



Reading the Music and Understanding the Therapeutic Process: Documentation, Analysis and Interpretation of Improvisational Music Therapy

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Abstract

This article is concerned primarily with the challenges of presenting clinical material from improvisational music therapy. My aim is to propose a model for the transcription of music therapy material, or “musicotherapeutic objects” (comparable to Bion’s “psychoanalytic objects”), which preserves the integrated “gestalt” of the musical experience as far as possible, whilst also supporting detailed analysis and interpretation. Unwilling to resort to use of visual documentation, but aware that many important indicators in music therapy are non-sounding, I propose a richly annotated score, where traditional music notation is integrated with graphic and verbal additions, in order to document non-sounding events. This model is illustrated within the context of a clinical case with a high functioning autistic woman. The four transcriptions, together with the original audio tracks, present significant moments during the course of music therapy, attesting to the development of the dyadic relationship, with reference to John Bowlby’s concept of a “secure base” as the most appropriate dynamic environment for therapy.

Keywords: music therapy transcription, secure base, musicotherapeutic objects, forms of vitality

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Introduction

Before the beginning

Music therapy is practised in a vast variety of ways, supported by many different theoretical and methodological frames of thinking. An important part of the training process involves the exploration of this rich world and the discovery of one’s personal coordinates as a music therapist. My own

early childhood environment was permeated with intense musical experience which continued during my later formative years and provided the context for professional activity; this has resulted in my conviction that music is a way of communicating, through playing, singing, listening, reading and writing, no less essential than verbal communication.

As I began my training in music therapy, motivated by a need to understand better what

music was ‘doing’ to those children classed as “handicapped” or “emotionally disturbed”¹ amongst the classes I taught, children who without exception responded to music not only with vitality and enthusiasm, but with an urgency which often far exceeded that of their typically developed classmates, I turned my attention to the literature available for study. In most of the books and articles dedicated to music therapy, I was surprised to find very little notated music. Struggling to master the therapeutic frames of reference, theories and concepts supporting this fascinating subject, I found it virtually impossible to imagine clearly the musical contents of an improvisation described verbally, whereas the rare scores I came across (in conventional or graphic notation) conveyed a large part of the essential musical information with simple immediacy.

As my clinical work developed, it brought overpowering evidence that the music itself is central to the therapeutic process, leading to my conviction that in music therapy, the music and the therapy cannot be separated. Therapeutic process is embedded in musical form and contents and emerges by means of their development, a concept examined in depth by Kenneth Aigen (2007) in his comprehensive article on aesthetics and music therapy:

“Aesthetic experience involves and models processes of transformation that are necessary parts of successful music therapy. For many clients, the potential for change, development, growth, improvement or transformation does not present itself as a possibility. Trauma, disability, or the cumulative effects of a negative or static self-image can prevent one from consciously or otherwise believing that things can change, that one's experience of the world, of oneself, and of other people can broaden. Yet transformation is an essential part of aesthetic musical experience. Musical motifs and themes can become transformed through aesthetic procedures like variation, embellishment, or reharmonization; the energy in problematic emotions can be transformed into energy directed toward creative expression. To the extent that music therapy clients can become fully involved in the aesthetic music experiences that are created for and with them, the transformation of musical materials and musical elements becomes the transformation of the client's self” (Aigen 2007: 127).

This music-centered approach to music therapy brings with it the dilemma of how to document music therapy contents and processes, and which

forms of transmission render these elements most shareable within a professional context. The use of some kind of musical transcription maintains one of the most important aspects of this communicative medium, which lies in its non-verbal character. Whether the score is notated traditionally or graphically – the choice of which depends to a large extent on the source material and on the analytical objectives – it is far more than a mere support to any verbal description. In my experience, it represents a starting point for in-depth analysis, often revealing formal and structural elements fundamentally influential on subsequent interpretation and development of clinical work. A similar view has been expressed by Carl Bergström-Nielsen (2009), whose extensive research into the use of graphic scores in music therapy documentation was the focus of an important article in *Approaches: Music Therapy & Special Music Education*, volume 1, issue (2); Bergström points out that the overview of a score enhances the therapist's understanding of the significance of an improvisation:

“The visual representation is a kind of substitute for the ‘real thing’. It serves as a source of information in its place. But it does not just reduce information, it also adds something new. Since the medium is different, we view relevant details and structures in a new light and gain new insights. Like a map of a city or a landscape by the aid of which we do not lose our orientation not being able to remember exactly street angles and directions. Thus, generally speaking, the representation becomes a tool for gathering new knowledge about reality which subsequently feeds back into practice” (Bergström-Nielsen 2009: 73).

