CHAPTER 3: THE GOREN-BAR MODEL OF INTERMODAL EXPRESSIVE THERAPY

Intermodal Expressive Therapy is a psychotherapeutic discipline in which patients express themselves within a wide range of combined modalities such as music, art and movement, psychodrama, poetry and bibliotherapy.
In that Intermodal Expressive Therapy combines more than one discipline, it requires a wide and mature qualification of the therapist.
In this chapter I shall relate to music, movement and plastic arts, mainly because these are the modalities I have worked with for years.
I shall relate in detail to the issues of why, when, and how to move from one modality to another.

In spite of the fact that I believe in, use and teach the employment of Intermodal Expressive Therapies, I wish to restrict myself and point out several potential drawbacks of this modality, if not applied properly.
Intermodality produces a therapeutic drama which may serve the therapist's inflated artistic ego, but ignore the patient's fragile needs.
The decision to modulate between modalities in the middle of a therapeutic process may enable the patient, or therapist, an unconscious escape from a tough or unpleasant state and avoid dealing with it. This may encourage the exhibitionistic side of the patient on the account of profound introspection.
By flexibe use of the three modalities throughout the therapeutic process, we are exposed to a variety of options.

This multiplicity enriches the experiential impact of the process but may push it to superficiality.

Having these perils in mind, I wish now to present the Intermodal Expressive Therapies as they are percepted by me.

When words, language, and logic are insufficient, intimidating, or "overused", patients may discover in pre-verbal expression modes from the developmental phase of their lives, a new source of psychotherapeutic aid.
Intermodal Expressive Therapy starts in the early stages of human development, before the development of language, and affect was expressed intensively and most creatively by the infant and the parent through body expressions, movements, voices, vocal gestures, primer musical patterns, tactile interactions and games.
In Intermodal Expressive Therapy, patient and therapist create the archaic environment where, once again, the child, adolescent or adult, can find primary language.

A language of experience that is translated into meanings, conclusions and insights through secondary verbal processes, such as feelings, sensations and intuitions.
Intermodal Expression returns to the very beginnings of life, it evokes the cradle, where words such as: primacy, essence, potential, nucleus, real, authentic become central. In such therapy, we locate ourselves in the "inner space" of the personality.

Therapists who believe in this method, one of artistic psychotherapy, need to master at least one of the modalities. Only then are they able to use

the other artistic modes. They need to be able to express themselves naturally and easily in various modalities, to read, understand, and to use their body with unreserved awareness. It is important to have a feeling for the plastic-arts and an ability for self expression in this medium. They should also be able to improvise, play, and comprehend music. Usually, artists in one modality, who possess a mature level of psychotherapeutic talent, begin naturally to implement other modalities into their therapeutic work, eventually using Expressive Therapy. Their clinical work may be defined as Multidisciplinary Arts Psychotherapy.
The studio where such work takes place should be appropriate for the inner dynamics of these modalities: space, facilities and privacy. Conserving and exhibiting conditions should be available.

We are dealing here with an area where, unlike verbal discourse, patients are much more exposed to shame, anxiety and surprises. Therefore the atmosphere should evoke a feeling of sensitivity and wholeness.
In the process of Intermodal Expressive Therapy, patients can either choose to move along a vertical axis from a conscious to an unconscious level, or vice versa. If patients are preoccupied with an issue which has emerged from the "background" to become a "figure" (in Gestaltian terms), they might be asked by the

therapist how they could express this affectively through nonverbal proposed modalities. He/she could invite them to choose a medium of expression, and thus begin a process usually ending far beyond consciousness, one that will bring with it insights.
But patients may also reach a process of Intermodal Expressive Therapy from an unconscious level. When they claim they have nothing to relate to, they may be invited by the therapist to wander round the various possibilities in the therapeutic-space, and choose an artistic activity which intrigues them, from there to enter a process in which the unknown (directed by the unconscious) is revealed through an artistic product. This experience exposes the patients to contents, symbols or insights previously unknown to them.

