

“Accordance”: From Sensoriality to Rhythmicity, from Drive Movement to an Interaction’s Choreography. A Therapeutic Device in Perinatal Care

L Stella^{1*}, B Golse² and C Denolle³

¹Doctoral School “Research in Psychoanalysis and Psychopathology”, Paris Diderot University, Sorbonne Paris Cité, Campus Paris Rive Gauche, Paris Cedex, France

²Department of Child Psychiatry, Necker Hospital for Sick Children, Paris Cedex, France

³Department of Dr. R. Dugravier, Perinatal Psychopathology Center on Boulevard Brune (CPBB), IPB - CHSA, Boulevard Brune, Paris, France

***Corresponding Author:** L Stella, Doctoral School “Research in Psychoanalysis and Psychopathology”, Paris Diderot University, Sorbonne Paris Cité, Campus Paris Rive Gauche, Paris Cedex, France.

Received: November 08, 2021; **Published:** November 22, 2021

Abstract

Introduction: The aim of this article is to present the development and creation of a new therapeutic device in perinatal care which inserts the artistic field of dance within the framework of psychic care. “Accordance” is a weekly time dedicated to the care of the mother, the baby and their interactions, starting from a physical and instinctual play. The therapeutic device received three mother-baby dyads hospitalized in outpatient hospital at a perinatal psychopathology center.

Methodology: Our reflection is based on the dyad’s clinical observations by analyzing our first observations using a qualitative method and employing the foundations of psychoanalytical theory we study to which extent dance makes it possible to (re) initiate pulsationality in mothers and to register babies in the instinctual circuit.

Results: We thus show how the pulsality at work in dance has effects on the mother’s libidinal investment, on the baby’s sensorimotor and psychoaffective development as well as on their emotional harmony.

Discussion: Immersed in a choreographic and musical bath, the mother (re) finds pleasure in her bodily sensations, which promotes a wishing movement to which the baby responds. She can then awaken the pleasure of the senses in her baby, prior to any psychic and relational activity. The baby takes its first dance steps in the mother’s gaze, the drive circuit is looped and the primordial meeting takes place.

Conclusion: By convening into a sensorial and drive co-modality, dance pioneers a singular path favoring the emergence of an emotional tuning giving rise to the creation of a harmonious “choreography of interactions”.

Keywords: *Dance; Tuning; Rhythm; Drive; Mother-Baby Link; Affect*

Introduction

“In the belly water they unfolded, they touched, they explored,

Pressing their feet on a moose bridge they gravitated, They turned and turned,

In the dark, They almost danced.

Suddenly they really dance Suddenly they arise

In the light, in the cold, in the air, and there they fall, they collapse in decoordination, in non-motor skills, in muscular failure.

They are no longer fetuses,

They have become children overcome with breath, immersed in the luminous air and the hearing of a spoken language which they do not have the use” (P. Quignard [1]).

These verses by Pascal Quignard give a detailed account of the baby’s choreographic universe. This original dance is the incubating matrix from which the baby is being constructed. In the same way, at “Grain d’Aile”¹, we offer for both (mothers and babies) a containing matrix: a room in which these mothers are invited to deploy their own movement, a space that allows them to rediscover their original dance, thus allowing the preamble to a set up dance-dialogue with their baby. This spatial matrix, associated with the symbolic matrix of musical and corporal rhythm, constitutes a preliminary container for figuration and symbolization work.

The development and creation of a therapeutical care device based on dance at this part- time hospital unity emerged from the following observation.

A number of mothers were welcomed at the “Grain-d’Aile”, because of their mental and corporal frozen state (suffering from postpartum depression, puerperal psychosis, traumatic state, deficient social and emotional environment). Some mothers founded difficulty to reclaim their due to the bodily transformation by pregnancy and childbirth or to accept the modification of the body diagram leading to a change in self-image. The feeling of burglary of the body envelopes was still very alive. Others felt their bodies as a foreign body that does not belonged to them. Their bodily movements were numb, mirroring an operative thinking and a voice that had no modulation whatsoever.