When I began to write about my clinical work, I also began to experiment with ways of transmitting as faithfully as possible the material in discussion, searching for a method of presenting the music and the therapeutic process simultaneously, rather than splitting them into component parts and losing their “gestalt”.

In this paper I am presenting the results of my search to date, in the hope that this contribution will stimulate further refinements in ways of sharing clinical material of music therapy. Following a brief introduction defining my frames of thinking, a case history with a high functioning autistic woman is described, providing the context for the clinical material presented. The process in discussion is the development, between person in therapy and therapist, of a “secure base”, described by Bowlby (1988) as the most appropriate model of interaction for therapeutic intervention. The concept of “secure base” originates within Attachment Theory (Bowlby 1969, 1973, 1980) to describe the optimal

¹ A term used in Italy to describe children with problematic behaviour or learning difficulties, but for whom a diagnosis is unavailable.

psycho-physical environment arising out of the relationship between a child or adult and his/her attachment figure(s), promoting healthy adaptation to life, personal integration and well-being. The development of a “secure base” depends on the ability of the attachment figure to be readily available as comforter, counsellor and/or protector, should the need arise, whilst also allowing space and liberty for personal initiative, fundamentally important for trust and self-esteem. Transposed into the music therapy environment, the concept of a “musical secure base” engages the music therapist’s capacity to respond to the person in therapy in such a way as allows musical exploration to take place, listening, accompanying, supporting and protecting as the need arises, in order to sustain a safe creative space for constructive adaptive patterns to emerge.

Music as therapy

In a small but fascinating book discussing the significance of music, the unconscious and symbolism, “*Il Pensiero del Cuore*” (“*The Thinking of the Heart*”), Denis Gaita writes:

“Music is intelligible and untranslatable. And precisely because of this irreducibility it is capable of communicating in instances where verbal language encounters a limit”² (Gaita 1991: 17).

We conceptualise our being in the world with words, but our experience of life begins long before concepts or words are available to us, at a time when thinking is one and the same as feeling, when our perception functions *a-modally* as defined by Daniel Stern (1985). Stern introduces this concept in his discussion of how perception functions during the first months of extra-uterine life. “A-modal perception” describes the newborn baby’s innate capacity to experience the world as a single perceptual unit; stimuli arriving via a particular sense modality are nevertheless elaborated by the baby in terms of general properties pertinent to every experience, regardless of their sensorial origin. Thus the baby recognises his/her world by means of a series of “constellations” formed from the common properties of subjective experience (Stern 1985). Stern identifies these universal properties of experience as: form, intensity, duration, movement, number and rhythm. The fact that most of these terms are essential in the discussion of musical structure may help us to understand the power of music, which has been described by Langer (1953) as “a tonal analogue of

emotive life”. It would seem that Gaita’s comment on music quoted above also identifies the similarity between musical form and a-modal perception. It is important to remember that Stern (1985) regards a-modal perception as a permanently functioning modality throughout life. Far from being superseded by the more sophisticated, differentiated forms of perception which develop subsequently and set the scene for conceptual representation, a-modal perception, operating unconsciously, remains at the basis of subjective experience and constitutes the starting point for all creative and adaptive experience.

We, unique among all living species, acquire the capacity to use conceptual language, but the price to pay is high and potentially threatening to our sense of unity. Stern (1985) defines language as “a double-edged sword”, bringing with it the first possibility of “unreality”. He describes how language appears to bring only positive changes for the child during his/her second year of life, providing new ways of *being with*, new possibilities of sharing conceptual meanings only definable in words, and leading to the means with which we can begin to construct our own personal life narratives. However, at the same time, he warns, certain elements of experience become less accessible, harder to know within ourselves and to communicate to others. In this sense, language functions like a wedge; the verbal representation of experience is an artefact removed from the experience itself, creating a gap between what we are and what we think and say we are.

In my personal experience of music and music therapy, it would appear that whilst supporting abstract representational mental processes, music functions primarily at a pre-verbal level, within our experience of a-modal perception which Stern has described in such rich detail. If this is so, then music in a therapeutic context lends itself well to the reparation of fragmented unity, reconstructing the broken links between the sensorial, affective and conceptual modalities of elaborating experience.

