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**THE HEALING FUNCTION OF IMPROVISED SONGS IN
MUSIC THERAPY WITH A CHILD SURVIVOR OF
EARLY TRAUMA AND SEXUAL ABUSE***

Jacqueline Z. Robarts

ABSTRACT

This case study discusses the use of improvised song-poems in music therapy with an 11-year-old girl, a survivor of early trauma and sexual abuse, and illustrates the integrative, healing potential of spontaneously improvised songs. Case material spans 14 months of this child's individual music therapy within an in-patient child and adolescent mental health setting. The study focuses on musical and psychodynamic processes of containment and transformation in a synthesis of clinical perspectives that is the author's model of "poietic processes in music therapy." The case study also illustrates how the child's defensive modes of expression are worked with musically and psychodynamically towards a more emotionally expressive and authentic sense of self.

* Acknowledgement: I would like to thank my clients, young and old, who continue to help me learn how to help them. I would also like to thank Susan Hadley for allowing this case study to be presented in detail.

INTRODUCTION

“What’s music therapy meant for anyway? Is it to cheer you up if you’re unhappy, or is it to see if you’re a happy child?” asks Lena, her words tumbling forth at high speed. Her cheeks are flushed, and eyes bright, as she anxiously surveys the music therapy room – and me. In a slower tempo, I reply, “It can feel like that, can’t it. Is that what you think it is?” Wistfully, Lena responds, “No, I think it’s to tell if you’re unhappy, or if you are....” She falls silent and thoughtful, playing dreamily on a nearby bass metallophone. I accompany her, in tonally rooted harmonies with a gentle pulse. I sing: “Sometimes we’re happy.... Sometimes we’re sad.” Lena joins in, and gradually leads the song, expressing her own feelings. As well as reassuring her that she could be happy, the song also invites her indirectly to express the sadness she has inferred in her opening questions. Our song suggests that all kinds of feelings have a place in our music. This is the beginning of our journey together - a music-journey. Using metaphors and narratives of destruction, resurrection, and re-birth, her song-poems reveal an intuitive wisdom beyond her years as she begins to explore feelings that are difficult for her to bear in everyday life. Within the security of the musical therapeutic relationship, her sense of despair, anger and self-disgust surface, and gradually give way to a surer sense of herself, with the hope of a better life.

When a song arises in music therapy, we hear something special. Freshly minted in the moment, song comes from the deepest roots of our being, our embodied self, and enters the creative flow of life. Person means literally “to sound through,” and so the voice, with its subtleties of intonation, rhythmic flow, intensity and texture, carries the essence of each person’s individuality. As a bridge between our inner and outer worlds, and in the borderland between conscious and unconscious life, song can communicate our innermost feelings. Whether in a rush of joy or anger, in the turmoil of anxiety, or the tranquility of musing and reflection, when a song grows from spontaneously expressed feelings, it is in a sense both a container and transformer of feelings, whereby new meanings may be forged. Songs seem designed to communicate something essential and significant, and are at their most powerful when drawing from lived experience. In music therapy, they can become a means of experiential integration, addressing past and present and helping the client look ahead to the future. This has occurred in my work with many clients of all ages, but never

more so than with a child called Lena,¹ whose music therapy I describe in this chapter. Lena's spontaneous song-poems were a channel for unconscious feelings and the development of an authentic sense of her self that had been distorted by early trauma and sexual abuse (Young, 1992). The case study of Lena illustrates how songs² in themselves provided the containing and transforming function that she needed, by working within the metaphors and the musical forms in which her feelings and thoughts were expressed. By this, I mean unconscious aspects of her self were expressed in metaphors that arose musically and verbally in the music-therapeutic relationship. This permitted therapeutic working within the metaphor and the music, without prematurely "breaking down" all her self-protective defenses by unduly literal interpretations and "bringing to consciousness."³

In the music-therapeutic process, musical receptivity and expression, developmental and psychodynamic thinking come together in a synthesis of perspectives that variously take their turns in the foreground of my awareness. In my work with verbal and pre-verbal children and adolescents, as well as adult patients, I found that a synthesis of musical-dynamic phenomena and psychodynamic processes needed to be brought together to elucidate both the music-dynamic and psychodynamic as one indivisible "poietic" or creative-constructive process immanent in the music-making (Robarts, 2000).

Before discussing these theoretical and clinical considerations in more detail, I shall introduce Lena and describe her early childhood.

¹ The child's name and certain details of the family history and events surrounding the therapy have been altered in order to preserve confidentiality, while retaining the salient features of the therapy process.

² I have not included a literature review, which would be too extensive for the purposes of this case study. The use of song in music therapy has been reported in a range of clinical and social settings, informed by different therapeutic models and by the personal, cultural, musical backgrounds of the therapists (Bruscia, 1998, 1991, 1987). They include accounts of free improvisational vocalizing and self-composed songs (Aigen, 1997; Austin, 2001, 1998; Irgens-Möller, 1999; Montello, 1998; Nordoff and Robbins, 1977, 1971; Robarts, 1999; Scheiby, 1998; Tyler, 1997). Precomposed songs and song-writing are reported by Diaz de Chumaceiro (1998, 1995), Lindberg (1995), Martin (1996), Nordoff and Robbins (1971, 1977), Robb (1996). Songs in a wide range of clinical, educational and social contexts, including child and adolescent psychiatry, are described by Irgens-Möller (1999); Nordoff and Robbins (1977, 1971), Robarts (2000), Tervo (2001), and in various hospital and residential settings (Aasgaard, 2000; Christenberry, 1979; Pavlicevic, 1999; Robb, 1996; Turry, 1999). Detailed clinical accounts of the therapeutic process in the use of improvised song are given by Austin (2001), Dvorkin (1991), Etkin (1999), Turry (1999), Tyler (1997).

³ I agree with Bruscia's understanding that 'Traditional psychoanalytic methods of analyzing verbal exchanges in therapy are not always appropriate or relevant with musical exchanges in therapy' (Bruscia, 1998, p. 389). This is particularly important to bear in mind with significantly emotionally disturbed children and those with a fragile core to their developing sense of self.

BACKGROUND INFORMATION

An attractive, lively child, with wavy auburn hair, Lena was the youngest of three children, the only girl, in a Caucasian family. Her parents had worked in different professions in the public services. Lena's early history reveals patterns of early emotional difficulties and increasing emotional-behavioral disturbance. Lena's mother had not wanted a third child. She breastfed her baby successfully for five months, but added that Lena was a "difficult baby" often crying, and not sleeping properly in the day from the time she was five months old. She could be soothed, however, by her mother stroking her and singing to her. Developmental milestones were normal. However, at 1 year old, Lena had several febrile convulsions; thereafter she slept badly at night as well as in the daytime. At 2 years old, Lena was traumatically separated from her mother for two months, while her mother was hospitalized for some medical investigations. Looked after by her paternal grandparents and her father, Lena was not taken to see her mother at all during this time. Her father was strict and preferred to keep Lena at home rather than risk the disruption of bringing this "difficult child" to see her mother in hospital. He was a disciplinarian, and did not show affection to his daughter. On her mother's return, Lena clung to her, and showed a high degree of anxiety at any further separations from her mother. A few months after the family was reunited following her mother's hospitalization, and when Lena was 2½ years old, her father committed suicide. There was a history of depression and suicide on the paternal side of the family. The truth about the circumstances of his death was kept secret from the children, only emerging during Lena's treatment at the child and adolescent psychiatry unit. At the age of 4, Lena's behavior was described as increasingly difficult and hyperactive; she was referred to an educational psychologist. Lena was also noted to be isolated from her peers at school and did not like physical contact. She occasionally demanded a cuddle from adults, but shrugged off any intimacy unless initiated by herself. She had difficulties in learning to read and write. Assessed as being of average intelligence, she was greatly under-achieving educationally, and suffered from low self-esteem. At school, she was given special help. At home, she continued to be a clinging and "difficult" child, always seeking attention. Lena's main solace was several small pets that she kept at home. She loved all animals, wild and domestic.

When Lena was 9 years old, her behavior became increasingly disturbed. In the classroom and in other public places she masturbated against or astride furniture or toy animals, shouting explicitly sexual language. Added to this, she urinated and defecated in inappropriate places in her home and at school. She had begun eating cat and dog food, and was often observed crawling on all fours, like an animal. Her bizarre and eroticized behavior was uncontrollable in school; there were concerns, too, for her being at home without full-time

supervision. The following year, Lena confided in her mother that she had been sexually abused, but no immediate help was sought. Aged 11 years, Lena was admitted to the inpatient child and adolescent psychiatry unit. The reason for her referral was her extreme emotional and behavioral disturbance, and sexually disinhibited behavior. Lena had been abused by her brother and one of his friends; but it transpired that she had suffered much earlier sexual abuse by her paternal grandfather, probably starting when her mother was in hospital. Psychologists and teachers described Lena as being rather nonchalant and “adult” in her manner, showing little emotion when talking about painful events. When asked if she cried, she said she was crying inside. When talking about her father’s death, she said she never cried, even when hurt. Lena’s brother and the rest of the family also were engaged in the therapeutic program.

At this point it is worthwhile reviewing all the factors that contributed to Lena’s difficulties: maternal ambivalence, resulting in poor emotional attachment; the baby’s febrile convulsions; early separation trauma; sexual abuse from a very young age; and the secrets in a family with a history of suicidal depression. There were obvious trans-generational deficits in parenting: in particular, difficulties in expressing feelings, coupled with a weak sense of relationship boundaries in the family. In addition to sexualized and bizarre behavior, low self-esteem, and under-achievement in her educational development, Lena displayed many symptoms of Post-Traumatic Stress Disorder.

