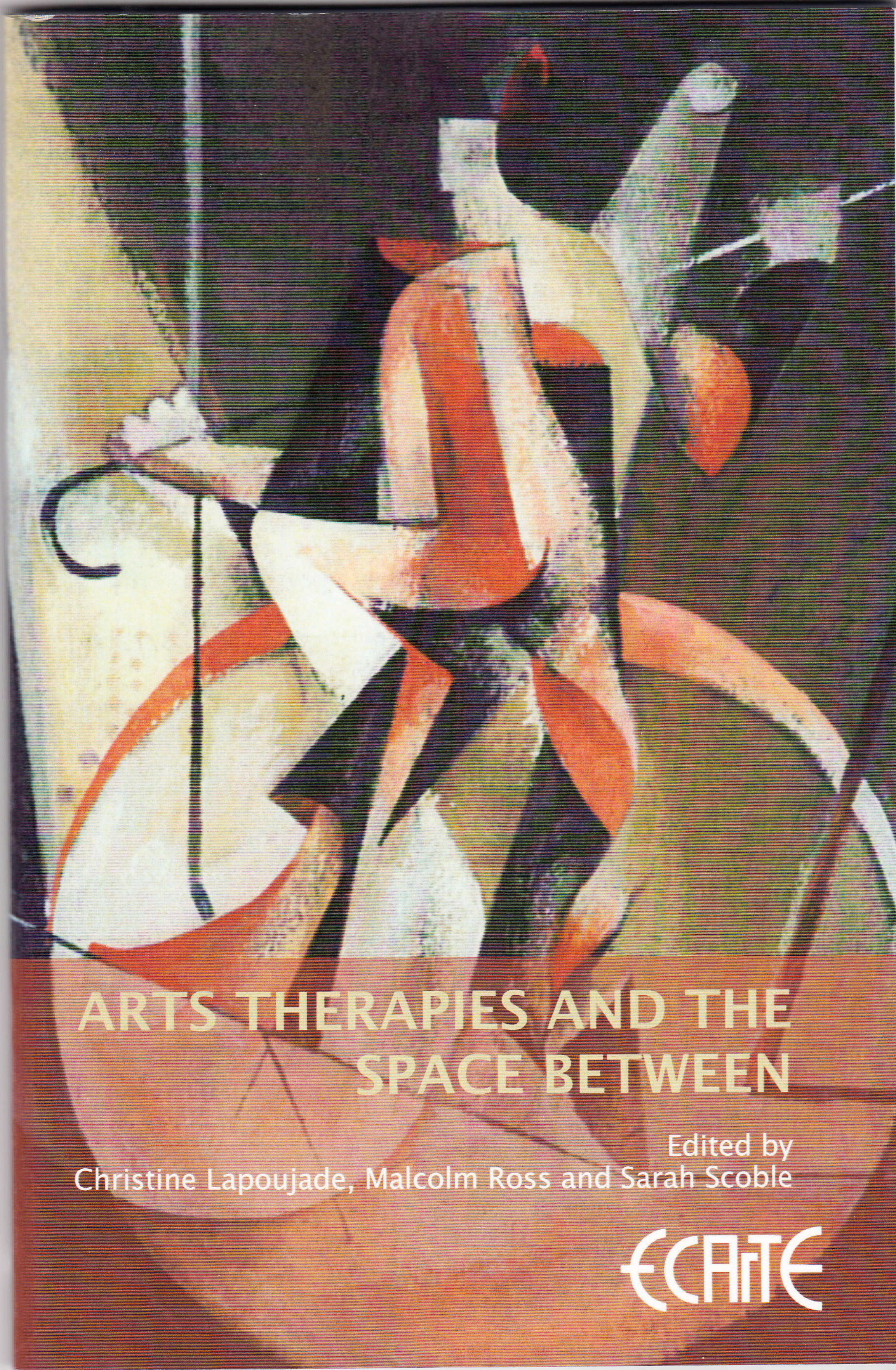

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Creating Social Bonds and Creating the Self in the Transitional Space of Dance-Rhythm Therapy

France Schott-Billmann

(Translated from French by Eleanor Hendriks)

Création du lien social et création de soi dans l'aire transitionnelle en danse-rythme thérapie.