How can we usefully share and reflect upon experiences in music therapy? Bion’s (1962) concern with the potential dangers of inadequate terminology for describing the psychoanalytical process is highly relevant. Emulating Aristotle’s supposition that mathematics is concerned with mathematical objects, Bion suggests that it is useful to assume that psychoanalysis is concerned with psychoanalytical objects and that the analyst’s aim is to perceive and observe these objects.

Following this lead, I would suggest that as music therapists we should assume that music therapy is concerned with “musicotherapeutic” objects – I purposely refrain from separating these

² Original: “La musica è intellegibile e intraducibile. E proprio per questa irriducibilità può essere il discorso che riesce a dire qualcosa là dove il linguaggio incontra un limite”.

two terms – and that it is these objects which we should perceive, observe and describe.

“Musicotherapeutic objects” and transcription

In deciding how to present clinical material for discussion, I take as my starting point the hypothesis that therapeutic processes are profoundly embedded in the music improvised during the sessions. These processes are experienced directly, in real time, by the therapist and can be recognised and subsequently analysed from musical scores transcribed from audio-visual recordings of these real-time experiences.

I consider audio-visual documentation to be a necessary support for the elaboration of clinical material, a means to an end but in no way an end in itself, for a number of reasons; firstly, professional ethical principles lead me to maintain this extremely intimate material within a very strict professional secret, sharing it only in personal supervision. Furthermore, the act of transcribing, of notating the material, plays an essential part in the process of analysing and fully understanding the form and contents, revealing elements which otherwise risk being overlooked. Having a score to look at and study means having an overview of the structure, with the musical events mapped out on a timeline, stimulating an attention to detail difficult to equal in real-time listening. It is indeed “a tool for gathering new knowledge”, as Bergström (2009, quoted above) has written.

The production of a transcription of music therapy carries with it two major dilemmas to be solved. The first regards those “musicotherapeutic” objects; what exactly are they, and how should they be transcribed? My working hypothesis, born out of clinical experience, proposes that the objects are discernable within the context of musical form. Therefore every expression or communication which has musical properties and can be described in terms of musical parameters needs to be taken into account. This includes non-sounding phenomena, such as gestures made in silence.

Of use here is Stern’s concept of “forms of vitality” (2010), originally defined as “vitality affects” (1985), which represents a further contribution to research into the nature of perception, describing the very essence of every experience, and in particular the quality of a-modal perception:

“The fundamental dynamic pentad of movement, time, force, space and intention appears to be a basic, natural Gestalt that applies to the inanimate world as we observe it, to interpersonal relationships as we live them, and to the products of culture as we experience them” (Stern 2010: 6).

Stern’s reference to “products of culture” emphasises the fundamental importance of the aesthetic aspect of human experience, in accordance with Aigen’s view quoted above³.

The most important aspect of all “forms of vitality” is their dynamic quality, the fact that they take place within the coordinates of time and space, thus providing the first-hand experience of these parameters which inform all subsequent mental processes. “Forms of vitality” are defined by their dynamic properties, using words which imply the passage of time; fluctuating, exploding, disappearing, swelling, fluttering, and so on; again, as with the properties of a-modal perception, it is evident that these words are often employed to describe musical structures. Stern emphasises the fact that, in contrast to the categorised emotions (joy, sadness, anger, fear, and others) which come and go, “forms of vitality” ensure a continuous experience which qualifies existence in every moment:

They are the felt experience of force – in movement – with a temporal contour, and a sense of aliveness, of going somewhere. They do not belong to any particular content. They are more form than content. They concern the “How”, the manner, and the style, not the “What” or the “Why” (Stern 2010: 8).

The connection between this time-structure of life and that of musical form is also made by Blacking:

“Daily experience takes place in a world of time. The essential quality of music is its power to create another world of virtual time” (Blacking 1973: 27).

Stern’s theory of the nature and function of “forms of vitality” renders plausible the hypothesis that the temporal and spatial structure essential to musical form will support the expression of experience, and may even be the most appropriate form at an affective level.

The second dilemma concerns how to transcribe these objects; which methods of notation transmit as clearly as possible the relevant information regarding form and contents in music therapy? I propose that wherever possible, traditional music notation should be used. This is after all an internationally accepted written code for the transmission of several musical parameters, able to convey a great deal of very precise information. In improvisational work where pitch and rhythmic cells are used structurally, as in the case presented in this article, traditional pitch and rhythm notation are essential for following the transformation

³ See section *Before the beginning* of this article.

process within these parameters. However, this written code is by no means adequate and necessitates a number of additional signs and symbols, many of which were tested during the twentieth century by composers searching for a more comprehensive way of notating all the parameters of sound (Karkoshka, 1972). Moreover, if we accept the challenge of attempting to notate every element which has musical properties, we need to consider non-sounding gestures which also structure time in ways comparable to their “audible” counterparts.