Early Childhood Sexual Abuse and Post-Traumatic Stress Disorder:

Sexual abuse in early childhood is a trauma that has a global impact with lasting consequences for the developing child. Lena displayed all the major symptoms of Post-Traumatic Stress Disorder (DSM-IV, 1994): dissociative states, persistent symptoms of increased arousal, poor capacity to self-regulate, a distorted development of sense of self, persistent avoidance of stimuli associated with the trauma, numbing of feelings, and persistent re-experiencing of the event (Herman, 1992).

CLINICAL-THEORETICAL PERSPECTIVES

A musical, developmental and psychodynamic view of psychic structure:

My main clinical-theoretical influences come from (i) Nordoff-Robbins Music Therapy, (ii) infant developmental psychology and (iii) object relations theory, particularly influenced by the work of psychoanalytic child psychotherapist, Anne Alvarez (Alvarez, 1999,1992), Wilfred Bion (1962a and b) and Donald Winnicott (1971, 1965/1990). All are relational models, which emphasize interpersonal experiences as the dynamic 'building blocks' of intra-personal or self-structure; they operate differently from those based on Freudian drive theory. Music therapy augments dynamic relational processes by using music as the primary medium of relationship. Briefly, I shall consider these three strands to my thinking: (i) The concept of the "Music Child" (Nordoff and Robbins, 1977), and its extension in the "Condition Child" (Robbins and Robbins, 1991), elucidate how potentiating the child's innate musicality can help the child (or adult) restricted by psychopathology, or by a fragile or impoverished core of the self. Evidently, Nordoff and Robbins were working within a musical-dynamic relational perspective: a perspective that utilizes to the full the "therapy that lies in music" (Nordoff and Robbins, 1971; Aigen, 2000, 1998; Turry, 1998). In my view, Nordoff and Robbins' account of the interpersonal and resistive (defensive) aspects of the musical relationship reveals some of the inner workings of the musical transference and counter-transference, without actually using those terms (Robarts, 1994; Turry, 1998). (ii) From a developmental perspective, music engages what psychobiologist and infancy researcher, Colwyn Trevarthen describes as the "intrinsic motive pulse", the core motivations of the self and at the root of inter-regulatory processes of intersubjectivity, emotional and cultural learning (Trevarthen, 1999; Trevarthen and Malloch, 2000). Trevarthen's ideas illuminate Nordoff and Robbins's concept of the Music Child and the principle of innate musicality that is a basic premise of many approaches to music therapy. From this psychobiological and developmental understanding of human musicality, we are shown the significance of musical communication in supporting and augmenting inter-regulatory processes involved in self-experiencing and in the very structuring of the self and self-in-relation-to another. Lastly, (iii) the musical-therapeutic relationship brings into play the internal and musical worlds of both client and therapist. Psychodynamic understanding can help to "map" the complex psychic phenomena that arise within the music and the music therapy relationship, which can be understood through transference and counter-transference. The therapeutic relationship is also a process of symbolization, growing meaning in the real world of self and self-in-relation. Clinical work with some children demands this level of understanding more than with others. With the child who

projects anxieties and intense feelings into the therapist, onto the instruments and into the music space, or, conversely, with the child who is remote and seemingly unreachable, I have found this interplay of clinical-theoretical perspectives useful. It has come together naturally in my clinical work over many years, learning from my clients, but has also been developed by study and supervision with child psychotherapists.

Poietic processes in music therapy: a synthesis of musical, developmental and psychodynamic phenomena:

Derived from the Greek verb *poiein*, to make or construct, “poietic” describes the creative-constructive processes in Lena’s music therapy (Robarts, 2000). Such “building” is a physical, psychological, psychodynamic and an artistic process. In my clinical work, this model of “poietic processes” grounds Trevarthen’s concept of intersubjectivity and cultural learning, together with a developmentally informed object relations theory, in creative improvisational music therapy (see Figures 1 and 2). This theoretical perspective has grown gradually over 20 years of music therapy with emotionally disturbed, anorexic and autistic clients of all ages (Robarts, 2000, 1998, 1994; Robarts and Sloboda, 1994). In brief, the poietic process model spans three “fields” or levels of response: from the neurobiological level of tonal-rhythmic sympathetic resonance in Field 1, where experience is embodied as “procedural memory” (discussed below). This leads to increasingly defined self-expression in musical-aesthetic forms (or gestalts) of Field 2 that, in Field 3, may culminate in metaphors of the child’s autobiographical self within the music-therapeutic relationship. I have also indicated the way in which the processes of symbolization may operate in reverse: proceeding from Field 3, the image or metaphor may act as a “container” for working towards the spontaneity of the emergent organizational level of the self (Fields 1 and 2). This can be useful when responses/feelings at Field 1 level are too heavily defended against to work with directly. Offering a structure or image (Field 3) can provide the necessary security in which to access the spontaneity in the authentically emergent organization of self (Field 1). Furthermore, these poietic phenomena may arise either in the musical material, or as a felt image or sensation in the counter-transference. I used my listening and counter-transference, musically and verbally, to work with the metaphors in Lena’s songs, and to sense whether her defenses would be better addressed directly, or indirectly within the metaphor. As will be seen in this case, I usually opted for the latter.

Song and the procedural domain of the pre-verbal self:

Song can bring forth emotions and images from pre-verbal and visceral levels, beyond conscious and verbal recall. The pre-verbal self is the domain of procedural memory, which is the first sense of self, described by Freud as the “bodily ego” (Freud, 1961/1923). Developed in the early intimacy of infant-parent relating, the pre-verbal self is a social construction of implicit relational knowing (Emde et al., 1991). It continues throughout the lifespan, undergoing modifications according to life experiences. When the pre-verbal self is traumatized in early development, the neural “template” of the sense of self and self-in-relation is damaged, with lasting consequences. For the person who has suffered early trauma that has become embodied as part of the body-mind self, and often beyond verbal recall, the power of music and singing can be a healing process (Austin, 2001). The pre-verbal self (or implicit relational knowing) is thought to function in quite a different way from the verbal self and declarative memory, the storehouse of our experiences that we can search and recollect consciously (Stern et al., 1998). However, in my clinical experience these two forms of memory or self-experiencing, tacit and explicit, can be bridged by art forms that ‘speak the language’ of the pre-verbal self’. In such cases, music can be used creatively not only in accessing the procedural domain of experience, but also in forging new relational experiences at that level, in musical dynamic I interplay. These experiences are generally unplanned, and arise spontaneously. This musical model of experiential integration is quite different from the ‘bringing to consciousness’ of the classical psychoanalytic model of internal conflict and repression that is sometimes applied to music therapy. In this way, the foundations of the self may be brought into play and re-built.

Avoiding re-traumatizing the child:

In working with abused children, or children who have suffered early trauma in music therapy, the therapist needs to be aware of the impact that the intimacy of musical relationship may bring and the paradoxical feelings in the child that even the slightest display of empathy may trigger. Frequently, the projections of the abused child’s terrorized and traumatized self makes the therapist feel like one of the perpetrators of abuse (Rogers, 1995, 1992). This was so in my work with Lena. To avoid re-traumatizing Lena, I relied on my musical resourcefulness, alongside psychodynamic understanding of what was happening in the transference, in order to contain her anxieties and projections. It would have been all too easy to sing ‘happy’ songs with Lena to cheer her up, colluding with her defense against feeling her real emotions. My capacity to receive and then hold the intensity of transference feelings along with her projections of sexual, brutalizing experiences was put even more to the test,

when her behavior became eroticized within the music therapy sessions. Sexually perverted projections are not easy territory to work with alone. I was glad to have the support of fortnightly supervision. Working within an interdisciplinary team also enabled me to see my work with Lena in the wider context of the treatment program, and learn from their expertise with damaged children.

At this point, it may be useful to consider in more detail the psychodynamic concepts referred to so far.

Containment and transformation: psychodynamic and developmental perspectives and their application to music therapy⁴:

The concept of containment was developed by Wilfrid Bion (Bion, 1962a and b) from Melanie Klein's original ideas of transference and the related intra-psychic processes of projection, introjection, projective and introjective identification. To this concept of containment he added the idea of transformation to describe what happens when the mother/therapist receives the projections of infant/client, understands and thinks about it (which he termed "maternal reverie"), and then gives it back in a useful form, that can be felt with less anxiety, and perhaps (at the right time) thought about. This has many parallels with the function of aesthetic form in the music therapy process I describe in this case study. "Containment" is a term that Donald Winnicott also described as "a holding environment". However, there are significant differences between Winnicott's and Bion's concept of "holding" or "containing". Whereas Winnicott's concept emphasizes the mother⁵ providing "good enough" care that creates a secure environment - an intermediate space - in which the child can begin to become creative, Bion's idea of containment involves a concept of space, but one that is more internal and communicative. Bion emphasizes not only the mother's receptivity to the child's anxiety, but also her capacity to understand and give expression to the baby's unbearable feelings in a way that the child can take in. If the baby's experiences are intolerable to his immature system, he then projects these feelings (Bion called them "beta elements") psychically into the mother, who then, identifying with the child's emotional state and able to hold them in her mind/feelings and understand them, gives his feelings back

⁴ For fuller discussion of this rich area of theoretical and clinical perspectives, I refer the reader to *The Dynamics of Music Psychotherapy* edited by Kenneth Bruscia, 1998, although this excellent text does not discuss work with children and adolescents from an early object relations perspective relevant to this case study.