Résumé:

Le danse-rythme-thérapeute s'inspire des principes rythmiques qui sous-tendent les jeux mère-enfant dans l'aire transitionnelle. En effet, on peut établir un parallèle entre l'objectif du thérapeute qui cherche à libérer le patient psychotique de l'état de fusion-confusion dans lequel « il n'y a pas d'autre », et celui de la mère qui amène l'enfant à la capacité de se relier à l'autre humain, de façon équilibrée, c'est-à-dire de façon ni trop proche (trop de fusion, c'est à dire l'envahissement) ni trop éloignée (trop de séparation, c'est à dire isolement, abandon et solitude).

Le rythme du va et vient ou balancement (pensons au bercement) est un mouvement bipolaire qui crée deux espaces et deux temps. Il contient donc un pouvoir de différenciation que le thérapeute va exploiter de différentes façons. Le va-et-vient du rythme qui fait balancer le corps permet d'articuler ses deux moitiés ce qui a pour effet de l'unifier, de libérer le patient du fantasme de morcellement. Mais le va-et-vient du rythme sera utilisé aussi pour construire un balancement dans la relation entre patient et thérapeute, chacun disposant en alternance d'un temps identique pour s'exprimer par la voix et le mouvement. Un dialogue rythmique s'instaure, où émerge progressivement pour le patient, la notion d'altérité : le thérapeute n'est pas lui, ils sont différents, ce qui, précisément, permet l'échange et le partage.

The clinical position of the therapist working with psychotic patients is not unlike the role of the mother in relation to her child. The individual, a patient in the first case and a child in the other, is accompanied along a course which liberates him or her from the fusional or symbiotic relationship he or she has with the *other*. In this symbiotic state, interior and exterior, the self and the *other*, the imaginary and the real are indistinguishable

and the individual's capacity to differentiate and to organize interpersonal relations is hindered. Since this fusion confuses the boundaries between individuals, it is antithetical to building human relationships. The capacity to relate to others depends on the exteriorization of the *other*. The *other* must be recognized as other-than-self and its alterity must be understood as radically differentiating it from the self. The very desire to bond with another individual is made possible by one's feelings of distinctness and intrapsychic independence. True human bonds do not imprison individuals; rather they act like bridges joining separate individuals.

The capacity to differentiate is at the origin of human relationships. It also enables coherent thinking and provides access to the symbolic function (Levis-Strauss 1965; Freud 1981), that is to say, the expression of representations of the self using verbal and non-verbal forms, such as words, graphic productions, gestures and sounds.

This prodigious work, accomplished by the mother with her child, renewed every generation, is accomplished progressively through a transition between symbiosis, where the infant is attached to the mother, part of her body and felt to be one with her, and the discovery that they are in fact two beings separated by their alterity and that one is not the other.

Inspired by this ancestral know-how, the dance-rhythm therapist also carefully arranges a transition for the patient by establishing a space for play, what Winnicott (1971: p.11) precisely called an "intermediary area" or "potential space" which opens *play* in the symbiotic fusion. It allows for the discovery of the notion of alterity, or otherness, at the heart of the therapist-patient duo as it does in the mother-infant dyad. In dance-rhythm therapy, the transitional space is rhythmic. It is through sharing a common rhythm with the therapist that the patient will be able to discover the pleasure of social relationships that far from imprisoning, is liberating.

1. Rhythm: the transition between nature and culture

In humanizing her child, the mother uses an essential tool – rhythm. Infants are very sensitive to the maternal voice which they learn to recognize in the womb. The maternal voice reaches the fetus filtered by the liquid envelope surrounding it, and is heard along with, and accentuated by, the mother's heartbeat and breathing. These elements, altogether, form the rhythmic background for all of the fetus's intrauterine sensorial-motor experiences. Everything that reaches it from the outside, noises and familiar voices, is inscribed on this internal canvas.