Therapists become extremely involved in this therapeutic process. By just witnessing the artistic production created by the patients, they assume the role of an "audience".
If assistance is required, the therapist becomes an active participant in the therapeutic process, and if full involvement occurs, then the borders seem, from the outside, to disappear.
There is a typical fluctuation in this process between "inside" and "outside", between artistic expression derived from the inside location of our personality, towards evaluation and criticism which belongs to an outside point of view.
Both therapist and patient move in these locations, but it is the therapist's role to help the patient remain "inside", and explore the adventure of "being and creating there".

I would like to present, according to my viewpoint, three important processes of intervention in Intermodal Expressive Therapy: Discovery, Maintenance and Polarization.

Intervention through a process of discovery is concerned with helping the patient meet the vast potential of the modalities, especially when the patient decides to leave a modality which he/she knows, and move into a medium in which he/she are in some way beginners. The therapist may offer patients other techniques, to make them aware of other dimensions in space, encourage them to use new materials or to teach them new skills.
Intervention through a process of maintenance is concerned with helping the patient remain in touch with an artistic product or process and his/her experience. The challenge here, is to slow the patient down, hold him/her in a state of being and unknowing, so that the underlying essence or message of a certain creative moment is not lost.
This can be achieved by moderating an activity, and searching for what might be heard, felt or sensed in the depth of the moment. In group therapy, group members might be invited to join an individual's activity through an echo-chorus-effect, while members of the group repeat the individual's words, movement or sound.
Intervention through a process of Polarization, requires professional wisdom and is concerned with helping the patient shift into an appropriate intensive experience, in order to meet new insights, constrained perhaps by a former habit or pattern.

The therapist may encourage the patient to raise his/her voice to a loud cry, or transform a loud voice into a whispered prayer; he/she may support a patient's attempt to open up into wild movement or close up into a tight frozen position; he/she may suggest an expansion of a painting or condensation of an artwork.

Each expressive process encompasses many "components".
I define "component" as an artistic fragment which includes shape, dynamic and an overt or latent content.

Therapeutic experiences with meaning, or insight are to be found in each artistic component. It is the therapist's role, to help the patient approach and shape a particular component of the artistic work. This is done by slowing and moderating the process to a state of meditation on a single component in the artwork, and by facillitating this meditative process again and again.
I have mentioned above the vertical axis (conscious-unconscious) along which patient and therapist move throughout Intermodal Expressive Therapy. I now wish to relate to a chronological (horizontal) axis which I call:

The Creation Axis.

This is my original model integrated for this dissertation.

In any artistic process people move along this axis.
This process is common to all the modalities.
Patients do not necessarily complete the creation-axis experience in one session, there are many patients who barely survive the beginning of this path, some may regress, while others take a leap forward. Each location on this axis has diagnostic significance and can teach us a lot about our patients. Bringing the creative process to an end, and terminating the

creation-axis is our therapeutic goal, yet, being able to maintain our patients at a certain stage along this axis, is very often one of our therapeutic challenges.

I identify six stages along the Creation-Axis:
Encounter, Organization, Improvisation, Main-Theme, Elaboration (Variation) and Preservation.
I shall now describe each phase and demonstrate how it manifests in each of the three modalities (art, music and movement). We should note here that the characteristics of one modality may obviously occur in other modalities as well.

1. Encounter - that brief period during which we first make contact with the "objects of the modality".
At first, we are either restrained or hyperactive (briefly touching one object then hurrying on to another), we may feel anxiety or hesitation. The modality which attracts us, the kind of choice we make, and the number of items picked-up, are all diagnostic data obtained at this starting phase.
In art - we choose the materials we will soon begin to work with.
In music - we choose the instruments, which might also be our voices.
In movement - we choose a position from which to begin our body work.
Unlike "warm-up", where we move parts of the body in order to exercise before "work", in the Encounter stage, we position ourselves for work after warming-up.

2. Organization - This stage very often merges with the next stage. Here, having chosen the objects, we arrange these around ourselves and begin work. Distress or joy are expressed in this phase.
In art - we take the first steps in sensing, using, and testing the materials chosen, and look for additional equipment.
In our initial artistic efforts, we usually produce the first prototypes to be observed in out work.
I define prototype as a characteristic component in a work of art, that is significantly different from other existing components.