⁵ I refer to the mother, with whom the most immediate bonding with her infant has taken place over her 9 months' pregnancy, although I recognize that many fathers nowadays are equal or even primary caregivers from their child's early infancy.

transformed by her “understanding” response (for which Bion’s term was “alpha function”). Such understanding is most frequently intuitive, and, at a pre-verbal level, the “transformation” that takes place may be vocal and gestural in form and content, with exaggerated rhythmic and melodic features. Bion used the analogy of the digestive system to describe early mental processes: taking in and giving out. I find this analogy helpful in considering therapeutic work: the way that music is taken in and given out, the aesthetic dynamic forms of music therapy processes that create space and stillness, stability and the right conditions for feeling and thought. Elsewhere, I have described early object relations in terms of musical introjects and symbolization (Robarts, 1994, p. 234). Regulatory processes in music are the aesthetic creation of a space to think, and, as such, are a form of containment and transformation. The musical aspects of containment and transformation, for instance, might involve phrase length, harmonic texture, pace or tempo. Is the music too “spicy” or too bland? Is the child responding to a 4-measure phrase, or is this indigestible, and would a 3-note motif be something the child can take in more easily? The music-psychodynamic aspects of the transference, and particularly defensive phenomena, can be experienced in terms of time and space, intensity; matching or not matching, foreground and background, waiting and listening, or playing and creating interactively⁶.

There is another important consideration, to which I have alluded above, concerning the counter-transference of the therapist and the therapist’s capacity to hold on to the child’s anxieties and incipient or fragmented forms of communication. In working with very disturbed children who have a fragile core sense of self, the therapist may need to be able to hold onto these projected anxieties for much longer than with clients with a stronger ego function (Alvarez, 1992). I have found this to be true with both child and adult clients. Alvarez’s theory of deficit and “reclamation” emphasizes that, while therapists need to become “alerters, arousers, and enliveners,” they also need to be: “capable of being disturbed enough to feel for the patient, and at the same time sane enough to think with him, until the patient’s own ego, his thinking self, grows enough to be able to do it for himself” (Alvarez, 1992, p.ix).

A further insight of Alvarez is that severely disturbed children (she refers to borderline, psychotic, abused, and autistic children) may barely have developed “defenses” and these may need to be viewed as a *positive* development when they do manifest. This has particular importance in working with abused and traumatised children, whose self-protective defenses need to be

⁶ For further exploration of the inner workings of improvisational music therapy Bruscia’s *Improvisational Assessment Profiles* (Bruscia, 1987) and Nordoff and Robbins’s “Creative Music Therapy” (Nordoff and Robbins, 1977) are classic texts for systematized clinically perceptive musical observations.

The Healing Function of Improvised Songs 11

respected and worked with sensitively by the therapist. No amount of therapy will “undo” the fact of sexual abuse, but there are ways to build new meanings and new structures of relating, to enable some healing of the damaged self. Working within the metaphors of Lena’s songs enabled the maintaining of her much needed defenses, whilst at the same time delicately bypassing these same defenses to address her anxieties and nurture her creative capacities. In this way music therapy was able to forge new ways of relating and experiencing herself, whilst addressing the early trauma of abuse and ongoing difficulties.

TREATMENT PROCESS

In-patient treatment program:

At the in-patient child psychiatry unit Lena received a range of therapeutic help, as did her family - but on an outpatient basis, which unfortunately made Lena feel even more rejected. Family therapy, individual sessions with a nurse therapist/key worker; special schooling on the unit, and music therapy were part of her regular treatment, in addition to various children’s groups and structured activities that took place on the unit. Weekly ward rounds ensured effective communication amongst the team members. This was vital as Lena took every opportunity to challenge and “split” the staff on her program of care. She was a deeply disturbed and disturbing child, whose painful feelings were so intolerable that they were readily projected into her carers and would ricochet around the team, had we not been aware of this phenomenon. Supervision was, therefore, an essential part of our teamwork.⁷ As there was no full-time child psychotherapist to see the children, the nurses received supervision from a child psychotherapist and family therapist; while I received supervision privately from a child psychoanalytic psychotherapist and consulted a senior music therapist colleague.

Music therapy took place quite near the child psychiatry in-patient unit, in a separate building. The music therapy room was equipped with a grand piano and a wide range of percussion instruments, small and large, including small simple wind instruments, such as birdcalls. With the parents’ and/or guardians’ permission and, where possible, the child’s permission, sessions were recorded

⁷ Recent articles that discuss supervision in detail include Brown (1997), Dvorkin (1999), Frohne-Hagemann (1999), and Rogers (1995, 1992) in relation to working with sexually abused children.

on audiotape. The tapes formed a confidential clinical record, enabling reviewing of the musical and other content of the sessions to carry forward as and when necessary from week to week (Nordoff and Robbins, 1971). Additionally, a child might want to listen back to the tape, or to record something in a particular way. According to how the children used the sessions, my approach to music therapy would sometimes embrace other art forms, such as drawing or painting, puppets, dance and drama – although not in the case study described here. This use of other expressive arts in the music therapy sessions generally arose out of the child's spontaneous imaginative responses and was developed within the music-based therapeutic process (the musical field of relationship being the vital link in musically supporting and developing the child's feelings and imaginative play).

LENA'S MUSIC THERAPY

Lena's music therapy sessions began shortly after her admission to the unit, increasing from once to twice weekly after the first month, each session lasting 45 minutes. To transcribe our music adequately would require a vocal, percussion, and piano score, so I present here the words, and describe some of the music within the therapeutic process. The poietic processes model is implicit throughout the case material. It may be helpful to refer to Figures 1 and 2 as a reminder of the underlying principles of the therapeutic process. Lena's 14 months of music therapy fall roughly into three phases. Phase 1, illustrated below by sessions 1, 3, 4, 11) is characterized by listening; Songs developing relationship and trust; idealization and self-protective defense; symbolic use of musical instruments. Phase 2, illustrated by sessions 15 & 37, is characterized by anxieties expressed in song poems, later giving way to chaotic and eroticized play; metaphors of the borderland between the unconscious and conscious arise in song; symbolic use of instruments. Phase 3, illustrated by sessions 40, 43-57, 63 is characterized by beginnings of integration, expressions of sorrow at parting, and hope for the future; metaphors of transformation. From hereon in the case study I shall write in the present tense until the Discussion and Conclusion.

Phase 1

Lena's first session is typical of the early months of our work: a hive of activity. Her anxiety shows in her mood, and in her avoidance of shared play and of silences. The detail in this session conveys my feeling of being "flooded" with activity, anxiety, shifts in mood, and general scatter; hovering on the brink of something significant brewing beneath the surface.

Session 1: containing anxiety; scattered play as a self-protective defense; brief expression of deeper feelings.

Lena darts around the room, examining everything, but never engaging in play. She speaks so quickly that I catch only a few phrases: "Why is music therapy *therapy*? Is it for happy or sad feelings?" I reply that music can be for all kinds of feelings: happy and sad - angry, too. I take care not to infer that she might have sad feelings at this early stage in our relationship. As I speak, Lena has already turned away, and is picking up instruments one after another. I am uncertain she has taken in anything I have said. Her playing scatters from one instrument to another. At the piano, I play a quiet pulse of major 10ths in the bass register to provide a steadying background. Lena finds a slide whistle, on which she blows slow ascending and descending glissandi. She quickly objects to my accompanying her. She orders me to stop playing and listen to her. She reminds me of a young child who wants her mother's undivided attention. If I let my concentration waver for a second, Lena reasserts her tyranny over me more strongly than before. I feel at once like a puppet on a string, being manipulated by Lena, and a dustbin, a container for feelings that Lena is not communicating overtly to me, or even to herself. In Lena's play, and in my countertransference, I also feel a "lost-ness" and "never-finding-anything-to-be-contented-with." I hold onto these feelings, while I try to help her find herself in some sustained cohesive form of play. In order to hold her attention and focus, it helps to tell her that I am listening to her: "Oh, what was that?" "Could you play that again?" Still more effective are my sudden in-breaths and expressions of interest. This engages her in sustained play, with repetitions of certain formal elements, conveying stillness (and containment) at last.

After a while, Lena approaches me at the piano, but seems anxious. She does not sit down until I have moved to sit at a distance from her. She wants me to listen to her playing, but, as before, does not tolerate my joining her. However, she now seems calmer, less watchful. This represents to me a much healthier "aloneness" than the previous chaotic "scatter." I think of the positive signs of integration or "ego-relatedness" shown by the child's capacity to be

alone (Winnicott, 1965/1990). Lena plays a well-known theme from Grieg's Peer Gynt Suite on the black notes (soh-mi-re-doh-re-mi, soh-mi-re-doh-re-mi) but only the first phrase, repeating it endlessly: and then, less successfully, on white notes. This endless string of notes absorbs her interest. I am reminded of the awful gap of her separation from her mother: much of Lena's play, despite her involvement in the predictable, never-ending musical structure, seems to be avoidance, a fear of any space, perhaps filling the gap, so that there is no space for unbearable feelings. After an extensive solo, she suddenly scampers over to the percussion instruments, at the same time telling me to play the piano. I accompany her frantic playing of drum and cymbal, metallophone, trying to match the chaos, while also bringing about some musical organization to steady her playing. At last, we share the basic beat of a sturdy march. Lena plays all the instruments she can at once. The march succeeds in holding her flailing movements in a coordinated rhythmic experience, her feet stamping as she plays. Her mood changes, feelings deepen. The march improvisation slows, as Lena begins to sing a hymn. I harmonize her evolving melody with a few chords here and there. This is tolerated for a few seconds before Lena demands that I stop the music. She then announces, at great speed and quite cheerfully, that two of her pets have died today. Without a pause, she informs me that she is good at singing, and promptly sings a song from her school's Christmas play, in which she had the part of an angel. She wants to know if I think she has "gifts" in her hands. She is now becoming over-excited, wanting to see inside everything, including the piano. I comment (in song) that she seems interested in the inside of things (I hold onto her blithe announcement of her pets' deaths, thinking that perhaps we may venture inside her feelings about them eventually, perhaps linking this with her stopping the music). I remind her of her initial question about music therapy, and a song begins to emerge: "Sometimes we're happy, sometimes we're sad." In this way, the song is acting as a container in which "happy" and "sad" feelings may be encountered in a bearable way. She is beginning to venture inside her feelings, first expressing sadness about her animals' deaths.