Assuming that this ambitious project is possible, the transcription represents the raw material of the music therapy session as experienced by the therapist. The document is by no means an objective account of what has happened; it has already undergone the subjective selection of perception, characteristic of all human experience. But it provides source material for detailed analysis and interpretation, both of which are exquisitely personal processes, linked directly to the real-time experience.

This then is the rationale supporting my method of transcription. In the scores which appear below, music therapists who are fluent music-readers will have no difficulties in assimilating the contents, which support analysis from a number of different viewpoints. Non-music-readers will be able to grasp a general idea of sound (and non-sound) events in time by reading the verbal indications and discerning what they can from the graphic aspects of the music notation. All these elements, which pertain to the transcription of the musical material, appear in black print.

The passage from the “musical” to the “musicotherapeutic” is identified by a change of colour on the scores; in red print I have annotated my interpretations of the improvisations within the context of the relationship between the person in therapy and myself (music therapist), identifying the intra-personal and interpersonal elements indicative of dynamic change⁴. These interpretations, being conceptual, are necessarily communicated verbally; they aim to draw attention to the “musicotherapeutic objects”, both as forms of expression of the relationship and as functional processes available for strategic choice by the therapist, in order to support the therapeutic objective, which in this case concerns the establishment of a “secure base”.

⁴ I am indebted to Dr. Jos De Backer from the Lemmensinstituut, Belgium (personal communication) for the suggestion to include this information in the score, as opposed to writing a separate verbal account, thus achieving the objective of a single document referring to the entire “musicotherapeutic” process.

Case study of Eleonora

Background information

Eleonora is twenty-nine years old. She lives in a protected environment, a family community, for six days a week, and spends the remaining twenty-four hours with her elderly father, who does not cope well with caring for his daughter. She grew up with a mother with mental health problems who died when Eleonora was eighteen years old. She is described as a high functioning autistic person. She is intelligent, uses verbal language, can tell you instantly the day of the week for any date, past or future, but she is highly vulnerable emotionally, unable to live an independent life, unable to develop stable and satisfying relationships with other people.

I met her in September 2006 in order to assess the possibility of music therapy. Walking with an uneven, lolling gait, she came extremely close to me, thrusting her face near to mine so that our cheeks brushed together, breathing heavily and forcedly. As I took her hands in greeting, noticing her fingernails bitten to the quick, a pungent odour of perspiration filled the air. I felt her presence with an invasive intensity which I was to experience many times during the subsequent therapy sessions. On this first occasion I responded verbally, initiating a conversation which met with stock, “educated” answers, entirely lacking in emotional content. This very brief conversation was terminated by Eleonora receding into a relational absence, with a vacant expression, the fingers of her left hand stroking her lips and nose in a repetitive, trance-like way.

Context of transcribed sequences

During the first year of therapy – sessions took place weekly and were forty-five minutes long – I listened, watched and assisted Eleonora as she began her journey within the music therapy environment. She chose two instruments; a drum, often played very quietly, stroking or gently tapping, with hand contact, which I interpreted within the context of the need for an affective repair of the primary relationship; and a cabasa, a net of seeds set around a hard, dried gourd, which to me represented perfectly Didier Anzieu’s (1985) concept of the double skin of identity turned inside out, the inner skin too holey to maintain a stable sense of identity, the outer skin too rigid with defenses against a constantly threatening world.

I was amazed by the coherence of Eleonora’s two ways of being in music therapy, just as she had appeared at our first meeting; she was either totally “present” in a way which saturated the relational space, or she was totally “absent”. Her right hand

played the “present” music, holding beaters firmly, playing with definition and loud dynamics; her left hand hardly held the instruments, played in a quieter, inarticulate way and was always the hand used for the lip stroking necessary to re-establish a sense of self. All her music expressed the same rhythmic instability portrayed by her gait, indicative of her insecurity and disorientation within the time-space coordinates.