In addition, the bodily discourse of their babies made their mental suffering being heard. Some were in hyper extension affecting the holding qualities (D.W. Winnicott [2], p.365), others were crushed by gravity. The previous preventing from doing their “bodily ranges”; their spontaneous motor skills were relatively poor. The precariousness of their sensoritonic balance makes them less available for relationships.

Between mothers and babies, the tonic-emotional dialogue was very silent, perhaps even frozen. For each of these dyads, the “primordial meeting” [3] was still holding.

How would dance open up possibilities for emotional harmony between these mothers and their babies, favoring the creation of an “Interaction choreography”?

Methodology and Results

“Accordance” is a semi-closed therapeutic group which welcomes three mother-baby dyads as part of their hospitalization at “Grain-d’Aile”. Dyads can join the dispositive throughout the year depending on their arrival at the unit and availability. The duration of the treatment is approximately one year (the average duration of treatment at the unit). Entry into the group is on medical indication. One of the criteria is that the baby is 4 to 6 months old when he arrives in the group. Another criteria was for the mothers not to be diagnosed with a perverse mental structure. Each session is transcribed in the aftermath and analyzed according to a qualitative method.

¹“Grain-d’Aile” is the name of outpatient hospital at a perinatal psychopathology center called “Centre de Psychopathologie Périnatale du Boulevard Brune”, in Paris.

This dispositive is led by a clinical psychologist trained in dance that has no affiliation to the hospital other than the group and the psychomotrician assigned by the perinatal service, who also meets the mothers and babies at other times in the unit. By relying on “the function of the gaze and the background for the internalization process” [4], a trainee psychologist is also present and occupies an observation position. We reserved some time before the beginning of the group to prepare the room’s setting and also after the group for taking notes, sharing the different experiences and we planned an “differed action” (après-coup in French) with a psychoanalyst.

The session takes place weekly with a duration of one hour, dedicated to the mother’s care of the baby and their interactions, starting from a physical and instinctual play. The shared pleasure of the dance movement allows the mother and her baby to find their unique path, favoring the emergence of a new emotional tuning and the creation of a choreography of harmonious interactions. From an invitation to dance, this device aims to activate simultaneously the different senses in order to experiment and become aware of this other possibility of being in contact with their child.

In addition, the music proposed throughout the workshop constitutes a containing envelope, allowing potential anxieties triggered by movement to be diminished in the mother as well as in the child. This sound-envelope allows the weaving of a more reliable body envelope, essential for the mother constitute a protective and reassuring envelope for herself and the baby.

The experience of this multisensoriality allows the mother to rediscover the pleasure of her own bodily sensations and then awaken the pleasure of the senses in her baby. Taken by language, this sensory experience is a prerequisite for all psychic and relational activity in the baby.

“Accordance” was constructed in the form of a dialogue based on rhythm. This is the anchor of a co-creation common rhythm, a dance between mother and baby, receptacle of a possibility for metaphorization and symbolization. We consider that what precedes the possibility of talking about oneself is the need to feel our own existence’s, as well as to feel legitimated in this existence. Thus, the condition of a tuning passes through the experience of living in one’s body, to be one’s body. Thus, each time is initially dedicated to the mother, and after to the baby. Mothers first experience certain sensations, certain bodily experiences that they have been able to repress or that they have never been able to represent. Meanwhile, the babies are on the ground, next to their mother, under the gaze of the observer and the therapists. Only afterwards can the baby benefit from the transmission of the mother’s experience. From there, a dance for two can be create.

Progress

Each session is made up of several moments.

Beginning ritual: Awareness of the outside and inside of the body

Enveloped by round and captivating instrumental music, chosen beforehand by therapists (music with intuitive instruments, music evoking natural elements), mothers begin their session by becoming aware of the environment in which they find themselves and their bodily state from a postural and tonic-emotional a point of view. Then, they observe and are invited to name their babies’ point of view.

Body awakening time

The mothers will then awaken their bodies by exploring by touch while they massage their hard and soft parts (by differentiating bone-muscle/flesh). Each mother then massages her baby’s body, making him or her feel their hard parts first, then their soft parts. This time ends with a global envelopment of the body by the pressure of hands which outlines the outline of the baby’s body, so that a bodily unity can be built. The moms will then experience the winding and the extension of the back alone, after body to body, the baby experiences this alternation through the body of his mother.