In this first session the use of pulse, motif, familiar themes, my listening to her – "taking it all in" – have been fundamental in containing Lena's anxieties, building her trust in our musical relationship. Everything happens in quick succession, like a butterfly alighting on this flower and the next. However, Lena begins to touch on her real feelings, held by the song form with its underlying pulse and harmonies that enhance and seek to deepen the emotional content of her words. She presents me with a rather idealized picture of herself as good, feeling she is rejected because she is less than "perfect" (a theme reiterated in nearly all her songs until the final phase). There are indications of projective identification with me, as she plays the piano, while also perhaps defending against feelings of anger or anxiety, which leads to her excluding me

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intermittently from her play. There are possible associations of my exclusion with the abandonment Lena must have felt as a little girl. I find the session quite confusing, and overwhelming, and am glad that the music holds my being and thinking as well as Lena. I witness and contain all of this anxiety, acknowledging to myself that this must be how Lena feels and has felt for much of her life. I also realize that there is a great deal of work to be done at many levels in Lena's music therapy.

Session 3: Nursery songs, the 'Music House'; symbolic use of the instruments⁸ as containers.

Today, Lena arrives in what I now recognize to be her habitual superficially "happy" mood. After playing the Peer Gynt tune rather perfunctorily, Lena abandons the piano, and surrounds herself with musical instruments, creating a "music house" on the far side of the room. This symbolic use of the instruments is to be extended in later sessions, but, in this session, the instruments are arranged to form a physical barrier as much as a "container". She once again demands that I listen attentively to her playing, without joining in myself. From within her barricade, however, she now begins to permit some musical interaction within familiar nursery songs: She requests: "Pop Goes the Weasel," "Hickory Dickory Dock," and "Ring a Ring of Roses." These songs emerged in Session 2; they share a similar structure, and the first two feature her beloved animals (although the "weasel" in this song is not actually an animal). Lena jumps up and down like a 3-year-old as she plays inside her music house, especially enjoying the dramatic moments in each song. Her physical responses to the music show how efficiently the music regulates her tendency to over-excitement in shared play. By improvising clear phrase structures in music that matches her mood, I can "hold" her feelings, musically transforming them into normal excitement and pleasure. I use an altered diatonic, that brings an emotional 'edge' to the traditional concordant harmonic palette. The nursery song structures offer her a certain predictability in which she can begin to trust our relationship. Nevertheless, her use of the songs is also quite defensive and controlling. I sing about her feeling safe inside her music-house. I introduced a rondo form (ABACAD, etc) that uses her familiar tunes as a secure base from

⁸ Symbolic use of the musical instruments is an aspect of music therapy, revealing pathology, developmental and psychodynamic features; and can evoke associations (from shape, timbre, color, and other characteristics); stories and characterization may also arise from different types of instruments. The transitional qualities, in a Winnicottian sense, have been described in music therapy by Bruscia (Bruscia, 1987), Nolan in relation to work with bulimic clients (Nolan, 1989) and, by Rogers in relation to her work with sexually abused children (Rogers, 1992).

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which she then engages in free vocalizing and improvisational-conversational exchanges. This style of refrain and episodic improvisational play develops in subsequent sessions.

Session 4: A Happy/Sad song brings Lena in touch with her real feelings, and builds a more trusting working relationship.

Lena wanders around the room rather distractedly. I play the Child's Tune motif (soh-mi-la-soh-mi) in unison, interspersed with close-textured diatonic harmonies. Lena repeats her questions from Session 1: What's music therapy for anyway? I answer her musings about music therapy leading into a gentle I Ib IV V accompaniment – banal in its predictability, wherein lies its therapeutic value in this instance. It becomes a refrain, to which we return, when the musical development of emotional expression is more than Lena can bear:

We can sing a happy song,
Cheer us up, cheer us up;

We can sing a happy song,
To cheer us up today.

Lena beats a counter-melody on the metallophone, stopping intuitively at each cadence. I repeat the first phrase of the song:

We can sing a happy song,
Cheer us up, cheer us up.

Lena joins in, singing and beating a conga drum and a cymbal so chaotically that her singing is almost inaudible. I offer a contrasting idea (verbally and musically) to steady her beating and to begin to get in touch with her sadness:

We can sing if we're sad.

I deliberately use "we," as a way of indicating there is someone to share the "not-happy" feelings, and to avoid referring too directly to her, and triggering her defense against sadness. The melody, previously characterized by ascending intervals, now is inverted as a descending phrase, in a minor key, and in a slightly slower tempo. Lena does not respond, so I sing another phrase:

We - can - sing, if we're sa-a-ad.....

This time Lena echoes:

We - can - sing, if we're sa-a-ad.....

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Lena's singing now enters fully into the music's sadder mood, adding her own inflection of the melody. I continue singing and accompanying, to sustain this mood:

Sometimes we're sad....

Lena interjects quickly:

.....or happy....

Spontaneously she continues:

Sometimes we're full of so-r-row
Sometimes we laugh with joy, full of joy,

The sky's nice and bright,
There's happiness in the air ..

My music reflects this idea with rippling scale sequences in the upper registers of the piano. I hear a gentle sadness in my music (still in minor key) with slightly increased harmonic tension, thereby holding the two contrasting moods that Lena has expressed. Lena breaks off suddenly from her singing and playing, saying chirpily:

Let's start with what you said a minute ago!

I feel that Lena is defending against her own emerging emotions that I have reflected in the music. I decide to revert once more to the safety of our predictable and rather banal, "happy" chorus. At this change of mood, Lena is able to join in singing again. The sadness was too much for her to bear getting in touch with. She sings rather wanly:

We can be so happy...

She then stops singing and chatters at such speed that I can barely grasp any of it, except that she wants to "get back to the bit about being happy." Her verbal defense against any other feelings is evident; her desperation about being happy rather than thinking about her real feelings is particularly poignant. I concur with a "happy" phrase, hoping to re-engage Lena's singing and feelings again rather than her verbal defenses against her emotions. I sing:

Happy, happy day.

I continue in the minor key bridge section of the song, reintroducing the feelings that Lena has seemed to deflect, "split off," and which I am now feeling strongly in my counter-transference: Sometimeswe feel sad.....

This time Lena takes over the song again, expressing her feelings more authentically, with the image of a lonely, upset child:

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Sometimes we feel good;	and happiness in the air
Sometimes we feel like we're small and the	And lovely smiley faces.....
world's against us;	Children playing outside, happy and joy
Some days we feel joy, full of joy,	Someone sitting on their own, being upset

Lena beats the cymbal and drum sforzando. She stops just as suddenly as she has begun and continues her singing, reverting to the idea of "happiness." She now sings wistfully in response to my delicate, almost imperceptible accompaniment. I have shifted from E major into B minor as Lena sings:

Sometimes we're very happy if it's our birthday
They sing "Happy Birthday" or "Merry Christmas"
It's nice to see the New Year and go "Cheers!"
And Merry Christmas is a good thing.

I briefly play the theme of a carol. However, this is curtailed by Lena guiding me straight back into her improvised song. She says eagerly: See if we can do that again – I like making things up! I comply, musically reflecting her wistfulness:

Sometimes we're happy...

Lena joins in at the phrase end:

.....'appy.....

She continues singing, with a touching lyricism, while I accompany her, marking the pulse and harmonically coloring some of the emotive phrases:

Sometimes we're sad	with our friends... and our animals...
Sometimes we're mee-dium	When you've been naughty,
Sometimes we're angry	you don't get nice things
Sometimes we're pleased	If you're good, you get lovely things,
with the work we've done	'cause being naughty is bad
Sometimes we're pleased	

Lena repeats the last line followed by sforzando beating on the drum, cymbal and metallophone, before continuing her song, sweetly:

But being good like an angel, you get things nicer
And you get lots of cuddles and things like that.

At this cadence, Lena beats the drum and cymbal excitedly, demands a repetition of the "Happy song," and this time develops it even more expressively. I accompany her slightly allargando, drawing out the vowels in her

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singing, to create more space for her feelings, relaxing them and deepen them in her singing, as she continues her song:

Sometimes we're happy, sometimes we're sad,	Sometimes we laugh, sometimes we cough,
Sometimes we're glad,	Sometimes we laugh, sometimes we ...grump,
Sometimes we're ungrateful,	Sometimes we sulk, sometimes we're sad,
Sometimes we laugh, sometimes we sad	Sometimes we're full of sorrow again.
[here she renders the adjective as a verb]	

At the final cadence, with hardly a pause for breath, she begs: Let's do another one.....about Jesus.... I made it up!

It seems to be a song, that she already knows: one that has captured her imagination. She is impatient with me to get the tune exactly as she remembers it. Lena's paraphrasing is evident, as she uses the song to express her own feelings:

No Room for Mary	Somewhere to find and warm a lovely baby
Long ago two strangers came to town.	called Jesus Christ.
They wanted to find somewhere nice for little	No room for Mary, no room at all,
Baby Jesus.	But the world came to love
When long ago two strangers came to town,	The Child from above
They had to find somewhere,	Who was born in a cattle stall.

Lena hums the refrain, before continuing:

Then He was born in Bethlehem,	That no one could believe.....
There was crowds of people outside the cattle	But no room for Mary, no room at all,
stall;	But the world came to love
Jesus was His name.	The Child from above,
He is always there, and He grew so big, so big	That was born in a cattle stall.

