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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.

Keywords: Interactive; Dance; Movement; Music; Artistic; Shaping; Performance

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.

Dance/movement therapy is not strictly speaking concerned with the aesthetic sense, for its prime objective is the use of movement as a purely therapeutic exercise (Meekums, 2002); however, the DMM model is, and notably so with its performance element in mind. Rather than distance myself from aesthetic value judgments I would deliberately steer into the performances some of the artistry displayed by participants in the sessions that I considered to be of particularly high quality. I saw these displays as consummate moments in which physical, emotional and spiritual elements are spontaneously integrated. (See Knill, 1999, for discussion on an aesthetic theory of the therapeutic process.)

Psychotherapeutic notions

It has been argued that dance/movement therapy's mode of operation exemplifies the notion that the knowledge that the body holds reveals itself in the creative process (Payne, 1990). In this process the client oscillates between a consciously controlled movement/dance sequence and the movement equivalent of a Freudian slip or of Roustang's (2000, p. 33) "unspeech." Likened to the chaos in delirium and slips of the tongue that essentially fail to hide what one did not want to say either to oneself or other people, Roustang roughly reduces such subject matter to the categories of "money, sex and death . . . theft, rape and murder" which in his words are "primitive interests that civilization seeks to control, to divert or to proscribe". I suggest that through the interdependent coupling of dance/movement and music in DMM, apotheoses of unspeech can be reached and the camouflage of language bypassed to cut a fast track to unconscious forces (cf. Penfield, 1992, for discussion).

An emotional connection can be drawn between dance and music. Chace noted that an individual participates in his own way in a musical activity "where he seems to respond from his own emotions" (Chace, 1975, p. 81) and Nettleton (2004, p. 13) reflects that music can convey "an underlying context-mood, urgency, relationship." In DMM, because the response of the player and his instrument is stretched outwards towards the dancer and the dance and reciprocally, either may at any one moment lead the other. Both movers and players, responding to intra-psychic and interpersonal themes, are creatively influencing one another, which, I believe, contributes to the client's moving out of isolation and into relationship with others. This dual modality, constantly shifting between the different perspectives of movement and sound, facilitates the co-creation of images which can carry "knowledge of the past, hidden things in the present or of the future" (Padel, 1992, p. 65).

DMM's arrangement and habitation of the potential space increase opportunities for "shaping" (see Meekums, 2002, for discussion) and particularly "interactional shaping" (Best, 2003) as players and dancers respond to one another, face-to-face, in a manner reminiscent of mother/infant mirroring. In the presence of the therapist a climate of mutual influence is created, corresponding to the concept that "the child's growing sense of self does not exist in isolation but in relationship" (Meekums, 2002, p. 33).

Extending arguments for the benefits that therapeutic theatre can bestow on its participants (cf. Snow, D'Amico, & Tanquay, 2003) I propose that the equivalent of the mother's holding and containment of her infant's experience, as echoed although not precisely replicated by the therapist (see Meekums, 2002, p. 32) and the player-dancer couple, is amplified through performance. The audience thus becomes a metaphorical mother, listening to and watching the child move and play in the creative space. From this perspective performing, as built into the DMM model, is a therapeutic action reminiscent of Adler's (1999) child who, in the development of Self, moves through numerous experiences of "being seen."

While DMM has a systemic underpinning in which each component of the whole influences the rest its effectiveness is better illuminated from the psychodynamic perspective I emphasize in this paper. In the sessions themselves, depending on what I thought appropriate at the time, I also took other (e.g., humanist and behavioural) approaches.