Support exploration time

Mothers are invited to experiment with different ways of being on the ground, to become aware of the “imprint” that they gradually form and transform. As the sessions progress, it is proposed to mothers to experience this time by always keeping bodily contact with

their baby and thus adapting their support and their way of changing “ imprint “ according to the baby’s body and of how the child will lean on the mother’s body.

This time spent exploring the supports was built from “Second space of development” described by A. Bullinger: the space of gravity [5]. Note that a “space”, according to A. Bullinger, “is always the result of coordination. Within the framework of the space of gravity, the coordination takes place between the vestibular signals (allowing the perception of movement and balance) and the signals from tactile sensations, muscular and tendon constraints and bone. When this coordination takes place between the vestibular signals and proprioception, then the vertical can be understood and the organization of the supports is possible” ([6], p.22). These body supports stabilize the posture. So we can explore the movement vertically.

Rhythmic and dynamic time

Afterwards, the mothers are invited to dance while carrying their baby in their arms. The change of music allows the installation of a more dynamic body rhythm. The agreement on a common pulsation gradually allows the formation of a cercle where the percussive, vocal and corporal rhythms of each take place on the staves of the same score. Babies are first carried, allowing them to experience the bodily vibration caused by the striking of the feet on the ground through the maternal body. Gradually, the mother and her baby separate and dance on their own, for them to meet and dance together again. This back- and-forth, the alternation of alone/together, gradually allows a choreography of interactions to set in.

Ritual of the end

Each session ends by listening to a lullaby allowing a soothing moment. The baby thus finds calm in his mother’s arms before joining the care unit. This time opens to a speaking time where mothers can share their feelings and memories brought up by the session.

Therapeutic effects observed

We will clarify our point based on the description of some key moments in the journey made by one dyad within Accordance.

Weight shifting support exploration time

Corentin was 11 months old when I first met him and his mother, Marie-Laure. She was quite comfortable and invigorated during this exploration time. She moved naturally through space. I noticed that in her movements she often stayed on the sagittal plane (extension and flexion movements) and offered very few torsional movements (they were only sketched). She explored different postures without us being able to tell how she had changed from one position to another, or how she shifted her weight from one support to the other. What about the “in-between”, the space for transition and transformation?

Corentin also joined in with the movement. Through an imitation and body identification game, both began to mimic each other. For a brief moment, both baby and mother experienced the same position (pyramid). Then, when the movement became more dynamic and expansive, Corentin gazed more and more at his mother until he began to crawl towards her on all fours, making his way into a space she had created between her back and her hands, ready to draw in and welcome her little boy. Corentin responded to this invitation by entering the space that has been opened to him. This was the first time, Corentin was on all fours!

Time for the mother to explore shifting her weight with her baby

Once the mothers have experienced how solidly they can support and shift their weight, they are invited to continue this exploration, adjusting their own bodies to their babies’ bodies.

After several sessions, I observed that a fluidity developed during this exercise involving mother and baby. Indeed, as Marie-Laure was lying on the ground with Corentin at her side, he climbed on the right side of his mother’s belly, using her as a swing. Corentin found him-

self rocking back and forth, plunging forward, hands and head on the ground, his feet remaining in the air, then back on to his feet. Both Corentin and his mother were smiling. She was leading the dance.

Marie-Laure then accompanied Corentin’s movement who wished to lie on the ground. She began to roll on the ground, first away from him, then towards him and back again. He watched his mother move away without showing signs of concern. She repeated this movement several times and at the end of the fourth time Corentin rushed towards her with joy. This display in space, between a child and his mother, could be read as a choreographed form of Freund’s reel play [7].

From then on, seated between his mother’s legs, Corentin began to pat her right leg. He rested his hands on his mother’s stomach, which she responds to by lying down, which enabled the baby to continue his escalation. Here, the maternal body becomes a concrete, physical support: an essential prerequisite for the construction of psychic support.

These were real moments of harmony and shared pleasure that arised at a singular pace between mother and baby. Hence, I witnessed the co-creation of the first choreographic sentence of the singular interactions of this dyad.

Rhythmic and dynamic time

This weight shifting work or support work is essential so that the mother has the freedom to experience how she changes her balance in rhythm, how she supports herself on the ground: an essential prerequisite for then playing in tune with the baby’s rhythm.