Eleonora moved directly from “presence” to “absence”, leaving no space for relationship. During her “present” moments she adopted an obsessively invasive way of behaving, demanding total attention with aggressive modalities of musical play and physical gesture. This can be explained in terms of the paranoid-schizoid position and projective identification⁵; the evacuation of internal objects which Eleonora was unable to integrate into a unified sense of self, indicating the process of splitting which she had adopted as the only possible way of coping with her world. Session after session, I struggled with strategies of coping with the consequences of these intense projections during Eleonora’s “present” moments and a terrifying sense of abandon during her “absences”; in both cases my sense of existing was heavily threatened. Even my attempts to establish a differentiated identity through choice of instrument were thwarted, as Eleonora inevitably turned her attention to the same instrument, playing it simultaneously. Until I could establish and maintain my own space and identity, there was no possibility of promoting the crucial separation which would in turn define Eleonora’s individuality.

There were however some very small, but extremely significant signs right from the start, which indicated that the two extremes could be connected, developing an area of relationship in which “the other” could exist for Eleonora, even if only for fleeting moments. Occasionally, after twenty minutes of paranoid-schizoid “presence”, characterised by the obsessive nature of extremely loud, fast, insistent musical sequences, where I could not meet her, but could only try to stay by her side musically, she would accept a brief exchange of musical phrases before withdrawing into her own space. Despite their brevity, these dialogues revealed her high musical intelligence, capacity to imitate perfectly, excellent memory and use of creative initiative.

⁵ My frame of reference here is taken from Klein (1946); the inability to cope with anxiety in an un-integrated state of mind, referred to as “paranoid-schizoid”, causes the defence mechanism of splitting to occur, so that threatening internal objects can be separated within the psyche and evacuated as projections onto external objects.

Other elements indicating the potential for connecting her two selves, for repairing the split, began to emerge; she began to pass beaters from one hand to another, creating a potential link between the internally directed, left-handed, lip stroking and the right-handed, extrovert expressions. But it was in the realm of vocal expression that the most useful clue was given – inevitably Eleonora had two voices which functioned over a very large and very well-tuned pitch range; an uncontrollably loud, strident, open-throated voice, strikingly empty of expression, and a tightly closed, extremely intimate voice, hardly audible but laden with intense expression.

At the beginning of the second year, in response to Eleonora’s developing use of pitch as she found her voice in therapy, I introduced some simple melodic instruments, a small diatonic glockenspiel and a suspended set of Indian bells, together with some wind-chimes. My choice of metallic sounds was prompted by my need to create resonance, to promote space, physical and psychic, for both of us. This new sound environment was “absorbed” into Eleonora’s adhesive behavior, expressed in her invasive imitation of my musical proposals on these instruments. However, strategies discussed in supervision, to establish and reinforce my sense of identity, were beginning to contrast the creation of fusional states and promote the differentiation so necessary for “being together”. The duration of Eleonora’s “present” moments began to increase, until contact could be maintained for the entire session. Our moments of dialogue became more frequent, and turn-taking became possible. Now fully aware of my own being, I could frame and support Eleonora’s struggle to connect her fragmented experience of herself in relation to the outer world.

By means of the music we improvised together, the “secure base” began to emerge and to develop, audible within the temporal, tonal and timbral characteristics; a secure base built from the foundations of my sound identity, enabling me to receive and contain Eleonora’s projected objects; a secure base from which she could begin to reassemble herself.

At the time of writing (June 2010) music therapy with Eleonora continues – we have just completed our fourth year of work together. The fragments presented here, taken from the second year of therapy, demonstrate some of the significant moments of the therapeutic process; the development of connection between Eleonora’s two selves, leading to an intra-personal dialogue stimulating integration; and the passage from this to an inter-personal dialogue, made possible by the creation of the psychic space necessary to support separateness. Within the context of the work done

to date, I now see these significant moments as a pivotal period of reinforcement of the dyadic relationship, establishing the therapeutic alliance, or “secure base”, as a trustworthy environment for Eleonora’s personal therapeutic journey.

*Musical sequences*⁶

Therapeutic process is often slow-moving and takes a long time. It seems therefore paradoxical to present fleeting fragments of improvised music to illustrate this process. The real paradox however lies deeper, in the fact that therapeutic process is not limited to the therapy sessions, which present the only moments possible for the therapist to affect documentation; rather the process is ongoing from one session to the next, nourished by the moments of concrete *togetherness* between person in therapy and therapist, projected by both into the passages of time between sessions. Within this context, the transcriptions should be considered as models pertaining to the therapeutic process discussed.

During the elaboration of my interpretation of the material, as I pieced together my mental representations of those moments into an integrated narrative, titles suggested themselves, like the chapters of a story; they are “Intrapersonal Dialogue”, “Differentiation”, “Song as Defence” and finally “E-motion; theme and counterpoint”. The first three fragments are all taken from one session, whilst the final transcription is from a session four months later.