Group and team

The project attracted 12 participants: 6 men and 6 women, aged between 25 and 55, animated by a therapeutic team of three people. Not selected using any specific criteria, the participants presented a diverse clinical cocktail containing a number of mental health problems including the psychoses, all poured into a basement studio without windows. Most of them were referred by the medical profession, psychotherapists, hospitals and day-centres; a few referred themselves. Some were attracted by the prospect of movement, others by the musical component of the project. None, however, was a trained dancer or musician and in that respect the group may be compared to a random sample of 12 people off a London street. Similarly, although everyone spoke English the group was not without cultural diversity

in that it included people of different national origins (British, American, Greek, German, Indian and Thai) and social backgrounds: from the relatively well off to those on social security benefits and from those with a good education (state and private schools) to those without.

Providing scope for multiple roles and functions the team comprised a dance/movement therapist (myself), a trainee dance/movement therapist and the musician/composer (not a therapist and who is hereafter referred to as "composer").

Dance and music sketch

Were a visitor, an outsider, to pause at the studio door before entering he might hear the beat of drums – reminding him fleetingly of Africa – and a number of other instruments being played, including strings, an mbira, penny whistles, a keyboard. In polyphonic, overlapping layers the visitor would detect underlying changes of pace and mood but no recognizable chords and scales or defining rhythm and melody. He might decide that he was listening to an extemporary jazz band.

On opening the door he would come upon a group of people dressed in ordinary street clothes but without shoes on the carpeted floor, dancing and playing instruments. As in the frames of a film, images would flicker before him of dancers following no recognizable style and whose movement, in perpetually changing shapes and turns, expressed a gamut of states of mind from anger, fear and obsession to love, memories and desires. He would see, more or less gathered at one end of the room where there is a semi-circle of chairs, perhaps half a dozen players of various instruments leading or responding to the dancers in the main space and a few people sitting near them, watching.

Were the visitor to be transformed into an insider he would note the ad hoc interventions of the three people working as a closely knit therapeutic team and know that a seeming laissez-faire masked the underlying structure of a DMM session in progress.

Session organization

The DMM sessions lasted for 3 h, 2 h in the morning and 1 h in the afternoon, following an hour's break for lunch. The Studio, the team and participants provided an assortment of musical instruments. Each session incorporated four principal parts:

(a) group warm-up with therapist and trainee and accompanied by the composer.
(b) music and movement exercises, introduced by the team and designed to address elements such as phrasing, pitch, tone and rhythm in the playing of instruments and the use of body, space and effort factors, one of the therapeutic realms discussed by Papadopoulos (2003).
(c) experientials comprising half a dozen or more dance/music collaborative improvisations for developing both group and individual expression of thematic material. Their resumption after the lunch-break was often preceded by 10 minutes of relaxation to music played by the composer. When the experientials were completed, group members – with contributions from the team – discussed them and/or drew pictures which helped to render them more tangible.
(d) warm-down when participants and team, with the composer playing a small Arabic drum, gathered around a light, white parachute prop that could be lifted and moved under. The parachute served as a focal point for the warm-down during which people could say whatever came to mind.

Team function

Sharing common ground with other arts therapies, the organization of the sessions represents the framework within which the team engages and pursues its relationship with individuals in the group and with the group as a whole. Some of the ways in which the team functions and informs the healing and creative process are, however, a consequence of the ever present imprint of the dance-music coupling, proper to the DMM method, on the practicalities of a session and on the therapeutic process itself.

In setting the stage for "things to happen" a common therapeutic concern is the building of trust between the therapist and client (in DMM between the team and group members), which includes the creation of an environment with safe boundaries. Individuals are thereby enabled to find a place within the group and come forward with issues and conflicts.

Towards this end, and with the identification of the latent preoccupations of participants in mind, the DMM team met before each session to discuss ideas for the group to work on and which, from the outset, drew on both the music and dance/movement elements of the model. To give an example, the introduction of a stop/start motif helped the group to experiment with impulse control and gave it an opportunity to develop this initiative. Nevertheless, even well-laid plans would sometimes vanish once the "here and now" presented itself in situ. The right balance needed to be struck and thus, while giving maximum room to participants' improvisations, the team would or would not follow the group's lead.