In music - we will tune the instrument we have just chosen, pick up a supplementry instrument, try a scale, a chord or a rhythmic form, warm-up the voice and release air.
Releasing air may also be done on instruments, and it usually sounds like a cacaphony.
In movement- we locate ourselves in the work-area, extend, contract and flex our bodies, release and tense our muscles, or reach out for some object we feel drawn to at a given moment.

3. Improvisation - this stage, as noted above, is often a natural continuation of the previous one. Here we expose our first courageous efforts. Curiosity or shyness may prevail in this phase.
In art - we create the first outlines of a sketch, initial learnings characterised by spontaneous acts.

In music - we extemporize in three dimensions: range, intensity and duration.
In movement - we vary the amount of energy invested: expanding and restricting movements.

4. Main theme - When the patient spends enough time developing an improvisation, through careful observation, we discover a theme which either catches our attention and is therefore further developed, or explore something that unconsciously attracts our artistic activity. We become more focused at the point of locating the main-theme in the work. This may be color, texture or energy. It is always characterised by a certain uniqueness.

Here we may express curiosity, intention, stubbornness, profound affect and accuracy.
In art - we mold the content of our artistic product, developing an idea, and yielding to the "figure", relinquishing non essential "background".
In music - we develop the main theme of our creation through repetition, and emerge into a clear, prominent and expressive idea.
In movement - we identify and focus on a certain meaningful posture, or movement, or body expression, which slowly and persistently becomes the essence of our motion.

5. Elaboration Variation - I distinguish between improvisation and elaboration (variation): The former is typical of its leisureliness and focuses on first learnings, primacy, trial and error. The latter is a function of maturity, and is a result of virtuosity.
We usually reach the elaboration phase once we have identified, and gradually deciphered the meaning and potential of the main theme.
There are cases where, through compulsive repetition, we abruptly cross the first three stages, producing again and again a "deja-vu" main-theme, a form of perseveration.
We seem to say to ourselves: " I know this and I can easily produce it, therefore it brings me satisfaction".
At this point, it is the therapist's role to help the patient move into the variation phase.

It may be done through careful comparison with differences between repeated main-themes from previous sessions, or by simply bringing up new possibilities. In this phase, patients may feel joy at the enormous creativity typical of the variation phase, or they may display anger or withdrawal, refusing to experience innovation.
In art - We are busy here with the "finish" of the artistic product. We may improve items in our work by decorating them, or achieve a brillant simplicity. Sometimes we frame the work, find a slogan or title, or add key words.
In music - variations occur through changing rhythms and intensity, or modulations to different scales, by the application of text, the use of additional instruments, by means of contrasts, and the exploration of polarities.
In movement - In addition to the above, we may suddenly begin to use another part of the body and develop a whole dialogue between parts of the body. Here we might need a significant object to include in our

movement. We will explore new dimensions of space, and observe facial gestures, and perhaps the use of voice.

6. Perservation - The preservation phase appears after we have produced an artistic-object and sit back, fulfilled.
Unlike visual-arts, where an artistic product may be shown and observed, in music and movement, this phase belongs to an intense memory, unless video is used.
Here we feel a fullness, contentment, pride and love or cynicism, disappointment and sadness.

In art - We rest, observe the work. We may be ready for evaluation or sharing of affects. An artistic product usually needs time to dry or harden.
In music - We enjoy a certain distance from the making of music. By now we have mastered the piece and, while still producing it, we can enjoy performing at the same time. We may video tape or record the music and enjoy its effects.
In movement - We may relax, conserve, cradle, wonder at the experience, or, freeze, imprison, and lock it away, deep inside our senso-motoric memory.
Insights, feelings and understandings which had emerged throughout the process are reported, and patients can turn to profound sharing.

We should note that, very often, reaching a comprehensive preservation of a creation-axis, does not necessarily mean the patient has fulfilled his/her interest in the medium or the work.
The completion of a work very often invites enquiry and new experiences. The shift to an intermodal therapy should be offered only after thoroughly checking the readiness of the patient to extend the process of a present activity and develop it in a new modality.

Having explored the creation-axis in an attempt to understand its unique stages, I would like to present my original model for Modulation between modalities.