After having experienced how solidly she can support herself on the ground, she can then begin to improvise vertically, first alone, then with her child.

During a session, for example, with their babies in their arms, mothers initiated a dynamic rhythm. They gradually came together, tapping their feet on the ground to the tempo of the music.

The pulsation created by stomping in rhythm offers the experience of a stronger connection to the ground. B. Lesage tells us that this recalls the “weight/support/hold/repel process”, which “structures the verticalisation of the young child” ([8], p.138, translated by ourselves).

During this “pulsation” time, a rhythmic tuning established between the adults and we all danced spontaneously in a circle to the same rhythm.

The rigidity of the mothers’ upper bodies kept their babies in an alert position. In order to soften this rigidity, they were asked to loosen their bust to and fro to the rhythm of the music. Following the pulsation of the music, Marie-Laure rocked gently with her baby from side to side. Corentin, a bright and alert child, became more attentive to what he was experiencing, to his internal sensations, as the movement became more harmonious.

Marie-Laure initiated a change of rhythm within the pulsation. She tried out a step over four beats. She hit her foot on the first beat (the high point); on the second, third and fourth beat she slowly twisted her waist while slightly bouncing her baby with every beat. Corentin thus traveled from side to side while feeling this bounce in his body. Marie-Laure repeated this rhythmic loop four times, then she attempted fast walks, and finally returned to the initial pulse.

She thus introduced what D. Marcelli [9] calls microrhythms, that is to say rhythms within interactions, in particular interactions in play. Possibilities are countless and give rise to singular interactions. A few weeks before this clinical sequence, this particular mother could only offer her son repetitive and automatic interactions, as for example in the game of “The little bug going up and up”² where she could not introduce any element of surprise. Now she could finally introduce rhythmic variations when dancing with her child.

²The little bug going up and up” is a common game played in France with young children, much like the “Five little piggies” of the English-speaking World. With two fingers, the adult imitates a little bug crawling up the child’s body, each time changing or breaking the rhythm (slower or faster, introducing pauses or not etc..) in order to surprise the child with the end which is a tickle in the neck.

A choreography of interactions

This weight shifting exercise, allowing one to experience the solidity of one’s body supports, linked to the work of rhythmicity, opens the door to expressiveness and creativity.

After having danced with their baby in their arms for a while, the mothers were invited to place their children on the ground so that everyone can dance separately and then meet again. Marie-Laure improvised a dance closely in tune with the music. The therapists and Marie-Laure danced around Corentin who gradually let himself be reached by the movement and crawled on all fours to his mother. As he reached her, Marie-Laure danced around him, prompting Corentin to rotate, belly on the ground, so as to follow her with his gaze. They offered a beautiful sight, both to us and to themselves, showing a harmoniously tuned choreography.

Corentin expressed his pleasure in participating in this choreography. Inspired by his mother’s dance, after having benefited from a “body to body” experience with her, he gradually found a way of being connected to her even while disengaging himself from her body as such. Thus, a differentiation of the baby’s body from his mother’s allowed a reciprocal harmonisation and Corentin also became an actor of this choreographic tuning.

An artistic creation had taken shape: a spontaneous, free choreography, pleasant to perform, to experience, to watch but also for the subjects to “be seen”.

Discussion

From this clinical work, it appears that in the context of dance, the “sensory co-modality” described by B. Golse [10] on the subject of psychic construction, is enriched by a drive dimension which, in rhythmicity, allows the emergence of an emotional tuning. What B. Golse calls “sensory co-modality” is essential to psychic construction.

Indeed, he considers that for an object to be perceived, it is necessary that it can be perceived by our five senses simultaneously. In addition, “each sensory modality is very rhythmic with variable pulsations but the co-modality can only be organized if, and only if, each sensory modality recognizes a rhythmic organization compatible with those of other sensory modalities, a compatibility which is doubtless not immediately given but which is the fruit of a progressive harmonization of interactions”, translated by ourselves]. Rhythmicity is intrinsic to this sensory co-modality. It also constitutes the first psychic container, as proposed by G. Haag [4].