Positions and partitioning of roles

Two important ways in which the team gave reality to the principles of DMM were: (a) by influencing the spatial relationships (positions) of dancers and players with respect to one another (e.g., movement in pairs, triplets and so on) and (b) by guiding the partitioning of roles. In a single experiential a participant might dance, in another play an instrument. Those not participating at any one time would watch the pieces unfold and perhaps add their comments upon completion.

The partitioning of the roles of players/dancers and how they relate can be illustrated by a situation in which dancers A and B and players C and D work as a group in an experiential exercise. A and B dance together, influencing each other, while C and D watch and, on their individual instruments, respond to A and B, respectively. Unlike the player in a jazz band who responds to his fellow players, C and D relate musically to one another via the dancers. If the numbers of dancers and players are not the same then this discrepancy is corrected by altering the number of players relating to one or more dancers. Thus the formulations constantly varied: from the single dancer accompanied by a trio of players to three, four or five dancers with an equal number of players.

In navigating through and essentially orchestrating the content of its sessions with the group the team worked elastically, taking up different geographic positions at different times. The trainee, joining the group, might move closely with it, giving a lead here and there, relating to clients empathetically (second person position) or responding intuitively in the first person position (see Best, 2003, and her references for discussion on positions). When not coordinating the players' musical improvisations the composer might play an instrument right in amongst the dancers (e.g., during the warm-up, movement exercises, relaxation and warm-down). This horizontal, level-field stance put the composer and trainee in close touch with the group whereas the vertical observer's eye of the therapist, covering the whole room, could scan, moment to moment, the group's metastable "weather pattern" and decide to intervene or not.

Music and shaping

The composer's principal assignment lay in helping to shape the participants' musical improvisations. Bearing in mind the ensuing experiential he would choose either a specific instrument for each player or, as often as not, leave the players to make their own choices. The dancers' moods, as expressed in movement, appeared to provoke the players to a response, transmitted musically through the tone, variations in tempo, rhythm and lightness or heaviness of touch of the instrument in use. Stringed instruments might be bowed, plucked, strummed, thrummed and tapped; percussive ones vamped, scratched and gonged. The composer, sitting with the players, coordinates the sounds with non-verbal interventions (e.g., to play faster or louder), usually supporting a player's musical decisions, for example, by drawing together fragmentary sounds with his own melodic or rhythmic accompaniment on whatever instrument he happens to be using.

The experientials produced many illustrations of the shaping effects of music (see Client Response to DMM, *Vignettes* a and c). Repp (2001, p. 409) invokes a relationship between music perception and reaction whereby "music unfolds in time, and listeners often move along in synchrony." de l'Etoile (2002) favours the view that music's impact develops from an initial, arousal response followed by cognitive evaluation and that it is from its influence on both emotional and thinking patterns that music appears to derive its effectiveness in therapy.

My experience with DMM touches indirectly on these questions. It suggests that the dancer – whose body appears to register emotional changes on a complex physiological level (cf. Dulicai & Demos, 2002) – may indeed be moved to different states of mind by variations (provoked by player or dancer) in the objective properties of the music. Besides, it seems that when dance and music disturb one another impetus is given to subtle or radical shifts in mood that are expressed in new and inhabitual ways in either medium. In the role of observer, my impression was that these

spontaneous changes can be quite unrelated to a prevailing mood as though triggered by and encompassing some reminder from the past or glimpse of the future. Judging by participants' own remarks, such insights may perhaps integrate or even initiate processes of new thinking on old problems.

In addition to the various types of interventions by the team which I have outlined the therapeutic process is informed by the responses of the participants themselves. These in turn affect the team's interventions; some perhaps activated by "kinesthetic impressions" that alert therapists to their own "countertransference and thus to the process of the group" (Meekums & Payne, 1993, p. 169). In brief, all verbal and non-verbal interventions, whether from the team or participants themselves, influenced the group's choreographic and musical shape and hence the therapeutic and artistic process.