Three scales indicate the art, movement and music disciplines. Their proximity illustrates the minimal distance between these modalities.
Each scale reveals the creation-axis which is changed in its hue. The light hue denotes the first three stages in the creation-axis (Encounter, Organization and Improvisation) and the dark hue denotes the continuity of the creation axis (Main-Theme, Elaboration/Variation and Preservation).
The diagram illustrates that modulation is advisable only from the fourth-sixth stage on, while establishment in a new modality, usually occurs in the first-third stage, and requires the appropriate response.
We note that after entering a new modality and experiencing the phases, I the patient can continue along the creation axis and complete an entire process up to the Preservation phase, or modulate again to another modality if phases 6,4 have been reached.

Number 1-7; show how to modulate from art into movement and music.

Number 8-12; show how to modulate from movement into art and music
Number 13-15; show how to modulate from music into art and movement.

I wish to emphasize two crucial points when dealing with moving from one modality into another:
1. Patients should never be encouraged to change modality before they have explored and fully experienced the modality with which they have begun to work. The dominant modality must be considered a "home land" for the patients. Here they can grow safely, depart when in need of new visions, angles and possibilities, and always retreat when they so wish.
2. In accordance with the above, therapists should avoid supporting modulation during the first three stages of the creative-axis. One should not consider leaving a modality while the patient is still establishing his/her self in a particular medium.

We may consider modulating under the following conditions:
1. The patient has explored all possible experiences in the dominant modality and has gone through the whole creation-axis again and again, his artistic-therapeutic activity is blocked, and he becomes defensive.
2. The patient has finished an artistic product and is curious to explore other potential experiences which may be derived from modulation towards other modalities.
3. The most natural way of modulating occurs when a patient is intrigued with an artistic process and, while devoting him/herself to the main-theme, or its variation, he/she falls into a natural modulation which expands and empowers his/her therpeutic experience. This can be observed by small signs that I will shortly describe.

I am convinced that there are many other techniques for modulation from one modality to another. Both therapists and patients should feel free to explore these spheres with full use of their creativity and imagination. The following examples are brought here solely as illustrations. Some of the proposed techniques will be familiar. I have illustrated some by in including short vignettes.

1. Free Imagery (from Art to Movement).
If the main-theme presents an object or an environment, we may suggest to our patients that they become the object or environment. We may induce in them the notion of choosing some object in their work with which they identify, and allow them to experience the object by being it. By bringing life to the object, they can experience a meaningful improvisation.
example: In a psychiatric day clinic, a young man who had suffered from depression, drew a forest. A huge tree was located in the foreground. The drawing was done with oil pastels, but during the Elaboration phase, the patient cut out green and yellow leaves from soft, colored paper and stuck them on the tree. Finally, long after everybody in the group had reached the Preservation phase, he completed his work by adding a yellow leaf

which was placed on the ground. When asked by his friends to present his work, he
remained silent. The therapist noticed that his fingers lay on the yellow leaf, and suggested: "Would you like to pick up the
leaf and let it move on the ground, you can pick it up and become the leaf. The man picked up the leaf, closed it inside a thin hand and started to crawl.

2. Movement score (from Art to Movement).
The Main-Theme or Elaboration phase sometimes reveal a movement script in the artistic piece. The therapist may invite the patients to follow one of their body organs, or the lines, dots or signs in the work. Slowly at first, in order to comprehend the new experience (encounter & organisation) then, freely into the improvisation phases. Patients may continue the creation-axis in movement.
Example: In a group for retired people, a teacher who had retired after 45 years in education, made an abstract drawing with typical, colored lines curving from one side of the paper to the other. In response to the therapist's proposal, she continued to draw, this time with her finger. Again and again, her finger moved along the painted lines, the motions carrying her elbow, then her hands into a slow but impressive dance of waves.

3. Hidden movement (from Art to Movement)
During the artistic process, while patients are producing the work, the therapist may see a significant body movement the
patients are unaware of. It may be a circular motion, rocking, a nervous shivering. It may be a roofing posture above the art work.
If conditions are appropriate for modulation, and the patients are in the Elaboration-Conservation phase, the therapist may be able to bring the movement issue to the their awareness, and slowly help them change the emphasis from art to movement.