According to Françoise Dolto, rhythm is pre-linguistic, "a basic pre-temporo-spatial signifier, and therefore fetal" (Dolto 1982: p.147). Indeed, the genius of motherhood is exactly its use of natural rhythms to draw the infant into the culture, that is to say, toward differentiated human relationships and language. Rhythm first belongs to the order of the body, where heartbeat and respiration are witness to the body's vitality. From the time of birth, when placed at the mother's breast, the child associates

its well-being with the familiar and comforting sound of the mother's heartbeat and the coming-and-going of her breath. This vital rhythm becomes the first signifier for a relationship to another human being for which the mother is the infant's first representative.

During this privileged time spent together, especially while breast feeding, the child or the '*in-fans*,' meaning 'unable to speak' in Latin, 'drinks' the mother's voice along with her milk, taking in both the rhythmic-musical forms of the songs and the rocking motion with his ears and kinesthetic sensations. The mother accompanies these important moments. The child simultaneously integrates natural and cultural rhythms; this transition between 'nature' and 'culture' (Schott-Billmann 2001: p.46-58) is made through the intensely nourishing, emotional relationship with the mother. If a mother puts that much heart into it, it is because she knows intuitively that she is passing on the key to the humanization process (Leroi-Gourhan 1985). This transmission happens gently. The transitional rhythm, which is imprinted upon the fetus's body, then later 'imbibed' by the infant, is also the cradle that rocks and calms the infant by containing his anxiety. At the same time, this rhythm organizes the transitional area of the mother-child experience and is a field for rhythmic games as well as a path leading toward individuation. Rhythm is also the pre-signifier that opens the way to language (Freud 1984).

2. The transitional space in Dance-Rhythm Therapy

The objective of dance-rhythm therapy is to establish solidly the capacity to differentiate, as well as other psychological and cognitive skills, in a process involving transitional rhythm. This takes place in a space for play, a transitional area where the autonomy of the patient, at first relative, can be progressively won over.

Therapy employing transitional rhythm is particularly prescribed in the treatment of psychosis, a state of generalized fusion-confusion in which 'there is no *other*'. The psychotic patient lives without any landmarks, lost in a chaotic universe where everything is fragmented, scattered and mixed up: the *other* and the self, fantasies and reality, his or her feelings which are contradictory, and the patient's ideas that are impossible for him to organize into coherent thoughts. The patient transfers ambivalent love-hate feelings onto the therapist which are difficult for both to handle. The cure involves making this symbiotic relationship evolve so that the patient can differentiate categories, distinguish the *other* by discovering alterity and overcome his generalized confusion.

This process of differentiation works along the same lines as the process engaged by the mother, where the psychological and ethical rules of respecting the dignity of the adult patient are reactivated. It would actually be inappropriate and offensive to make an adult patient do infantile and regressive activities that might increase dependency on the therapist. Judiciously, the art therapist uses artistic and cultural experience which is, according to Winnicott, the extension of the child's transitional area into the adult world. Winnicott underlines that it remains active. That, in fact, the transitional area of experience gives birth to adult creativity.

Similarly, art therapy is governed by aesthetic rules, which distinguish it from classical psychotherapies in that art plays a mediation role in the therapeutic relationship. Art therapy must meet artistic standards. Fortunately for dance-rhythm therapists, the popular art available to them espouses aesthetic laws that function both ethically and therapeutically. This is not fortuitous because popular art, besides having the therapeutic advantages it shares with other art forms, namely sublimation, is inseparable from its social, educational and curative functions.

Dance-rhythm therapists are informed by an anthropological understanding of oral culture and know the reasons for its effectiveness. They draw the necessary elements from popular culture, much like mothers do, while creatively reinterpreting them in the light of advances made in modern psychology. Of particular interest is the research conducted by such psychoanalysts as D.W. Winnicott, D.N. Stern and D. Anzieu on the importance of mother-child play to the path leading to humanization.

By combining these different contributions, dance-rhythm therapists construct a well-adapted method. Rhythm is the technique, but it also defines the relationship. In order to liberate the patient from a state of psychological fusion and confusion, dance-rhythm therapists organize a route favourable to creating relationships; rhythm occupies a principal place.