Use of poetry

The incorporation of poetry followed my serendipitous reading of the poem Stubbing Wharfe (Hughes, 2000). It struck me not only as a literary expression of the nature of therapeutic processes but also as relevant to the group's apparent perception of itself. Introducing it as part of a direct approach I felt that the poem, as in the words of Bachelard (1994, Intr.P.xxiii), "touched the depths before it stirs the surface."

Set in the long-since closed industrial heartland of northern England the poem depicts the dead-end atmosphere of the valley and of the gloomy pub where a couple (the poet and his companion) are sitting together, absorbed in their own problems. He, the poet, develops the idea of finding a home for themselves as a solution to all their difficulties: a new beginning perhaps, portrayed by imaginary, changing, fairy-tale figures. As he tries to lift his companion's mood, her thoughts elsewhere, a group of men enter the pub noisily. Their laughter and tears awaken in the couple a sense of life and draw a smile from both of them as they glimpse the possibility of a brighter future.

About half way through the project I asked participants to share out lines of the poem for reading aloud. At first they were rather taken aback by its dark, depressing mood. Indeed, it became evident in discussions that at least several of them shared the trapped feeling of despair the poet evokes. His subsequent change of attitude and awareness of other horizons might, I thought, and I believe did act as a suggestion to help raise the group's gestalt towards a window of hope.

Client response to DMM

> O body swayed to music, o brightening glance,
>
> How can we know the dancer from the dance?
> (Yeats, 1928)

Experientials were generally designed by the team and were based on its perceptions of emergent themes of both individuals and the group. Over time some impromptu experientials were initiated by the participants themselves. On one occasion, for instance, after a lively discussion triggered by a participant's distress over her lack of money and my question "what would you do if money was not a problem?" the group spontaneously "went shopping." Starting with three or four musical or dance roles, the piece ended with everybody engaged, including the team.

The following vignettes, focused on individuals and on short episodes, provide a sense of some of the ways in which DMM operates. They offer an insight into the clients' states of mind initially and as they evolved during the project or changed within a single experiential. For reasons of confidentiality the clients are given pseudonyms; these are drawn from imaginary figures (see Use of poetry).

Vignettes

(a) Elf was brought up almost entirely by an extended but close-knit family of women and with little other than a remote paternal presence. He presented a timid demeanor and kept a close, constricted kinesphere. Under the influence of the dance and music synergy he learns to impose his independence, illustrating how the impact of music on the dance and vice versa can enable a client to make dramatic changes in established patterns of movement and hence of state of mind.

Skimming the floor on tiptoe Elf hardly touched it when he moved. With three members of the group improvising sounds on different instruments, picking out the shape and atmosphere of the dance, Elf's torso narrowed into the vertical. With shoulders raised and arms lifted above his head, or slithered down against his thighs, he seemed unable to reach out. Watching him, and unconsciously reflecting his suspended stance, I myself had a sense of weightless tension. A rapid change of pace and rhythm followed as Demon (see *Vignette c*) switched to slow, loud and heavy beats on the big African drum. Elf, responding to this change, began to lengthen his petit footwork and had to use strength and weight to lower himself each time he took a longer step. "I am claiming my space!" he exclaimed, expressing a powerful transformation triggered and supported by the interaction of the music and the client's dance.

(b) Angel had been hospitalized following a breakdown. She was about to become homeless when she was referred to the DMM project. One was aware of suppressed energy, a temperamental personality. The vignette shows how the music follows and holds the dancer's experience (here with a partner) and indicates how the impulse from the players towards the dancer underscores rather than diverts a prevailing mood, intense and dark in this vignette, and accompanies deliverance.