Dance is an art-form which calls upon all the senses simultaneously, in particular the visual, auditory, tactile, proprioceptive senses (sense that allows us to perceive the exact position of our body in three dimensions at all times). The dancer activates his gaze to move in space without danger, his ear to listen to music in its rhythmic and melodic dimension, his tactile perception to feel his support in the ground, as well as his proprioception to be aware of his own body in space and feel the movement it produces from within. This unification of sensations in the gaze of the Other constitutes the first forms of identity.

The specificity of the dance is that it also involves a co-modality drive. We retain in particular the drive objects defined by J. Lacan, the voice and the gaze, which also have a central place in the clinic of the baby. With dance, the scopic and invocative drive are mutually articulated.

D. Sibony considers that “dance is a silent form of the invocative drive, that which takes place in any poem” (p. 402). Dance would then be a poem where words are gestures, voice is movement. Just as “a poem calls by voice the forces of presence to those who listen to it and to those to whom it is addressed”, “dance invokes with gestures the gaze of the Other, his attention to point it out on those before whom it happens, those who see the dance. It is a call to the Other that returns to others” (p.160, translated by ourselves). This quote from D. Sibony introduces us to this drive choreography of interactions where the invocative and scopic drive are the main performers. In order to identify how dance brings into play the drive circuit described by J. Lacan and taken up by MC Laznick for the baby’s clinic, we are going to take up the three stages of the drive’s path and transpose them into a dance experience.

The drive’s circuit, initially described by S. Freud for its first two stages, was completed in a third stage by J. Lacan. In this theoretical framework, the scopic drive breaks down into three stages. The first stage, called active, is when the baby “looks” at an object of external satisfaction. The second step, called passive, corresponds to the moment when the baby “Looks at himself - is looked at” and identifies with the image he meets in the mother’s gaze. The third step, called active-passive, is fundamental because for J. Lacan it corresponds to the moment when the baby initiates the relationship by proposing himself as an object of enjoyment to the other creating surprise and wonder.

The drive’s circuit can be transposed to emerging experiences in dance. At first, “we look at” the choreographer’s proposal, his “call” you might say. Then we “look at each other”, in the mirror or in the choreographer’s gaze while we explore his dance by identifying with the image we meet in his gaze. Finally we “make ourselves look”, that is to say that we seek to arouse the gaze of the choreographer, partner, this Other, while waiting for a feedback on what we have produced.

It is precisely when this third stage takes shape, that is to say when, as dancers, we benefit from the jubilant glance of the Other, that we feel ourselves existing as dancers, that our narcissism is built, solidified or weakened.

This is what Marie-Laure and Corentin show as the sessions progress. When the mother experiences the pleasure of moving and letting her emotions pass through her, she can invite her baby to join in the dance. She becomes a solid support for her and for her baby. Being able to rely on the physical and mental solidity of his mother, Corentin can thus experience his own support with confidence and thus arouse the desire to be seen. So, a dance for two can be created. Encouraging the jubilant look of his mother, Corentin becomes the subject of this dance-chord. It closes the drive’s circuit in the updating of its third step.

This subjective experience replies to what J. Lacan describes, when the baby recognizes with jubilation in the image of the mirror and identifies himself with it (mirror stage), and what DW Winnicott describes, by relying on the theoretical advances of the previous author, when the baby is reflected in the gaze of his or her mother and forges their primary narcissism. Mirroring in his mother’s jubilant look at his exploits, Corentin can build his primary narcissism.

Corentin, by identification, experiences different supports on the body of his mother who can surface support for her child, after having experienced the solidity of her own supports (body but, above all, psychic). Experiencing the solidity of his mother’s support, Corentin can explore the world around him with more confidence.

Dance gives a form, an outline to the drive, it contains it. Thus, it can function as a barrier for excitation. This is particularly valuable, as much for mothers who hold back from a relationship with their baby in fear of enjoying them too much, as for those whose indifference to others threatens the baby with encroachment.

While at the start of her care Marie-Laure could not touch her baby only with the tips of her fingers and speak to him in a very high-pitched and very pointed voice, she was able over the sessions to offer her body as a whole in a solid support surface for her baby, in a playful and pleasant exchange.