She hums the refrain again, exchanging phrases this time with my piano accompaniment. She seems deeply contented and calmer than I have yet seen her. She is held in the song, by the song, and in the dialogic singing that has developed quite naturally. In both songs, the song form itself has provided a means of containing and integrating Lena's feelings, allowing her to begin to tune into her real feelings. It has led to a deeper sharing of her feelings. The symbolism of the second song seems strongly connected with her feelings of rejection and being unlovable. In this song, Lena's underlying feelings begin to emerge from the rather false "perfect" self.

Session 11: "Bless my soul"/"Happiness in my hands": a song and piano duet consolidating trust, with a growing sense of autonomy.

Still difficult to engage musically in any sustained shared play, except in her songs, Lena shows me in her own way that she needs a predictable harmonic structure, as well as her habitual “never-ending” motifs. These can sometimes be interspersed with improvisational episodes that are more conversational, less controlled by Lena. Just as she generally takes the lead in her songs, she now demands to learn a well-known piano duet that some children are playing on the ward. There is a sense of her isolation and inability to join in or be accepted easily by other children. Usually played in C major the melody is a “circular” recurring one, over a solid basic I VI IV V I chord progression, which I vary only in the voicings, and in the rhythmic movement within the ‘vamp’. This duet achieves predictability in its repetitive structure, which, I think, is its appeal to all children. Allowing me to point to the keys for her to play, Lena manages to approximate the melody after many repetitions, but gets annoyed and despondent. I suggest she make up a song to the tune, while I accompany her, using the same harmonic frame. She sings about herself, celebrating of the “gift in her hands”. There is an obvious identification with me, and that the trustworthiness of her music-making experience has been internalized. She feels good about herself, which paves the way for later work on her abused self:

Bless my soul – she’s a lucky girl,
 She’s got a gift from the piano,
 From her head, from her hands;
 With her gift she ca-an play,
 With her hands she can play,
 With her gift in her hands.

She’s so happy that she can play....
 She can play every single thing
 Now, now, now.....
 But she can play
 Bless my soul, a-aren’t I lucky now

She plays freely on the treble keys, in tempo with me, asking:
 How do you make them? (she means how did I play the accompaniment).
 Can I play with the deep part and sing by myself at the same time?

Without waiting for an answer, she continues singing:

I can sing
 Aren’t I lucky, aren’t I lucky!
 I can sing, I can play, I can play

Playing the piano with me, she sings “doo-doo” to the tune in a contented though excited manner. I celebrate with her:

Oh, she’s a lucky girl today,
 She can play so well.
 Oh.....

Lena resumes:

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.....she's lucky, I'm lucky but..

Since when I could not pla-ay,
I had no gifts somehow in my fingers;
How can they pla-ay?
I've got a gift in my hands;
And I did not know how to play
When I first came in

Now I can play piano with my good hands
(she plays)
With my hands I can play.
It's called 'Bless my soul and happiness in
my hands'
Aren't they clever, look!....

We both hum, developing a dialogue, which she initially enjoys, then stops suddenly self-conscious. "Good" experiences can be as painful as "bad" ones, when they are unaccustomed; the intimacy of the humming exchanges is suddenly "too much." I quickly move away from the intimacy, to supporting her celebration of her hands, singing:

Oh, clever, clever hands
Happy...

Lena bobs up and down like a 2-year-old, squealing excitedly, holding her hands up like a puppy to me:

Kiss my hands, cuddle my hands! I thought I'd never play!

I hold them gently and sway them in time with her childish body movements, before she resumes the "Bless my soul" song. A Coda follows, in which Lena celebrates her newfound ability to play, but conveys the idea of "horrible" feelings being bearable along with the happy ones. Singing about her hands reminds her of the butterfly she has made. This symbol of transformation seems rather apt.

I can pla-a-ay today;
It's raining and horrible, but I can play,
I don't care what the weather's like,
All I'm int'rested in is having a gift.
What can I do today.....?
With my little fingers?
I expect they're pleased that the-e-ey can play;
If I never ha-a-a-ad hands,
How could I play?
How could I play without ha-a-and's?
Hands are useful, you know,

Making art and doing art:
I made a butterfly yesterday,
Blue and sort of dark green.

If I had no hands,
How could I work or clap?
How could I play piano?
How could I do my art, or maths, or
Eng-ge-lish, or read?
What could I do, if I had no hands?
How could I sing you a song.....?

I punctuate the pause with a few soft 7th chords, seeking to extend this deepening of her self-expression, but she immediately reverts to the refrain of "Bless my soul." Humming the accompaniment to "doo-doo-doo-doo," as if to prompt me, she segues into the final verse:

Hands can play, hands can pla-a-ay,

Hands can play, as you.....(indistinct)

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Hands.....
If they've got a gift,

If they've got a gift,
If they've got a gift.

Flushed with pleasure, Lena cadences solemnly with her characteristic sense of musical form. Immediately after the cadence, she dissolves into effusive chatter, telling me about the butterfly she had made at school.

This is an important session in which Lena expresses her feelings freely and much more easily in music with me. As she celebrates her gift, she engages more whole-heartedly in play. Integrating good feelings about herself, and celebrating her other achievements in school as well, there is a positive sense of herself in action – “I did it.” I remember Winnicott’s words:

It is in playing and only in playing that the child is able to be creative and use the whole personality, and it is only in being creative that the individual discovers the self (Winnicott, 1971).

Now regarded as the somewhat magical music person who had released this gift in her hands, I am increasingly idealized by Lena, but this is about to change. In subsequent sessions, Lena’s anger begins to emerge.

Phase 2

Session 15: Disturbed infantile emotions expressed; symbolic use of the instruments in eroticized play.

Lena has become much more challenging in the sessions. She confronts me with her rage, her self-disgust, and tries to shock me in her infantile ways. The seriousness and trust that have grown in our working relationship in the music are of the utmost importance in the long months ahead. My listening to her, accompanying her songs, is terribly important to her. The following is typical of her songs at this time, when she is identifying herself with faeces, animals, and saying that she comes from a pigsty. The song is humorous, self-deprecating, but also full of anger and despair:

The Poo

Once upon a time, there was a poo in the loo,
And it never stopped laughing at you.
Brown and chocolate, its mouth looks at you.
It hopped up onto the bog paper⁹
When she got up, she found it on the floor,
Walking around, round the store.
Eating all the food,

⁹ Toilet paper

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And she thought it strange to see a poo that could walk.
It had clothes and it had shoes.
She walked around and around as the poo. (she walks around the room)

It was then it was a wee and floated in the air;
The wee was like rain that nobody's trained,
Anybody see a wee-wee, then they'll be cross.
Agh! People threw the loo in the poo and the poo in the loo... (I echo 'Poo in the loo..')
Poo-loo-loo-poo-poo-loo.....

Babbling but far from happy, Lena becomes increasingly upset and angry. She launches raucously into a children's song, emphasizing its crude innuendos:

Bananas in pyjamas walking down the stairs.
Walking with happiness in the pyjamas;
Walking down the stairs in pairs;
Walking two by two by two;
Two oranges, one banana, two tomatoes, etc
Two sausages, two eggs,
In pairs they went.

(Lena corrects my attempts to diminuendo, and regulate her increasing intensity)

Giggling, while looking steadily at me, she sings about sausages and various other kinds of food in pyjamas. Her double meanings are intentional. I respond with a counter-melody to hers, in which I half-sing, half-say (in a kind of *Sprachgesang*):

You want me to know just how you feel	When you feel like a poo.
Even though I can't really know	Weeing all over the place,
How bad it feels, how sad it feels,	Doo-doo-doo-doo.....
How angry too	

I babble in a counter-point to her "poo-loo" babble, and my piano accompaniment adopts a *marcato* style, with dissonant harmonization to the diatonic cliché, in an attempt to maintain the depth of her feelings of primitive rage. There is also a strong element in Lena's song of wanting to be baby-like and cared for, however messy and raging. Thus, the babbling dialogue serves several purposes, and has the character of both babble and scat singing – in this way meeting both the infant and the older child she is. Rather than a "regression," Lena's infant and older self are met musically as one entity, the one accommodating the other, in this way integrating the two emotional realities.

Fewer songs; more primitive, sexualized feelings; fear of separation.

In the ensuing sessions, Lena tests every boundary of our relationship. Setting boundaries and limits on her behavior and ways of using the sessions become the main work of the sessions and a constant challenge to me to get the balance right between firmness and giving her a sense of her autonomy and freedom of expression. I feel she needs to vent her rage and disdain, to put me to the test in every way she can, and to confuse me, and to assault me to the extent that she herself has felt confused and assaulted. Can I bear it? Can I take it all on board? In testing me out, she also is challenging her abusers, her mother, herself. Her songs give way to fragmented, chaotic and angry play. The instruments are used in all kinds of eroticized play: stroking, prodding, pumping them, mouthing and salivating over them. It feels all the more disgusting and perverted, as I can feel the insults almost physically. Her anger and her attempts to denigrate and shock me are sustained for entire sessions, and are extremely difficult to deal with, both clinically, practically (managing tolerable limits of behavior in the sessions), and emotionally. My main function is to sit there and “take it” – by this, I mean all her projections of “mess” and “spoiled/soiled” childhood. Musically meeting her play, interspersed with moments of talking to her quietly, is effective in holding her in the “here and now”: in particular, she is able to listen to my acknowledging that she wants me to know how it/she feels, and to make me as angry and despairing as she has felt. Ending sessions requires careful management, preparing her for this from about half-way through the session. She finds it difficult to leave without throwing the instruments everywhere, and becoming aggressive and even more abusive verbally to me. I set firm boundaries to what I will allow in the therapy room, whilst at the same time interpreting her actions in terms of the feelings and thoughts that impel her.