Transcriptions of musical sequences, with elements of analysis and interpretation⁷

“Intrapersonal dialogue”

47th session, 22nd January 2008; first 40 seconds

Eleonora (E) and I (mt) are standing near to one another, next to the table of instruments, above

which are suspended a string of Indian bells and a set of wind chimes. Eleonora holds a rubber beater, I hold a hard beater.

In this fragment, which documents the very beginning of the session, we can follow how Eleonora’s opening musical phrase, which re-introduces material from previous sessions associated with obsessive frenetic playing indicative of the paranoid-schizoid position⁸, is contrasted first by my reflective silence, enabling me to gather my sense of self, and subsequently by my transformations of intensity and tempo. After a first reaction of disorientation which provokes an attempt at omnipotent control with an exact imitation of my phrase even on my chosen instrument, Eleonora turns back to herself, but remains present in the music relationship. She plays with her right hand (r.h.), whilst stroking her lip with her left hand (l.h.). Her phrases, gently sustained by my responses, acquire a balance and symmetry, which appears to support an extended exchange of gestures, sonorous and silent, between her two hands, which I interpret as reflective of her two selves.

⁶ In order to listen to the audio excerpts which are referred to in each of the following sections of the article (i.e., Intrapersonal dialogue, Differentiation, Song as defence, and E-motion; theme and counterpoint), please visit the online Appendix of *Approaches: Music Therapy & Special Music Education*, volume 3, issue 1 (<http://approaches.primarymusic.gr>).

⁷ The scores are notated, using abbreviations wherever possible, for optimisation of space and clarity; “E” refers to Eleonora; “mt” refers to the music therapist, myself; for “l.h.” read left hand; for “r.h.” read right hand. Where instrument changes occur within one fragment, scores are notated according to norms for the copying of instrumental music where one musician is playing more than one instrument. Instrument changes are identified above the staff by name, at the point at which the change occurs. These criteria have also been adopted for optimisation of space.

⁸ See section *Context of transcribed sequences* of this article.

Material developed in previous sessions with frenetic obsession

$\bullet = 72$
beater r.h. (leaning over table)
glockenspiel

Proprioceptive disorientation
change to l. h. then r.h. (remains in position)

Invasion of mt's identity

Return to original melodic form

Contact with inner self, without subsequent autistic closure

l.h. strokes lips

E.
f

mt.
mf sempre

indian bells

indian bells

Reflective silence

Lower intensity

Melodic reinforcement, tempo contrast

Inner attention and outer expression simultaneously: the beginning of space in between?

Slower tempo: reassurance and trust
Variation & extension of melodic form

I. h. leaves lips

E.

mt.

Pauses, slower tempo: creation of space and resonance within stable temporal structure, whilst sustaining melodic reinforcement.

Dialogue between l. & r. hands / inner & outer worlds

I. h. returns to lips

I. h. leaves lips

$\bullet = 63$ sempre
mp

Reduction of intensity, slowing of tempo: creation of space

Development of tonal centre held constant throughout session.
Creation of musical structure supporting and providing containment for E.'s intrapersonal dialogue.

$\bullet = 72$ sempre

bends closer to bells watching intently

I. h. returns to lips

E.

mp

mt.

“Differentiation”

47th session, 22nd January 2008; 18th – 19th minute

Eleonora and I are standing in the same position as at the beginning of the session. Eleonora is no longer bent over the instruments, but is standing straight.

This fragment documents the transition in Eleonora’s way of being during the session, from relating with herself through the music, to relating with me. The musical material has developed and her opening phrase is identified as a “forma felice”. This is an important concept developed by Gaita (1991) which translates roughly as a “meaningful form”. Gaita proposes that the significance of

experience at a sensorial and affective level informs symbolic representation without losing its archaic form, which is often “rediscovered” in musical phrases recognised as being meaningful for the person. I would suggest that the archaic forms referred to by Gaita are “forms of vitality” (Stern 2010). Together, Eleonora and I develop her initial statement, creating a balanced and coherent dialogue which draws to a natural close with the final descending phrase played between us (end of fourth line / beginning of fifth), an extraordinary testimony to the space Eleonora has created for me and my music.