3. A relationship through resonance

The first phase of this route concentrates on establishing receptivity; the 'passivity' involved with listening precedes motor activity. In the same way as the child 'drinks' the maternal lullabies, the patient is invited to receive the therapist's music and singing through the ear and through the body.

a) Shared vibrations

Songs that 'swing' and that have an underlying regular beat, work like lullabies. The anxiety of the psychotic patient is calmed because he or she is bound, contained, unified, relaxed, safe and made to feel confident, which is the indispensable condition for establishing any therapeutic relationship.

A rhythm coming from the outside, awakens the transitional rhythm already existing in the patient from his earliest moments, making the inside world resonate with the outside world. In this way, a common vibration connects the patient to the therapist. This is not entirely different from what people experience at a rock concert when they feel their hearts beating in time with the music. Euripides, 2,500 years ago, remarked in *The Bacchae* that song 'brings hearts together.'

The patient's relationship to the therapist, created through resonance with the music, is vibratory and intangible. It is respectful of the patient's

autonomy and better tolerated than physical contact, which often causes reticence in psychotic patients. The relationship established through resonance is as highly charged with emotional intensity if not more so. And what is more, it transcends any negative representation of the duo relationship as a loss of liberty for the patient. For a relationship based on resonance unites the partners to a third entity, the song, which represents the culture of the group to which both patient and therapist belong. (The songs most often used by the patient-therapist dyad are those chosen from a repertory of well-known, trans-generational music. The primary rhythm, the 'beat' and the 'swing' of these favorites, is never outdated, but persists in popular, modern forms such as rock, rap and techno.) Patient and therapist participate in and are surpassed by the cultural heritage of rhythmic popular music. By waking the vibrant memories of well-loved songs, music also links the patient to his past.

This method, so simple, so ancient, creates a strong link at the inter-personal level by uniting patient and therapist. At an intra-personal level, the resonance has a unifying effect on the different registers that constitute the individual: the body, the *other*, culture and memory.

The resonance produced by listening to music, which vibrates the space between patient and therapist, constitutes the transitional area of experience, the solid common ground upon which differentiation will be developed.

b) The call of another's voice

In what mysterious way does a song that is felt by the patient's body 'call' that individual outside of him or herself? The music offered by the therapist takes the patient out of his or her gloom and away from a state of moribund narcissism. The vibrations felt by the patient grow and soon get exteriorized. Feeling confident, the patient begins to hum with the therapist or tap to the beat or slightly swing the foot, nod the head or move his or her body.

Initially discrete, these reactions, like preludes to singing and dancing, are welcomed by the therapist with a smile, and are not forced in any way. The therapist has confidence in the emergence of what seems to be awaiting, awakening that which the patient now desires to exteriorize. The therapist knows that the patient has heard the call of the rhythm in the music.

The voice of the music is twofold, like the Roman god Janus, who has two faces: one melodic and the other rhythmic. The first transmits an emotion that causes vibrations. The second is 'felt' more than it is heard as it underlies the melody. This rhythm marks the melody with dull, regular blows like the heartbeat does the melody of the mother's voice in the intrauterine concert. In our popular music, this 'other voice' is often subdued and perceived as almost more tactile than audible on account of the emergence of its uneven surface, reliefs and accents at regular intervals. Its beat runs under the melody and awakens the rhythm imprinted on each individual from the beginning of his or her existence.

c) A gesture in common

When the patient feels safe in a succession of beats whose regularity serves as a firm support, the therapist proposes that they accompany the song by clapping in unison to the beat. The medical staff supervising are often surprised to see that most of the patients, without having learned, know how to correctly mark the beat.

When both patient and therapist clap hands in cadence, their relationship takes a joyful turn. Enthusiasm wins them over. (Enthusiasm, etymologically, means to have god within in Greek, and is the emotion that characterizes popular music and dance). Their faces clear, the emotional and rhythmic resonance increases the intensity of each clap which gains in sonority and clarity. The patient and therapist are no longer in a fusional state where the boundaries between individuals are confused, but they have not yet reached a state of intrapsychic separation. Any physical, corporal contact that may have been used is now replaced by a rhythmic relationship made when two physically separate people are playing together. The rhythm is the symbol of their playful connection, "the point in time and space of the initiation of their state of separation" (Winnicott 1971: p.97). Thanks to the rhythm this is not a radical separation, instead a form of union is made possible between partners who are distinct because they are differentiated in time and space. Rhythm is what human beings use to make time perceptible. It also allows the organization of movement in time; therefore, structures space.