Session 37: “The Haunted House” – a song that seems to communicate Lena’s intuitions (or procedural knowledge) about herself and her family:

Gradually Lena wants to sing again. Her songs carry an instinctive wisdom that seems to come from a deep source. This deeply disturbed child sings with musical sensitivity and almost a religious feeling. This session begins with Lena’s characteristic darting around the room. I wonder if she will settle. I punctuate the scurrying movements with a few arpeggiated chords, moving chromatically and then building into a steady pulse on a dominant pedal point as she moves deftly from one instrument to another. After briefly improvising on a nightingale birdcall, Lena offers it to me to play, allowing me to do so only

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briefly, before moving to a large golden cymbal, which she beats slowly and deliberately with one hand, conducting me with the other. I “obey” with a unison bass register motif of descending octaves in F minor, responding to her absolute concentration, following her beat and her direction, sensing something important is about to emerge. As her song develops, I accompany her, maintaining a steady pulse, harmonically enhancing changes of mood, vocal inflections, and evolving imagery. Maintaining predictability in the music is important to keep Lena feeling sufficiently secure to be engaged, but it is vital not to let the musical relationship stagnate or become superficial. Lena sometimes invents words or uses words out of their normal syntax; sometimes I misunderstand her. The music maintains a creative connectedness between us – and Lena prompts or corrects me, whenever I am not producing quite the effect she wants:

That’s how I like it! Keep it deep notes!

She then sings with a purposefulness that I had not encountered before in our sessions:

In the dark wood mist come along the tree,
When drag the good new.....
In the darkness sky was dark,
Owls and witches in the sky
High(er) and high(er) in the sky,

Dark and misty it may be,
No one knows it’s full of glee,
Bats are flying in the air,
And they seem in despair,
They are flying in the air to-d-a-ay.

She urges me: Go on! She listens while I increase the harmonic and rhythmic tensions. The pulse remains a slow 4/4, with a dissonant accent on the 1st and 3rd beats of the bar. The continuity of her creative expression is sustained - a “going-on-being” that holds her steady, instead of either racing on or becoming over-aroused. In the 3rd line of the next verse, Lena refers to a ghost “that cannot be perfect.” I have a sense of her identifying with this less than perfect ghost, and perhaps indicating identification with her grandfather or her dead father, whose “ghosts” hover over the family. The dramatic narrative continues:

As there’s ghosts in the air,
They could almost be,
Then there’ll be one that cannot be....
Pe...rfect.

The ghosts are high in the air,
They seem in despair,
There’s really...despair that you don’t know
that....

A pause in the song is followed by Lena’s command: Deep notes again! As I repeat the opening descending octaves, she nods her approval to me, and resumes singing in *Sprachgesang* style, inventing words to fit into her rhyming scheme.

The house is haunted
 The ghosts and goolies in there,
 And bogies then there's too,
 When ladies sneeze and bogies everywhere.
 Maggots and cradgets....
 Wrigglin' around the house,
 Eating all the rotten wood,
 Eating all the rotten cheese ...yuck!
 It's dangerous in there! (she makes a throat
 sound and beats the drums erratically)

Oh my god!
 Falls through the floorboards...
 I've fallen through!
 Help! Help!
 Oh dear, she's broken her leg –
 she's went to the hospital!
 She should not have gone in there, should she?..
 Nobody's to go in this house!
 It's dangerous to go in there!
 Bats! Ghosts! Goolies! Except....

There ensues a change of mood that I do not anticipate:

It's morning – still the sun is clean and lovely
 And the right (*light?*) music playing
 (Lena conducts me, indicating a gentler mood)
 The sky shines on the haunted house
 As the house creaks with everything,

And it creaks and creaks for evermore...
 With the spirit of evil and spirit of happiness
 It shines in the daylight to,
 and it gets very hard to...

This ends in an out-breath, nearly a sigh. There is a slight pause, in which I continue the pulse and a solemn, hymn-like accompaniment. Lena rejoins me with her next verse and the hymn-like character of the music:

As the world turns by,
 The house gets rottener and rottener
 It gets uglier & creepier & ghostlier every day.
 And the people that spotted it have no desire
 And the people have noticed it
 since it's been there.

(In a few years' time it's going to be knocked
 down
 Forever and ever and ever more.
 So one day a big bad windy storm – pshoo! (*sfz
 tremolo on drum*)
 Blow the house to bits....and the right notes
 make the next day quiet

Lena conducts me again, indicating yet another change of mood, this time ethereal. I respond with delicate, poignant music in the treble, aiming to convey the scene, with only the birds singing as a sign of life:

Nothing is left – just a chimney and half a door
 The birds perch on what is left in there.
 The house is gone;
 No people in it.

(In a few years' time the buildings there are
 shops and flats and houses, (*She claps her
 hands with each beat*)
 For ever more....for ever more...
 Ends...end it!

She says fervently:

That's good! Told you it was good!

As Lena stops singing, her words immediately lose coherence in a fast chatter, as she tries to describe the derelict house – and that “it was true!” I believe her – both in its physical and psychological reality that the metaphor has so powerfully expressed. In the course of a few verses, her imagery has shifted

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from despairing and imperfect ghosts high in the air, bringing them into a rotting internal world, where the very stuff of house and person is maggot-ridden, and the maggots in turn consume the rot. Her song reveals her unconscious connections between this rotten, haunted house, her falling through its rotten floorboards (the corruption of the family along with her ego/sense of self?), leading to her admission to hospital. An unusually powerful metaphor emerges that seems to represent not only herself but her whole family: the corrupt container, filled with rottenness and unable to hold anything – she “falls through the floorboard, but it was her own fault.” Added to her feeling unloved, like so many abused children, she assumes the abuse is her fault. To live in an ordinary world, to lead an ordinary life is something that the abused child longs for.

Coda to “The Haunted House”.

Humming the first phrase, Lena tutors me in the melody she would like. Getting the music right is important, but her melody wavers from one key to another, and is not easy to follow, far less reproduce in the form she has in mind. By trial and error, I produce something “good enough,” that she accepts, set to a slightly upbeat and syncopated accompaniment. She sings:

The house is for ever gone
House is gone for ever more.
Danger is nowhere in the world
Bogey Martians have all gone.

We have the joy of the sun;
No badness on the earth.
There is a goodbye today...
There's a sun and come and wipe away evil

She hums the next phrase, before finishing:

Evil has gone.....
When the house has been blown.....
The wind has gone.....

The evil has gone away from the derelict
house. That's it. And it's gone...
IT HAS GONE!

At the final lines from “There is a goodbye today...” she slows to a funereal pace, her voice soaring in each subsequent phrase and a final breathless: “And it's gone.” Indeed, it is time for us to end the session. I reflect Lena's final cadence, extending it into “Time for us to go.” Lena leaves the room contented. This song has been an experience, with a particular significance at a deep unconscious level for Lena. Created with great self-investment, the song seems to have presented, in a series of metaphors, her autobiographical self, her past, the secrets in the family that have haunted her. Most significantly, the banishing of overwhelming evil, the transformation of shadowy ugliness with which she feels identified, give way to a more down-to-earth, realistic future of ordinary shops and houses - images of normal, ordinary life and contentment.

Phase 3

Session 40: Songs about ghosts, integrations and transformations.

From Session 37 onwards, “ghosts” become the dominant theme in Lena’s songs; partly a normal child’s interests in “spooky” frightening stories, but also directly relevant to her own life story – the early years of which she cannot have been consciously aware. I believe that everything a child brings to the sessions is of significance. Lena’s preoccupation with ghosts, therefore, is not treated superficially, but listened to and responded to in the music. A recurring song indicates that she is getting to know her ghosts, perhaps her father, but not necessarily representing a particular person, but rather the uneasy feelings she has had for so long about so many things:

“The Ghost of the House”

There was a ghost in the house
A very friendly ghost indeed,
He was a ghost who lived in my house for
years and years and years.

Yeh, yeh, he’s my friend.
Ancient.....
He used to live in my house and still does.
That was the ghost of the house!

The song falls apart at this point: I sense that she is reminded of her father, his death, and her abusers. This is a strong counter-transferential feeling – I can almost see them in the room. Lena diverts to a false, off-key “happiness.” She insists on my playing “happy tunes,” to which she begins a menacing chant about the ghost “who is a man who has six feet and is bad.” She becomes increasingly tense and disturbed, and the song turns into a taunt to one of her abusers: “Pervert! Pervert! He sexually abused me! Sex maniac!” In contrast to her rather adult turn of phrase, she beats the temple blocks furiously as if they are the abuser, repeatedly stabbing the beaters into the “mouths” of the instrument. I support, intensify, stabilize her mood in staccato, close-textured, dissonant, bi-tonal chords. I phrase my accompaniment to give a jagged effect, to complement her raging stabbing movements. I introduce a clear 5-note legato motif in octaves, alternating with the dissonant harmonies. I hope that the simplicity of the unison may hold her in the here and now of the musical relationship, and thereby contain the primitive and sexualized feelings. After a time, she stops playing and talks quietly to me, almost in a whisper, but steadily (rather than her characteristic fast chatter) about what happened to her, and how she hates her friends knowing. She begins to reminisce about her family house, the secrets, and more recent happenings involving the death of some of her pets.