Example: A young adolescent is busy with a painting consisting only of colored "blobs". The drawing is abstract and very colorful. For quite a long period the therapist sees her enjoying the colored explosions on the paper. Then the paper seems to become too small in comparison to the motional experience. The colored dots take on a grey hue and it seems to the therapist that the patient is intrigued more with the motor rather than the visual adventure. The therapist assumes that his patient is through with the Variation phase and suggests she continue sticking motional-dots beyond the paper into endless space. The adolescent enjoys the paradoxical idea - painting air - and soon gives up the brush and turns to boxing, and blowing imaginative "color blows" into the air.

4. Body scenery (from Art to Movement)
When the art work is done, and the creators seem satisfied and fulfilled, the therapist may suggest that they curve their bodies to become a scenery, a body setting for the stage of artistic work. Then, through the new interaction between creator and work, a whole motional-emotional process may ensue.

Ėxample: In a training workshop, a woman brought a dry bush from the garden. She cut away the little twigs, leaving a bony skeleton of bush to which she added a clay base. To each twig she added a clay ball. Her bush bloomed with clay flowers. She gazed at her piece of art for a long time. It was obvious to the therapist that she was at the phase of preservation. Suddenly, she lay on the floor, placed the clay bush on her belly, closed her eyes and slipped into the rhythms of her abdomen.

5. Figure and ground (from Art to Movement)
This Gestalt principle is effective when the patient seems to be interested in a particular area or component of his work. This item can be brought "up-stage" some times by simply cutting the object out from its background.
The amount of energy and strength bursting into the foreground when the part departs from the entire work, is always amazing. Just removing this fragment is already a moving operation. If a patient is encouraged to feel the part, to give it life and sensational emphasis (As in the # 1 Free image technique) he/she finds him/herself involved in a growing experience.
Ėxample: A participant in a group of women who were sexually abused, presented a brightly colored abstract drawing, displaying the figure of a woman lying on a yellow shore with blue skies above. Her position near the picture on the floor was surprisingly similar to the woman's posture in the drawing. Both had the right foot on top of the left one, tightly closing the hips. The Main theme subject was the feminine form which this woman wished to explore.
She was therefore asked, if she would like to cut the woman's shape out from its background with a artist's knife. With a curious smile, she changed position, busy with the cutting assignment. When she reached the legs, she hesitated. Her face showed anguish. The therapist said: "See if you can let yourself help her now with those tightened legs". She started to cry, and, ignoring the picture's lines, cut two, separate, wide opened legs.

"Be that woman, said the therapist, and let her move..." The patient started to breath heavily, then, slowly elevating herself from the floor, created a wide arch with her legs, in preparation for a movement creation-axis.

6. Musical score (from Art to Music)
If the artwork includes graphical signs, or lines which can denote different rhythmic patterns, intensity or melodic heights, then it is easily possible to help the patient shift from the visual art modality into music.
The therapist can use the art work as a score and either help the patient start "reading" the work by simple rhythmical beats, or let the patient sing an invented melody according to the curves and lines in the work.
Ėxample: I shall relate to the same woman from example # 4.
Before lying on the floor, during the Elaboration phase, while sticking the clay balls on the twigs, she stuck one heavy clay ball on a thin twig which cracked. All of a sudden, she had a natural key in her hand, while the entire bush with its clay balls facing her, reminded her of a bush-xylophone on which she started to play, enjoying the quiet touches and

gentle movements of the twigs. Distances and different heights between the balls created the musical score on which she improvised for a while.

7. Melody in association (from Art to Music)
Very often we can discover a hidden melody-layer in an art work.
Works of abstract art convey melodies with a more profound origin, while concrete art brings about thematic songs.
Patients fingers can lead them like a record player needle, wandering about the work, and eliciting the associated melody.
Example: A war widow participated in a workshop. She sat before a collage she had created from pasted pieces of colored paper from journals, wool, and oil pastel surfaces.
The work looked colorful, very condensed, but with defined areas. She could neither understand the work nor report her feelings. Her face and body were sealed.
She was asked by the therapist to lean towards her work and try to hear a melody which might be hidden in the depths of the collage. The woman bent towards a particular zone in her collage, a long tense period ensued. Tears fell on her cheeks.
She was asked to put her finger on the zone and quietly "milk out" the melody she was going to meet. The area she touched and leaned towards, included a torn journal picture of a tank, with soot, red pastel mixed with black, and some grey wool. A memorial song was heard, whispered from behind the tears. The group identified the melody, added words and supported the woman in her rediscovery of condolence.