The therapist solicits in the patient an aptitude that Daniel Stern (1985) calls 'attunement'. This refers to the capacity to relate to another person by adjusting intensities such as volume or the gestural energy, affects, duration, movements and the number of forms. Playing together and sharing rhythm involves being attuned; for example, one game focuses on different qualities of clapping. The therapist begins by alternating clapping intensities: hard then soft, sharp then muted, spaced out then, in quick succession, for the patient to follow. Then, the therapist attunes to what the patient proposes.

In the transitional space woven by the rhythm between the partners, the 'transitional object' is not material and stable like the child's blanket or stuffed animal which are obviously associated with characteristics of the mother. It is the gesture in common, at the same time identical and shared, that becomes the symbol for the bond that is formed, a bond that is free and joyful because it unites two distinct people.

4. A transversal structure

Adjusting reciprocally to find a common gesture is not the kind of imitation where each person melts into another. The common gesture is mediated by a third entity which allows each person to attune to the *other* without losing the rhythm which is the code of primordial play.

a) Changing sensorial channels

Next, the therapist helps the patient discover that the resonance caused by being attuned 'holds' even if one modifies the form of the gesture that marks the tempo. For example, instead of clapping hands together, one can tap other parts of the body or translate the pulsation differently, by tapping the table or by tapping one's arm. Daniel Stern gives numerous examples of such transpositions made by the infant in its construction of differentiation. He gives the following example:

> "A nine-month-old boy is sitting facing his mother. He has a rattle in his hand and is shaking it up and down with a display of interest and mild amusement. As mother watches, she begins to nod her head up and down, keeping a tight beat with her son's arm motions." (Stern 1985: p.141)

The oscillation of the mother's head and the infant's gesture take different forms but they conform to the same rhythm.

The patient is invited to play games of this type and is encouraged to attune himself, not to the form chosen by the therapist, but rather to transfer the rhythm into another sensory-motor channel of his or her choice. Both therapist and patient perform actions taking different forms while respecting the same rhythm.

b) A veiled structure

Daniel Stern attributes the ability to be attuned to another person to the existence of mental representations, abstract and amodal, which can take different paths such as auditory, visual and kinesic. In the game that we described above, the therapist and patient are attuned, not by imitating one another, but by tuning into the same rhythm. This appears to confirm Stern's hypothesis concerning the unconscious existence in the psyche of some sort of trans-modal, pre-representations or unconscious structures that certain stimulation from neighbouring structures have the ability to 'awaken' by isomorphism. In this way, the child is able to "distill and organize the abstract, global qualities of experience" (Stern 1985: p.67).

Rhythm would be this unassuming and latent scheme, across different sensorial channels – motor, visual and auditory. One can 'rhythm' a sound, a gesture, a drawing. It is the invisible structure recognized under or behind, and in spite of, the form that simultaneously reveals and veils it.

We use this aptitude, present in every human being, to support the dance-therapy work proposed to psychotic patients. By constructing a method in which the underlying rhythm, the discrete beating of the music played or sung, resonates with the rhythm buried and latent in the patient. The therapist calls and mobilizes this internal rhythmic structure.

The rhythm is the invisible law, the unconscious structure shared by the patient and the therapist by which they will be attuned to each other and

lay a foundation for their relationship. They are connected because they are both linked to its pulsation.

5. Rocking: a differentiation matrix

The patient-therapist duo, facing each other, either holding hands or not, sway to the rhythm. The therapist tries to imprint (or awaken when the patient has already acquired the notion of rhythm) the rhythmic structure of rocking back-and-forth, or side-to-side and then to mobilize this coming-and-going which forms the differentiation matrix.

a) Swaying to the music

Swaying is a bipolar movement – it comes and goes between two places, from the right to the left or from the back to the front and between two temporal experiences, a time for going and a time for coming back. Swaying creates a distance between two points in space and two points in time.