Encapsulating the group's depressive and suicidal base notes, Angel danced out her own anger, weaving a red velvet stretch cloth around and about her body, thrashing it on the floor, pulling it along, opening it out and finally laying it at the foot of her dance partner. He had moved around the room, following Angel from a distance, keeping her at bay with far-reaching arm movements. Throughout, the group created a cacophony of sound on drums, rattles, triangles, marimbas, penny whistles, rain sticks and voices, rising and falling, inciting and incited by the dance of the pair. When she laid the cloth down, she kneeled on it, bending her body forward as in prayer whilst he stood beside it, hovering like a hawk, his outreached arms shimmering under a green stretch cloth. Urged on thus by the music, Angel had been able to express herself without restraint in powerful catharsis.

(c) Demon lived in sheltered accommodation. He had been diagnosed with schizophrenia and had learning difficulties. Presenting himself as a cheerful and affectionate person he often arrived late, kissing the therapist on the cheek. He was a valuable member of the group, which held him in great affection. One sensed a "native force," imprisoned passion, even nobility. He expressed himself principally through the music, mainly as a drummer, and through unintelligibly rapid speech. His words tumbling out, he seemed to be speaking to himself in a world of fantasy. No one could understand him. His progress during the project illustrates maintenance by the group of a change instigated by the therapist. It casts light on the flexibility of improvised music, in this case in addressing a speech problem.

In one of the first sessions, choosing a behavioural approach, I walked Demon forwards asking him to say one word with each step. In so doing he did slow down his speech, spacing out the words "giant-chess-boards-under-the-sea" which seemed to represent his world at that moment. In subsequent sessions the group wordlessly sprung to his aid whenever he spoke too fast, using percussive instruments to underline and punctuate words, and cymbals to lengthen them. He was beginning to relate to others and, with time, joined the dance. As his speech settled into a more normal pattern, he no longer appeared to be speaking to himself. After the final performance (see Moving on to performance section), he spontaneously appealed to the audience for funding to keep the dance group going after the project finished; in a perfectly coherent outburst he exclaimed "Give us more money!"

Demon would no doubt have been helped by speech therapy. DMM's oblique approach is of interest here as an example of how it comes at the client sideways and can have the effect of addressing a problem without his or her conscious notice.

(d) Guide had been sexually abused by members of her family. She recoiled from the touch of others, both physical and emotional. Her psychotherapist had referred her to the project because she felt that Guide had become "stuck" in verbal therapy and might benefit from dance. At the time of joining the group Guide was inhibited and insecure. I sensed that she used words as a defence, displacing strong feelings like anger, fear and sorrow, which she kept within the prevailing, withdrawn compartment of herself. The vignette exemplifies the benefit of having optional modalities available, in this case the use of the instrument as a transitional object.

Initially, Guide tended to occupy a separate, private space, often facing a wall and at times moving her hands so that their shadows produced pictures on it. Touched by her loneliness I took a humanistic position, responding with straightforward sympathy to help her cope with her feelings of isolation from the group. Initially, rather than lend her body to the dance and its inevitable contact with others, she took refuge in playing musical instruments behind which she could "hide." As the therapist/client relationship developed she emerged from "behind" the instrument

and joined in the movement. At first, she moved like a cat, avoiding physical contact. At this stage she appeared to identify with the therapist and wanted to be a co-worker but she was also developing a healthy competitiveness that helped her individuation. The retreating syndrome now almost a thing of the past, Guide eventually joined as much in the dancing as in the playing of instruments. At one point on stage, within an ensemble of players in a circle, she spontaneously rose to her feet and started a dance that other participants then followed. In her progress from isolation through relationship to performance she, like others in the group, had been "seen" therapeutically by the team, the group and finally an audience.

Moving on to performance

Through their dance/movement and music, participants brought forth intra-psychic concerns and formed relationships with increasing confidence as the project progressed. There was an impressive parallel growth in the artistry and ingenuity of the improvisations, demonstrated at times by a fine language of expression within the shifting configurations of player and dancer.