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She tells me she has found a dead fox in the hospital grounds, and has made it a home under the foundations of the music therapy room. In this phase of our work, death is a recurring theme. She plays with death. I am anxious for her safety. These concerns are shared by the team. Lena's "ghosts" trouble her deeply; she tries to find ways of feeling more powerful than them; in music therapy she repeatedly beats them to a pulp. Empowerment, however, does not truly develop until she finds a way of reflecting on her feelings. I support her musically and verbally, creating a music space in which we can reflect on these feelings, calling her back from a dark abyss. Gradually, a steady purposefulness in her playing begins to emerge. She improvises a song about a light in a cave – a theme that recurs in her final session.

Sessions 43- 57 and 63 (final): "The Stranger on the Shore"

Healing metaphors continue to develop in Lena's unusual imagination, held by the music and the musical relationship. "The Stranger on the Shore" is sung by Lena to a tune that she claims to know, a tune that resembles "Home Sweet Home," but – in her rendering – pitches all over the place. The song seems to arise from a clear picture in Lena's mind. Could the stranger be her father, one of the ghosts, perhaps her grandfather on the shore, a threatening image, but also one, which nevertheless draws compassion and acceptance from her?

When stranger walks along the shore
And no one knows he's there,
Watching children playing,
Without being seen.
When sea is pounding fiercely,

When he passes slowly by,
'Why me, why me, why me?' he says,
I'm a stranger almost dead
that no one knows.
'Whatever shall be shall be.'

This is followed by a more ebullient song: "Down, down, down, down, down, in the mine," apparently inspired by a dream about a school trip, where she had gone down a coal-mine, wearing a torch on her helmet to light her way. I respond musically and verbally within the metaphors she introduces. I suggest to her that she now has some light to look into the darkness, as she goes "Down, down, down into the mine." The symbols of the mine – and all its obvious connotations of ego/self/ownership, of going into the unconscious, into the bowels of the earth, and its sources of energy – are taken into our singing together. There is a new expression of relief and a flicker of amazement on Lena's face, that she can now go down into this "mine," without hurting herself, come back up again, take her helmet off, and run off to play with her new found friends.

The therapeutic work stays within the metaphors that allow her feeling of her feelings, without unduly increasing her anxiety and defenses. It is possible now to talk, if only briefly, about her ambivalent feelings for her father and the circumstances surrounding his death. She begins to talk about herself, her brother and the rest of the family, expressing her anger and sorrow in words as well as in her music.

Session 63 (final session): Songs of personal sadness, loss, acceptance; metaphors of renewal, resurrection, re-birth

It is our final session. Lena has a bad cold. After a final rendering of “Stranger on the Shore”, Lena sings goodbye to her father. She moves quickly on to sing about her cold. I understand how she still finds thinking about him difficult and confusing. Her feelings shift to losing a friend, who has recently been discharged from the unit. This event helps her bring her sadness into the present situation, and saying goodbye to me. Not quite knowing how to say she will miss me, her song is one of her most forlorn:

When you've got a cold,	Smile with you all...
And you're cold...	How you wish you had not
And it's horrible, yes it is,	Just think of horrible cold,
When you're not feeling up to it today;	Try to be happy,
When you've got a cold,	When you've got a cold.

Lena requests an “echo”. She indicates that she wants me to use the sustaining pedal and play a flowing arpeggio accompaniment (she indicates this by gesture, swooping her arms to and fro over the keyboard). Perhaps she will miss my musical reflecting and sharing of her feelings. However, this time I certainly haven't got it right. She complains that I am playing a “different tune,” and demands that we start again, this time with an “Introduction” and the “right” tune. This is rather difficult, as I am expected to know the tune without hearing it. This seems a useful opportunity to acknowledge my shortcomings. I suggest to her that it must make her terribly angry that we won't see each other any more, and that I don't have the music she wants, but I hope it is “good enough.” She nods, feeling understood: It didn't go like that...yeh, now that's it!

She continues singing:

When the sun is shining everywhere,	Easter time is coming again.
The sun is shining, it is shining.	Children opening eggs for...
When the sun shines ...	

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Images of resurrection, new beginnings and hope appear:

When Easter time is here,
Children open Easter eggs.
They open them with a special smile.
All the chocolates eaten up,
Found behind the armchair.
When children smile and their smiling faces,
Easter time has come.

The chicks, the hens, the eggs of them
For Easter time again.
When children smile, the eggs are opened

To be eaten, the Easter eggs,
Children of the Easter-time
give a special smile.

On Sunday He has risen,
With Easter Sunday the children wake up,
look around.

They get to know to find out
where the Easter eggs are,
The Easter chicks, the Easter eggs,
the Easter happiness.

She then insists on further verses of her initial woeful song, “When you’ve got a cold,” sounding more and more miserable, before telling me about losing her friend from the ward. Expressing her sadness about her friend seems also to be her way of expressing her sadness at our parting. I have been talking to her about our finishing our sessions for the past two months, since I first was informed of her discharge date. I talk to her about endings, ending our music sessions, and how I feel sad too, but that her song has told us something important: as something ends, something new begins – just as her song says. Lena avers how much she likes her songs and will miss music therapy. She adds that her mother is planning to buy her a piano. It is a sad goodbye, but I sense a feeling of hope and contentment in Lena, as she leaves. Lena sums up her progress, saying she is leaving hospital now “because I feel more sure about myself.”

After leaving the unit:

Lena had responded well to the varied forms of therapeutic help provided on the unit, its continuity and containment. However, she was still not ready for the less structured, wider social environment at home. Her anxiety increased, leading to a resurgence of sexualized behavior. She once again needed full-time supervision that was impossible for her mother to provide. The family refused further outpatient treatment from the hospital. Lena remained on the Child Protection Panel’s At Risk register for a further 6 months, and was eventually found a place at a boarding school, which provided the educational, therapeutic, and structured social setting that she needed. Her musical activity continued there, although not in individual therapy. Life would never be easy for Lena, but she was now much more confident, with a sense of self-worth, and responded well in other areas of her life with the support of her new school.

DISCUSSION

The immediacy of music, and its roots in all of us, draws forth physical, emotional, mental and spiritual self-expression with a healing potential to transform the old, and mediate the new. In this way, new meaning in life is forged. Lena's improvised songs expressed her feelings about events from her early years. A lonely child, who found life and relationships difficult, Lena felt worthless and unloved. For Lena, songs became a central feature of her music therapy process, and were the only aspect of herself that she seemed to value. There were exclusive to music therapy, in that she did not invent these songs at school or on the unit, needing – or so it seemed – the musical relationship to provide the necessary support and privacy for this.

The song as container-transformer of the sense of self:

Lena's spontaneous song-poems used metaphors that expressed feelings and images that, in many instances, seemed to arise from beyond her conscious recall. They were brought into expression because the music therapist is a particular kind of accompanist and listener, who also can "digest" what the child is feeling and provide ways of shaping and forming structures that become safe "vehicles" for her senses to be carried into emotional expression. This is the musical-psychodynamic pathway from motivation to meaning (Robarts, 2000a and b). In this way, Lena's songs enabled her to acknowledge her sadness and loneliness, her anger and her joy as her music began to forge a new sense of her self, developing her confidence to face the future.

The song form thus provided a creative "container-transformer" of Lena's feelings, her sense of self that developed within our musical relationship, in a transitional space created within two "containers": the song form and the musical-therapeutic relationship. My musical accompaniment or companionship served to resonate with her mood, meeting the feelings that words sought to deny or could not articulate.

Music in improvisational music therapy acts as a channel between unconscious and conscious feelings, and one that can meet paradoxical states of being. Music engages many levels of experiencing, and is especially revealing in its sounding of the transference and counter-transference. Paul Nolan expresses this most eloquently:

Music seems to have the capacity to reflect and symbolize the entire spectrum of human experiences, including those that are ineffable and those that contain seemingly illogical juxtapositions of opposites, for example, death and rebirth, within the same experiential time frame.... In therapy, projections invite and support transference reactions from the client, which in turn invite and support countertransference reactions from the therapist. In this way, songs can easily become a means for exchanging unconscious processes between client and therapist. This unconscious exchange is further deepened when the song involves simultaneous music-making by client and therapist (Nolan, 1998, pp.388 and 389).

The ways in which Lena's preverbal, unconscious aspects of herself found a means of expression in music therapy had particular significance, given the early trauma of her separation from her mother, her subsequent sexual abuse, the death of her father, and the incestuous unboundaried relationships in the family. Here, we see the value of music, and song in particular, in both activating and containing this deepest level of expression of the damaged but still vital core of the self, while avoiding re-traumatizing the child with literal interpretations that are not ready to be heard or bourn.

Early object relations in music therapy: Inter-regulatory aspects of containment and transformation:

The containing-transforming action of the musical improvisational relationship with Lena can also be illuminated in terms of the inter-regulatory attuning to the "vitality affects" of the relationship. In responding to her individuality of musical expression and play, I was providing a musical structure that "held" the evolving sense of self and self-in-relationship (Stern, 1985/2000). Musically being "on the same wavelength" meant I could follow the nuances and subtle shifts of emotion that frequently arose in swift succession in Lena's playing. Equally, I could give her playing a containing, meaningful context through my silent attention. These constitute the musical-dynamic phenomena of early communication/object relations, that I have described as musical introjects in the emergent organization of the self (Robarts, 1994, p.234). The containing/regulating functioning of early emotional communication is reflected, too, in the developmentalists' terms: "proto-narrative envelope" (Stern, 1977) or "reciprocity envelope" (Brazelton and Cramer, 1991; Brazelton et al., 1974) that are analogous to the psychodynamic concepts of "containment" or "a holding environment" already discussed (Bion, 1962a and b; Winnicott, 1971, 1965/1990).