“Forma felice”, ascending in expansion, like a question

Annotations for the first section:

- Tempo: ♩ = 80
- Instrument: indian bells, beater: l. h.
- Dynamic: *p*
- Annotation: Attention initially on instrument
- Annotation: bends close to bells following mt.'s beater
- Annotation: Mt's phrase deviates attention, inducing an intense interpersonal meeting.
- Annotation: straightens up
- Annotation: leans toward mt. almost touching cheeks, remains . . .
- Tempo: ♩ = 69
- Instrument: indian bells
- Dynamic: *mf*

Response – maintaining slower tempo – inverts melodic design, mirroring and returning to tonal centre (c minor / c doric). Reflexive and calming atmosphere, evocative of lullabies or laments.

Consolidation of meeting and of shared musical/relational space, where each can “be” with the “other”

Annotations for the second section:

- Annotation: exchange of intense smiles - then straightens up
- Tempo: ♩ = 69
- Annotation: exhales heavily with tension
- Annotation: exhales heavily with ease
- Dynamic: *mp*

Emergence of clear musical form and coherent structure

Annotations for the third section:

- Annotation: bends close to bells following mt.'s beater
- Annotation: straightens up

bends close to bells following mt.'s beater

straightens up still watching bells

inhales . . . exhales heavily

rall.

Conscious closing of phrase and structure, followed by gestures of confirmation of the contact which has taken place

nods twice

moves feet

fixed gaze at mt.

looks away, moving head gently following rhythm

leans close almost touching cheeks

(rall.) - - - -

p

Creation of necessary post resonance

from here mt. develops song . . . IIIc

“Song as defence”

47th session, 22nd January 2008; 22nd – 23rd minute

Eleonora and I are standing shoulder to shoulder (Eleonora is to my left) and we are holding hands. This fragment documents a moment of difficulty in the session and illustrates strategic choices on my part to maintain my sense of self and thus maintain the necessary support for Eleonora’s exploration. My creative energy is channelled into framing Eleonora’s potentially invasive and adhesive physical and musical behaviour in a coherent musical form. In doing this, my objective is to

create the psychic distance necessary to think about her intense exploration of space and identity, particularly evident in the variations in timbre and intensity of her vocal expressions and in her physical gestures in relation to me. My function here could be described within the concept of “secure base” (Bowlby 1988) as that of the caretaking figure who lends a mature thinking mind to the pre-conceptual mind of the young child, assisting the process of regulation and providing the mental modes which the child will develop as representational or working models (Bowlby 1973: 236).

E. is present, connected to mt., sustained by the stable musical base, emotionally “open”

hits cheek with beater

chimes beater: l. h.

mf

p

$\text{♩} = 63$

E - le - o - no - ra can - ta con me. E - le - o - no - ra suo - na con

Mt. is extremely tired after 20 minutes of continued contact and at risk of losing identity. Aware of E.’s vulnerability, and of the need to sustain a sense of self, she begins to sing, to defend her personal space, whilst remaining available for E.

Confirmation of vocal expression, developed to explore sensations of opening/closing, proximity/distance, depth/shalowness, etc.

Intense physical, tactile investigation of mt's voice – investigation of identity /alterity?

brings face close, mt. turns head in order to be cheek to cheek

shakes head straightens up, looks down

contact between face/ cheek/ nose

me. (hard timbre)

mf

Elaboration of vowel sounds to sustain spatial investigation

straightens up

steps back, returns immediately

rests beater on 'chimes' support

chimes

pp

mf

p

u - e

E.'s vocal gestures and postural changes indicate rapidly shifting perspectives within the dimension of the object relationship. Mt's vocal line reflects these motions, framing them in a coherent musical form.

leans face close

straightens up

agitates hips

leans face close

mumbles sotto voce

touches cheeks twice

f

(blows a kiss)

e i a

u - e

u - e

i

looks at mt.'s mouth

gnau

gnau gnau gnau gnau ...

mp

leans cheek close

agitates hips

a

u

u-ia

gnau gnau gnau gnau ...

u

a

ua

ua

ua

ua

ua

ua

ua

ua

Mt's song functions as confirmation of identity for herself, whilst sustaining E's explorations, as an affective object defining boundaries for both.

stands still, looks down

E.
 mt.

u o a u i u a u

“E-motion; theme and counterpoint”

63rd session, 20th May 2008; 13th – 16th minute

I am standing near the table of instruments, with Indian bells and chimes suspended above. I hold a hard beater. Eleonora is also standing, initially close to me, but moves continually throughout the sequence, away to the corners of the room and back again to the “base”, with erratic irregular steps. A wooden jingle in her right hand sounds with her extreme body movements. She holds a hard beater in her left hand, the third finger of which “lip-strokes” constantly, interrupting only to play the bells.