8. Sensation key (from Movement to Art)
When patients have reached the Preservation phase, and their movement is accompanied by an object such as a scarf, a ball, feather or garment, it might interest them to further explore the sensual visual possibilities of the object. The object should serve the therapeutic process, for example: patients are invited to include the chosen object as part of the sculpture or painting, it may have inspired.
Example: A young man in a psychiatric hospital is intrigued by a movement session. Suffering from obssessive-compulsive disorder with a paranoid attitude, he agrees to participate in the movement session on condition that he can wear wool gloves. During the Main Theme phase, the therapist realises that the man is expressing intense and meaningful movements with his gloved hands.
During Preservation phase, while talking about his hands, the patient says he feels his palms have faces that smile at him.
The therapist suggests he stuff synthetic wool into the glove and add some facial features at the art corner.
Enthusiastically, the young man goes over to the art corner and creates a doll with which he later holds an exciting dialogue.

9. Guided fantasy (from Movement to Art)

In the Preservation phase, while the body rests and muscles relax, the therapist may lead a guided phantasy. This technique is some times accompanied by music. Patients are asked to visualize a place or view.

Sometimes instructions are more "open" and patients are invited to see whatever comes to mind. They are then invited to freeze the scenery they have just visualized, and use art materials to transform the image into concrete art work.

10 Metaphor (from Movement to Art)
During the Movement-Creation-axis, the therapist notices that a certain organ becomes a prototype and is developed into a Main Theme. Towards the crisis of this phase, while the movement is definite and clear, the therapist tells the patient to pay attention to that body gesture, and while still moving, to try and visualize it, or see if it reminds the therapist of something. Very often the patient will come up with a metaphor associated with that prototypical motion.
A shift to the next Preservation phase can be achieved by telling the patient to remember this symbol and later on to draw, paint, or create its form.
Example: An adolescent who suffers from Anorexia-nevrosa is working with her therapist. Her movement is very weak and slow.
In the Improvisation phase, she locks her hands into fists and does not open them. Thereafter the therapist encourages the patient to develop the fists movement and reach the Main-Theme phase. The patient complies by exagerating the fists movement, she does not utter any sound. "Can you see anything" asks the therapist, and the patient, still boxing in the air, whispers: "iron fists...iron fists". "Remember this important metaphor, later on, you can make your own iron fist" says the therapist.

11. Musical amplification (from Movement to music)
When patients identify a Main-Theme in movement, appropriate music can very often encourage their ideas and expand their motions, thereby increasing affect and expressivity.
The therapist should use his understanding of music to choose the right background, yet maximum attunement to patients needs must be obtained simply by asking if in fact the music does fit their work at that specific moment, or which kind of music they would prefer to hear
Example: A young woman born in Denmark experienced a long and profound process in a workshop. She started her work on the art creation-axis, presenting (in the Preservation phase) a piece of art which she had done. Shifting from Art to Movement (technique # 5- figure & ground) she concentrated on tufts of cotton glued into her work. She leaned towards the cotton and moved her cheek softly, again and again, in a circular motion.
She started to tremble. The colors in her work were "cold": Blue, grey, white and purple. The therapist put on Vivaldi's "Four Seasons" playing the Winter Movement.
The idea was to help her add movement to music, and enable her to enjoy the power of wholeness in the aesthetic experience of art, movement and music as one unit.
She immediately responded with a sigh, nodding her head. Her movement was tuned to the music and she seemed to be far away from the group.

Crying and dancing, she let the music carry her to her childhood's landscape, an experience she later on shared with gratitude. I remember her asking me during the group sharing session, with a witty smile, how I had known how to choose the right music for her.