There were many other aspects of music and the musical relationship that “regulated” Lena’s states of over-arousal and scattered attention, creating the “holding environment,” the safe, creative space in which she could explore her real feelings with me in the transformative (healing) process. I have attempted to report the use of different tonalities, harmonic textures, idiomatic styles, delicacy as well as directness of musical touch – all of which can not be described adequately in words. I have described some of the psychodynamic processes within the use of improvised songs. I have tried to take the reader into some of the inner workings of these music-therapeutic experiences. These musical and psychodynamic phenomena are at the vital core of music therapy. Working with Lena was at the beginning of my mapping some of the clinical complexities, helping me ground our feelings in musical expression, while keeping an open channel to her imagination. Lena’s songs became a source of empowerment through her own creativity, enabling her to encounter and then say farewell to the ghosts of her past that continued to haunt her present.

CONCLUSION

Music is uniquely endowed, when used creatively and clinically in therapy, to activate or support feelings arising from pre-verbal (implicit) memory beyond conscious recall. Lena’s songs tell her story.

“Words alone, without artistic structure and form are unable to achieve the paradox of both containment and expression of some of our more shocking and painful experiences” (Jennings and Minde, 1993, p 154).

In this chapter, I have presented a synthesis of clinical-theoretical perspectives that come together in a model of poietic processes. This model informs Lena’s music therapy, demonstrating how songs acted as containers, whereby, with the help of both musical form and the evolving form of the musical-therapeutic relationship, feelings and thoughts could arise safely - yet richly expressive - from the depths of her being. In this way, songs provided a healing medium for Lena, expressing her internal world in powerful metaphors, bringing into greater awareness the feelings and experiences that lay at a preverbal level, and integrating some of the

painful feelings that precipitated such deep emotional disturbance. Her songs took her on a journey towards a sounder sense of self, their metaphors containing the feelings of anxiety, anger and despair that threatened to overwhelm her. My capacity, working both musically and psychodynamically, to contain her projected feelings and the symbolic material arising in her songs developed in the course of Lena's music therapy to help us both find a way to experience her creative potential that, in turn, allowed her individuality to flourish.

“Songs are ways that human beings explore emotions. They express who we are and how we feel, they bring us closer to others, they keep us company when we are alone. They articulate our beliefs and values. As the years pass, songs bear witness to our lives. They allow us to relive the past, to examine the present, and to voice our dreams for the future. ...They are our musical diaries, our life stories. They are the sounds of our personal development” (Bruscia, 1998, p. 9).

Lena needed many years to consolidate a more secure and sound sense of herself. She is now an adult, and has a home and a child. I hope that Lena and her child sing their songs.

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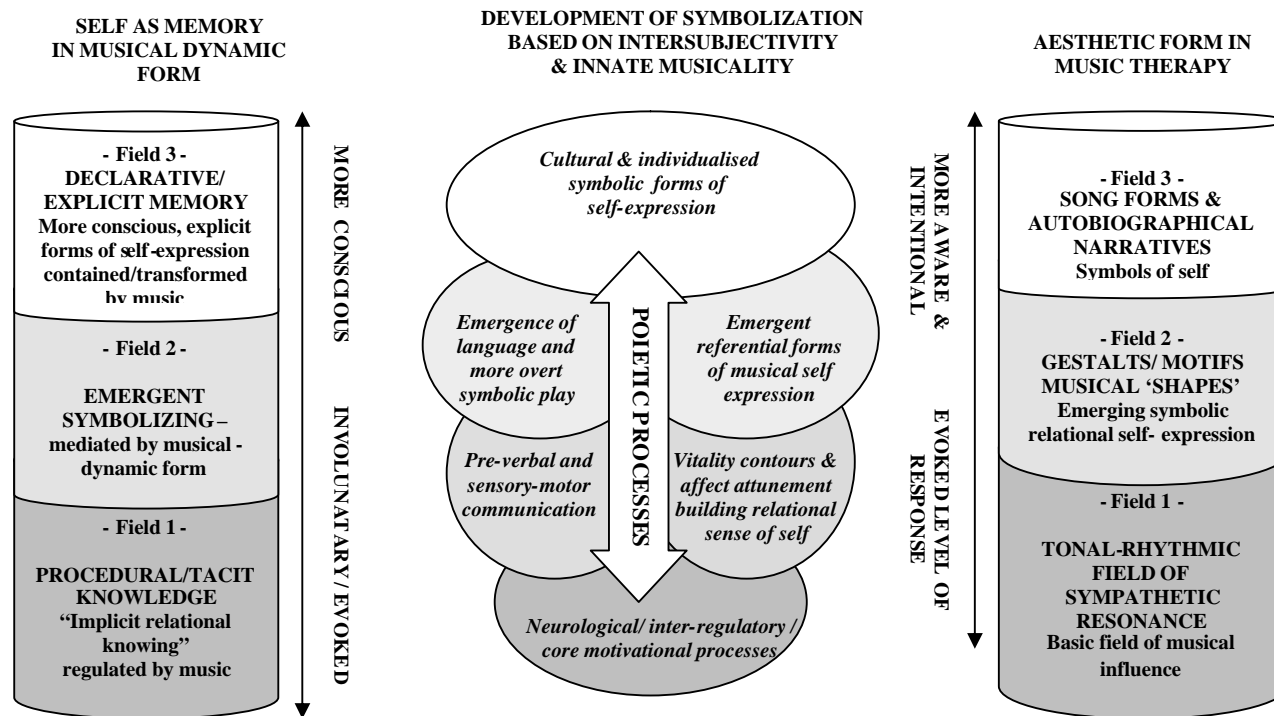


Figure 1: Poietic Processes in Music Therapy: Experiential Integration in Musical Aesthetic Form (Aspect 1):
Aspects 1 and 2 (see Figure 2) overlap and inform each other in terms of clinical processes of musical and psychodynamic phenomena. Poietic processes manifest in the space and time of musical-aesthetic form, developmental and psychodynamic phenomena.

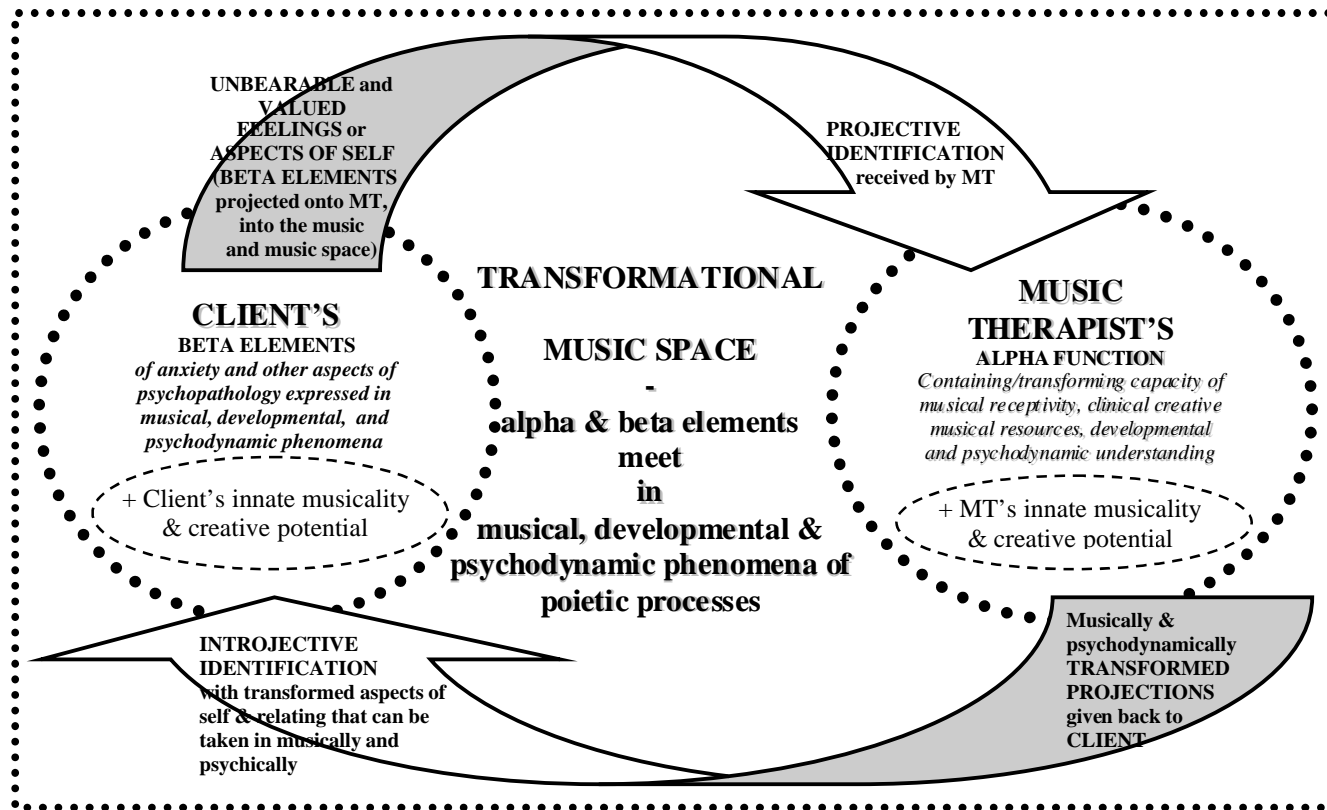


Figure 2: Poietic Processes in Music Therapy (Aspect 2): Musical-psychodynamic internal processes indicating the pathways of transference towards integration through containment and transformation. This diagram draws from object relations theory of Bion (1962a and b). The phenomena of innate musicality and the dynamic properties of music link aspects 1 and 2 of this music therapy model. N.B. Aspects 1 and 2 of Poietic Processes also apply to the therapist's own therapy and supervision (in their respective capacities), where the *therapist's* "beta elements" meet the "alpha functions of the therapeutic relationship or supervision.