The therapist must not lose sight of his objective which is to help the patient gain autonomy. The therapist makes the most of the potential for differentiation contained by these bipolar rhythms to lead the patient toward the ability to differentiate between the distinct partners making up their duo. Indeed, if the therapist's desire was narcissistic rather than orientated toward serving the patient, he would be happy to charm the patient, using seduction to keep him or her under the captivating spell of the rocking motion, effectively barring the way to individuation. Rather, by trying to lead the patient to autonomy through constructing relationships based on subjectivity, the therapist corresponds to Winnicott's "good enough mother" (Winnicott 1999: p.10). The term "good enough mother" means, in fact, that she must not be 'too' good. Loving, but not fusional – she also symbolically conveys the 'father', that is to say, she is able to make a cut or break in her own relationship to the child. In order to help the child separate from her, she offers the child the means for making distinctions between people, between things, between feelings, between imagination and reality and to do this, she uses a lot of rhythm.

If the therapist is also 'good enough', he is overjoyed to see the founding moment of the cure happen when the patient discovers a break or a gap between the 'call' and the 'response'. This break or gap is the temporal space that separates and unites the two partners. The patient begins to hear a call in the rhythm and responds to it, not at the same time and in unison with the therapist, but in a differed manner, in alternation.

First, the 'call' comes from the percussion instrument (drum or tambourine) played by the therapist or musician and is accordingly formed by this. The musician plays a brief, rhythmic sequence, simple and clear, to which the patient responds by transposing the sounds corporally and vocally, attuning to its duration, intensity and emotional quality. In this game, there must not be any confusion between what is produced by the therapist or musician, the 'call', and the patient-dancer. These respective

productions alternate without overlapping, and in this 'alternation' the patient discovers alterity – there is the *other* and consequently the self, two distinct beings.

Therefore, separation occurs temporally; a limited amount of time is given to the musician (his rhythmic phrase should not be long) creating an edge to his production, a break that allows the patient's response to materialize. There is a time for each partner. Also, this separation occurs spatially; there is one space for the musician and another for the patient.

b) Alternation games

The patient-therapist exchange is organized rhythmically on the call-response model in the transitional area of experience. In this face-to-face exchange, the patient and therapist take turns, producing movements, facial expressions, gestures and vocalizations, remaining quiet and still while listening to each other.

Alternation provides a 'pattern' for making many call-response games that are analogical, such as the echo game, symmetrical or complementary. At first unconstrained, little by little the patient and therapist are inscribed in the rhythmic law established by the music. The ternary rhythms give each person 3 or 6 beats, while the binary rhythm gives 2, 4 or 8 beats. The music's Law provides each one the same duration, an equal place and an identical chance for expression.

Each person in turn is a transmitter of a gesture, created before the *other*, that represents him or her and then, is a receiver of the *other's* creation. The psychotic patient, like the child who plays with his mother, creates himself at the same time as he discovers the *other*.

Conclusion

Therapy suited to treating psychotic patients helps us to understand better why rhythm was selected by evolution to convey the humanising law of differentiation across generations in every society. Rhythm is what supports the alternation that creates intermittence, breaks, and periodic retreats followed by the return – disappearance preceding re-appearance. But this intermittent eclipse is humanizing in so far as the subject, temporarily effaced and leaving a place for the *other*, does not cease to exist. On the contrary, by receiving and resonating with the *other*, the subject is enriched by what he or she hears inside himself or herself which comes from the *other*.

Since rhythm provides human beings with the key for the jubilatory creation of the subject which is born of a co-creation with the *other*, it is not surprising that the Greeks represented rhythm as Dionysos, a god having creative powers. In India, it is the god Shiva. It is also not surprising that dance, the art that renders rhythm perceptible by transposing it in space was the privileged rite for celebrations. Dance-rhythm therapists feel light and confident knowing the benefits of this creative rhythm. It brings joy and strength, even to the most debilitated and fragile individuals, like those whom therapists are called upon to help.

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