12. Inner voice (from Movement to Music)
In the course of movement, when more and more attention is paid to a certain motion, or position, or expression, the patient is either forgetting to breath, or breathes inadequately.
The breaking of this mutism is essential because a moving body releases memories and associations.
The first voice, which sounds like a newborn's cry, enables the patient to move into the musical modality.
Movement can loosen the neck muscles and allow patients to use their voices. The movement itself is richer and much more expressive when it is accompanied by the voices of the self. If patients can establish a voice dialogue while moving, they will soon create an Improvisation phase on the music creation-axis, and reach a Main-theme.
Example: A man in his forties, sits on the floor, rocking his upper body back and forth. He won't talk, yet his face shows suffering. This situation endures for a long while. Then he is told to bend forward so that he can be with himself. He complies, but continues to sway.
"What do you hear there?" whispers the therapist. He shakes his head again and again, paradoxically loosening his neck.

"Please do not stop this "no"-nodding, insists the therapist, and listen carefully, you might hear a voice there". "Ah...Ah..." hums the man very quietly.
"Yes, watch this gift, don't stop, keep humming, louder, try to recognize where it comes from" supports the therapist.
"Ah... A...Kindale vhas hat shoin alle zeindallach" sings the man, thus restoring to himself a long lost lullaby .

13. Visual Fantasy (from Music to Art)
When the musical Main-theme is abstract, and once patients have reached the Elaboration, or Preservation phases, the therapist may offer to lead a visual fantasy. The therapist may say:"Keep playing or singing. Close your eyes. Try to see an image, or view, a scene or objects, enjoy the music, and let your musical imagination join your visual images".
By now, in these phases, patients have already mastered the musical skills, and are quite able to close their eyes, and let visual associations accompany the music.
If crayons, paper and other art supplies are available, if the music can be recorded and played again, then most expressive art can be produced.
When the Main-theme is concrete, this process is easier, leading to a collage made of more conscious, visual images which might even be found in a near-by journal.

14. Making a score (from Music to Art)

A melody line, a rhythmic pattern or frame, an instrument, volume, intensity, and other musical components can be transformed into graphical symbols. I do not refer to formal musical signs, but to imaginative, decorative and self-creative emblems which can enrich the musical experience, become an idiosyncratic sign-language between patients and therapist, and, most important, function as a testimony of the musical experience which vanishes as the instruments are put aside at the end of the session. In the Preservation phase, the therapist may suggest bringing a large sheet, crayons and stickers of all kinds. Each instrument can be designed in a graphical shape, or as a fictional symbol or creature, other musical elements can be represented in an artistic mode, and, finally, the whole musical experience takes on a visual form.
If the music is recorded, it can become a wonderful background to artistic creativeness.

15. Dancing to the Music (From Music to Movement)
In the course of active musical production, during the Main-theme, Variation and Preservation phases, the therapist may observe a locked-fixated movement in a patient.
It seems as if the music is emerging from an imprisoned body.
This is evident in the muscle tone, the body posture, or in restricted movement.

By first making the patient aware of this contradiction, and then by use of gradual approximation, the patient can reach a combined expressivity on both modalities: go on making the music, while the body expresses the production.
Example: A twelve year old boy with a behavior disturbance is playing on drums. His music is strong and hard.
The therapist notices the boy looking straight at the membrane of the drum. His neck is very stiff and he is biting his inner cheeks. The muscles of his hands are tight. The therapist joins in the boy's music by standing across from the drum and moving according to its beats. The therapist starts nodding, inviting the boy to join him. Very hesitantly, the boy complies.
From nodding, the two move into shoulder movements, hip movements. "Now bend your knees a bit" shouts the therapist and soon they find themselves in the middle of wild movement, the stiff drum beats gradually changing into an African rhythm.

Summary
I am convinced that many of the techniques and concepts described in this chapter are relevant and occur in the art, music or movement therapies. A mature expressive therapist who has learned the intermodal use of the medias of music, art and movement, may help patients experience themselves from a new and unique perspective. Having presented my conception about Intermodal Expressive Therapy, I wish to describe in the next chapter, three Self Theories, which I have found very applicable to Intermodal Expressive Therapy.