Were our visitor (see Dance and music sketch) to have returned he would notice that, whilst still recognizing individual movement and musical signatures, some of the people of whom he had a clear picture looked different (e.g., movement that had been "all over the place" was better contained, music that had been scratchy now seemed to have a sense of continuity and sounded almost melodious). While not perceiving changes in others, the visitor would be aware that the group as a whole had become more "sophisticated," less amateur. He would note that dances and accompanying music were more sustained, that the choreography between people suggested freer expression of thoughts and sentiments. Even the use of voice, both simply vocalizing sound and singing, had been introduced.

Towards the end, as the pace quickened, the group retraced its steps and began to focus on and rehearse for the performances. These were based on material gathered from the sessions and were staged in the Studio's in-house theatre. Lighting, costumes and scenery added polish to the finished work. All three shows were seen by full-house audiences, each of around 50 people, composed of friends and relatives of the clients and team, the Studio's organizational staff and extended therapeutic community, project funders and some informed members of the public.

The importance of performance in DMM goes deep because it draws on the repetition of participants' watching one another improvise session after session. It is this that gives them the practice and confidence to perform on stage without the comfort of a script. And it is in this manner that the performances, coming full circle in the therapeutic process, create a tangible link for participants to ordinary social communication.

Once on stage, accompanied by the composer and trainee, the DMM performer has only a rough outline of what to play and when or how to move: slowly, quickly, in pairs, triplets, en masse. The inspiration that draws the bow or beats the drum and that drives the dance forward comes from a place within the client and, merged with that of his fellow performers, extrudes outwards towards the audience. Improvised sentences of movement, which might cross the stage in a strong, direct passage from left to right or meander from the centre to the perimeter, are echoed or contradicted by loud or soft, fast or slow sounds as the protagonists relate their stories, at once individual and universal.

To set themselves before an audience, clients have perforce to come out of their shells. This takes courage and the management of conflicting emotions, which seems to strengthen group cohesion as the clients help one another to overcome their hesitations. Once "out there" they see others (the audience) seeing them and in the process become "someone" on stage. As they let go and affirm themselves, the journey from isolation to relationship gathers impetus. Seeing the shows through and being received with standing ovations gave to the participants, I believe, an increased sense of personal worth, responsibility and achievement.

Clients' comments

Spoken comments throughout the project were made freely in the sessions, including those that were held during a short period subsequent to the performances. Many were lively and not all were positive as, for instance, a declaration that the facilitators were "nothing special." However, written comments, provided essentially as part of two evaluations for reports to the funders (one during and one after the project was completed) are more measured and, perhaps because they were written, expressed only positive appreciations. I give here a verbatim selection of ten of them grouped into four categories relating to:

(a) being a member of the group

> "I recognize a lot of patterns in my life I have been able to change"; "I've gained confidence and lost some of my inhibitions"; "It helps my communication in everyday life and develops capacities useful in other activities outside of the group."

(b) being seen (by one another as dancers/players, by the team)

> "I couldn't have eye contact, that's developed here"; "DMM develops your own identity and allows you to watch others do the same which helps you connect with other people."

(c) dance and music coupling

> "The dance allows feelings to find their place in my body and playing instruments gives me another point of view as I watch people move to my sounds; it feels very integrated"; "Combining dance and music helps me listen to others and helps me see myself better"; "When we suffer from mental illnesses like depression then we spend much of our time in the emotional and mental body. DMM gets you to express that through the physical body in dance and music."

(d) performances

> "I used to be terrified to do things, to move, be creative, in front of others, now I can without thinking of being watched, or my mind freezing"; "I was ridiculed when I was a child. I said there was no way that I would perform outside of the group. When I did it was a real miracle—such a powerful challenge for me. I would like to do it again."

Discussion

In verbal therapy, in order that the client may "emerge from his tomb and awaken," Roustang (2000, p. 27) conjures for him a space in which his speech can "unravel." In a similar fashion, having prepared the ground, the DMM team then "sits back" or "leans forward" with confident expectation that features of the clients' inner world, echoed in the music and seen in the dance, will present themselves as the experientials unfold.