Furthermore, as a “universal language”, as explained by M. Béjart (p. 8), dance comprehends its own vocabulary, its own syntax, its own grammar. In the world of dance we speak indeed of “choreographic phrase”. Just as the desire for communication precedes language, the desire to tell, to express, to transmit is at the dawn of a choreographic creation. This addresses to the findings in the narrative and symbolic function of dance.

Finally, dance makes it possible to explore the internal world of emotions and affects.

D. Stern considers “modern dance and music as examples par excellence of the expressiveness of the affects of vitality” (p. 79). He defines “affects of vitality” as “Elusive characters best rendered by dynamic and kinetic terms such as to arise, to pass out, fleeting, explosive, crescendo, decrescendo, to burst, to lie down, etc” (p. 78). He showed that the baby is not yet confronted with categorical affects such as

joy, sadness, anger, etc. On the other hand, the baby perceives dynamic characters which correspond to the qualities of movement such as the abruptness of a gesture, its speed, its softness, its roundness. These qualities of form, intensity, rhythm refer to a way of feeling rather than a distinct feeling. They correspond to the fundamentals of dance: space, time and energy. Space is corporeal, scenic, displacement space; the three-dimensional form that we create with our body. Time is the rhythmicity of the movement (its duration, its speed or its slowness, silence, repetition...). Finally, the energy in the sense of the intensity of the movement: jerky, fluid, explosive, continuous, heavy, light, tense relaxed, soft, abrupt.

To suggest to mothers to express these affected vitality through dance, with their variety of form, intensity, rhythm (like vocal modulations), returning to primary qualities, would it offer a possibility to feel their own emotional experiences from which they are cut off? Then, would it be an opportunity to express their emotional feelings to their baby?

Is it possible for “dancing”, vehicle of vitality, to transform the death drive that impels in these mothers, suffering from trauma or mental dislocation, into a life drive to burst creativity?

Conclusion

The clinical situations presented illustrate the way in which dance supports the psychic movement of each partner and their commitment to the relationship. When the mother dances, her psyche comes alive. She abandons herself to this new freedom and her baby responds to this wishing movement by delighting the gaze of her mother and immersing himself in this sensory bath, leaning on a better maternal solidity and an emotional consistency. A choreography of interactions begins to work: the baby takes its first dance steps in the eyes of its mother and on the world stage.

Thanks

This article is an English version of the article “Accordance: une chorégraphie des interactions” published in the scientific journal “Neuropsychiatrie de l’enfance et de l’Adolescence”. It is extracted from the master’s research dissertation (UFR of psychoanalytic studies, Paris Diderot University) entitled “Accordance: a drive choreography in perinatality” and written by Lucia Stella who received the first clinical prize 2018 from the Marcé Francophone Society.

The authors would also like to thank the Thierry and Annick Desmarest Foundation for its current support for the “Accordance: care and research project” and to Marilyne Giorno, Ana Beatriz Novelli and Oscar Arturo Rivera Avalos for their precious help for English translation.

Declaration of Interest Links

The authors state that they have no interest links.

Bibliography

1. Quignard P. “The origin of dance”. Paris: Editions Galilée (2013).
2. Winnicott DW. “From Pediatrics to Psychoanalysis”. Payot: Paris (1969).
3. Crespin G. “The symbolic epic of the newborn”. Ramonville Saint-Agne: Editions Eres (2007).
4. Haag G. “Contribution to the understanding of the identifications at play in the bodily ego”. *Journal of Child Psychoanalysis* 20 (1991): 111-131.
5. Bullinger A and ABSM. “The effects of gravity on the baby’s development”. In: The space of gravity. Toulouse: Eres (2015).

6. Bullinger A. "The sensorimotor development of the child and its avatars". In: Tome 2. The space of gravity, the premature baby and the child with PDD. Toulouse: Eres (2004).
7. Freud S. "Beyond the pleasure principle". Paris: Payot (2010): 1910.
8. Lesage B. "Dance in the therapeutic process". Ramonville Saint-Agne: Editions Eres (2006).
9. Marcelli D. "Between micro-rhythms and Macrorhythms: the surprise in the mother-baby interaction". *Spirale* 44 (2007): 123-129.

Volume 13 Issue 12 December 2021

©All rights reserved by L Stella., et al.