Whereas pre-recorded music implies one-way traffic towards the listener, DMM's twinned modalities of dance and extemporaneous music give protagonists the opportunity to alter or reverse the direction of flow, thus opening up to the client a range of different perspectives and relational opportunities. I see these as giving a significant charge to the imaginative possibilities and therapeutic efficacy of DMM which, with its incorporation of emotional nuances of phrases of movement and music, becomes a finely tuned instrument that can change direction, rhythm and mood at a moment's notice. A process comparable to the synthesis of dance and music seems to occur within the DMM client as aspects of the self are confronted and brought together.

The discrete geographical positions on the dance floor adopted at any one time by participants and team members with respect to one another and to the room, as well as the partitioning of roles (player/dancer), are important. They can favour the reception of, and response to, visual and auditory cues coming simultaneously from within the group or from the team and thereby extend the clients' interactional shaping possibilities. A corollary is that changing geographic angles and roles seems to invite fresh reflections that stimulate new ideas. Another is that the interdependence of players and dancers encourages relationships. Although the interactivity he invokes is of a different order, there are perhaps analogies with Trehub's (2001) notion that music in the form of singing reduces the psychological distance between singer and listener and, by extension, that singing to infants promotes reciprocal emotional ties.

I have suggested that the optional triadic dancer/player/therapist construct (see Concepts: DMM and dance/movement therapy), unpredicted by the model, makes an important contribution to the multiplication of interfaces that gives DMM therapeutic range and depth. The therapist, stepping back from the potential space shared between the client (group) and therapist (between child and mother in Winnicott's, 1974, model), adopts a position largely as an observer and supervisor and thereby "frees" the dancers and players who, facing one another, inherit the imaginary domain. In the resulting triad the central dyadic relationship (group and therapist) now falls to the dancers and players who, as composite entities – integrating in this context the trainee and the composer, respectively – become in a sense their own apprentice therapists. I believe that the spontaneous movement and musical interventions of the dancers and

players in this situation carry a potency that can jump-start a participant's leap into a different psychological space. Indeed, I think that had my instinct to exploit its peculiar triadic option foundered, an important component of the DMM model might have been foreclosed.

For people for whom particular words can have a very disturbing resonance or for whom speech/unspeech/reasoning in verbal therapy is simply too intense a mode to engage with, the arts in psychotherapy offer an initial alternative. In this context the inherent versatility of DMM, in which music and the body in movement can capture and ground upsetting thoughts and emotions, makes it an attractive expressive support. On another front, taking the view that the nonverbal nature of the arts therapies facilitates access to pre-verbal provenances, I speculate that the synergy of the two non-verbal modalities in DMM may make it well adapted to reaching back to early aspects of the psyche. Again, this may prove of interest to therapists who are looking for adjunct therapies for their clients.

Apart from adding quality to the performances, the model's artistic element has its own purpose and is significant in the healing process. In expressing issues and conflicts creatively the participants momentarily shed their confines and inspire each other to excel themselves. In bringing unconscious resurrections into the inter-space where they are transformed by the combined imaginations of the dancer and player, the model's therapeutic and artistic functions act as one.

When finally they enter the stage for the performances at the end of the project, participants have already repeatedly practiced their art in front of one another. To improvise large swaths of movement and music before an audience of relative strangers as if to the manner born was thus but another step, albeit a difficult one, for them to take on the way to being in the world.

Conclusions

The conceptual and hypothetical aspect of the DMM model concerns interpretations of responses of people with mental health problems to stimuli provided by the intercommunicative properties of the dance and music model in operation. As for all arts psychotherapies, scientific understanding of such responses implies knowledge of the neurological processes involved. Future progress in this direction will thus need to draw on relevant theoretical, experimental and clinical investigations of brain function. Modern techniques of brain imaging and associated research have opened up many new horizons for interdisciplinary exploration. Advances in areas pertinent to the arts in psychotherapy have led, for instance, towards a better understanding of where and how music is processed in the brain, e.g., Weinberger (2004). The effect of simultaneous interaction of music and dance/movement as in the DMM model would evidently be an even more complex subject for the neurosciences but one which may prove of interest in due course.

Complementing the participants' own opinions (see Clients' comments), the three public performances held near the conclusion of the Studio project not only met a short-term concrete goal but furnished a useful demonstration of the model in operation. All 12 participants had stayed the course. Subsequently, one participant went on to write music for radio before being accepted at a mainstream music college; another completed a 2-year choreography training at a major dance venue. A documentary on DMM was made for European television.

After the project was over I used DMM in several different contexts in London, notably for (a) adults with mental health problems and learning difficulties at a disability arts centre, (b) people with and without mental health problems at an adult community college and (c) a drop-in centre for the homeless. A number of participants from the Studio project attended the first two of these venues. More recently (2005), I introduced DMM in support of an arts initiative for a South African rural community whose principal difficulties are poverty, alcoholism and HIV/AIDS (Jeppe, 2004) and do not include mental illness. The four experiences, while extending the range of client profiles, gave support to ideas presented in this paper.

Long-term evaluation is a problem for all arts therapies. In general, statistically significant follow-up data based on objective criteria (return to work and so forth) are difficult to acquire. There are, of course, exceptions. Milliken (2002), for example, referring to prison records, reports remarkable reductions in violent behaviour and decreases in recidivism associated with participation in arts therapy programmes.

The capacity of the DMM method, including its artistic element, to open up and expand the therapeutic theatre may give it considerable reach and energy in a variety of situations. Aside from its potential interest as an adjunct or introductory therapy (see Discussion) it could operate on a continuous, open-group basis that is not project oriented, for instance in psychiatric wards in hospital settings. Patients who are severely withdrawn and too anxious about body movement to attend a therapy focused only on dance might be drawn by its musical component. Used

proactively for preventive purposes, DMM, in common with other arts therapies, could be helpful here for people at risk (e.g., suicides). In its provision of a relatively unthreatening atmosphere for people to make music or dance, I believe the model's sphere of potential application extends into areas outside mental illness, or are upstream of it. The positive responses to DMM of the several participants in two of the post-Studio groups I animated in London who did not have mental health problems give some support to this hypothesis, as did the reaction of the groups in rural South Africa.

The creative potential of DMM combined with its accommodation of a "play" component might be of particular interest in projects for children. Similarly, I can envisage the method being used in arts forums (especially in run-down areas) where adolescents can engage their energies and talents through extemporaneous dance and music and accompanying performances.

Apart from its creative and artistic elements, attributes of DMM not limited to the psychotherapeutic context include the numerous opportunities it offers for interactions and for assuming personal responsibility, which in turn contribute to the model's effective group-strengthening qualities (see Group and team; Moving on to performance section). At least in countries such as the U.K these qualities could be pertinent, for instance in local initiatives aimed at addressing specific social problems (e.g., disaffected youth with behavioural difficulties) or at fostering a sense of community (e.g., in "regenerated" areas) or simply at a better understanding between people divided by ethnic or other differences. In this respect, the adaptation of participants in the Studio project to fellow group members with significantly unlike backgrounds was encouraging; each appeared to take on something of the other's culture, contributing in the process to a recognizable esprit de corps.

The principles of the dance movement and music model need further investigation, as well as testing in a wider world in order to appreciate the potential of the model as a fully cross-cultural method for the arts in psychotherapy. The universality of music and dance would suggest that there are a priori no inherent cultural barriers to the practice of DMM by informed facilitators with the help of an interpreter if necessary: that is, where verbal communication between facilitators and participants or between participants themselves poses significant problems. In the short South African experience I have referred to, it translated well to people of a different culture and whose language I did not speak.

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