Some months have passed since the session documented in the previous transcriptions. The fragment presented here attests to the functioning of

the secure base. Within the context of a musical structure, which maintains some of the salient characteristics of previous improvisations (melodic form, harmonic environment, vocal expression, instrumentation), developed by me in response to Eleonora’s expressive forms of movement, her participation demonstrates a newly developed capacity to remain in relationship with me whilst respecting our separate identities. She is able to express her anxiety, but also to acknowledge my presence. There is space, physical and psychic, and there is also communication, a balance of intimacy and individuality evident in the musical structure of theme (Indian bells and vocal line) and counterpoint (Eleonora’s movement).

$\text{♩} = 44 / 48$ (rocking)

rocking on feet

Physical movement, emphasized by breathing, expresses mental state of absolute anxiety.

breathes heavily

erratic walking to and from 'base'

E. voice

ind. bells

mt. voice

imitates rocking less intensely

maintains rocking in tempo with

mp *p* *mf*

mm la mm

Melodic reference to past shared musical structures

Physical mirroring modulates intensity

“Holding” of E’s tempo; adoption of pulse as temporal structure of improvisation

The aleatoric music of E's steps provides a contrasting counterpoint to the "secure base" structure created by the bells & voices. She participates in both musical expressions, openly expressing her anxiety, but evidently conscious of the secure base, with which she maintains constant contact.

E's movement to & from the base is reflected in mt's vocal elaboration using open and closed vowel sounds, thus giving musical form to the psychic processes.

moves close to bells

E. voice

ind. bells

mt. voice

a a u a mm

p

rocks body

E. voice

ind. bells

mt. voice

na na na na a u mm

pp

mf

mf

There is no physical invasion of personal space; the intimacy of the relationship is expressed musically.

taps finger on cheek

E. voice

ind. bells

mt. voice

m,m,m mm mm

ppp

pp

pp

mf

p

The musical structure, defining clear boundaries of relationship, is a safe place for both, Enabling mt to give a adequate support to E in the process of elaboration and integration...

Postlude

“When I began the analysis, I had no idea of how it would turn out, and I never suspected that the formal and expressive elements would be so unified” (Blacking 1973: 79).

Blacking is referring to his research on the music of the Venda population of South Africa; my experience of transcribing and analysing moments from improvisations in music therapy is always similar. It is simultaneously surprising and reassu-

ring to discover that the form and contents of the music bear witness to the relational modalities and that the development of one is inseparable from the other, as I hope this case study has demonstrated. This inseparability leads me to the use of the term “musicotherapeutic objects”, which could be defined as “musically expressed forms supporting creative and adaptive change within a therapeutic environment”. The transformation of a musical object into a “musicotherapeutic” object is the

result of the significance invested in the musical expression by the therapist. This is similar to the way in which a mother attends to every expression, sound and gesture of her baby, a process identified as “attunement” by Stern (1985). In both cases, the specific investment of meaning within the context of the relationship transforms the original gesture into a mentalised representation available to the “other” (person in therapy or baby), as a support for adaptation and learning. Within the context of music therapy, as Aigen, quoted above⁹, writes:

“the transformation of musical materials and musical elements becomes the transformation of the client's self” (Aigen 2007: 127).

Music therapy does not provide a miracle cure; it can however create a space in which personal working models, conflicts and resources can be revisited and investigated within a musical structure, directly linking the original a-modal affective perception to forms of mentalisation, thus supporting a process of dynamic integration. Similarly, the construction of a secure base in therapy, as described and advocated by Bowlby (1988), provides no guarantee of “success” (whatever that may be); however this alliance allows the therapist, as attachment figure, to sustain and reinforce the person in therapy, whenever, and only whenever this is necessary, on his/her quest for greater personal serenity and autonomy.

During the months from which the transcriptions are taken, Eleonora began to show higher tolerance levels towards factors in her home life which would normally have created extreme anxiety states, for example the sudden changing of arrangements or being exposed to unfamiliar situations. In June 2008, as we brought therapy to a temporary closure for the summer break, she astounded everyone around her with an autonomous decision regarding holiday plans, knowingly contrasting her father’s wishes. During the period from 2008 to 2010 she has continued to develop her sense of autonomy; in particular during this last year, she has begun to bring verbal material to the sessions, often in the form of original songs. This is perhaps an indication that the groundwork linking the sensorial to the conceptual is beginning to promote her more sophisticated mental resources. Lastly, in April 2010, she triumphed over nocturnal enuresis, another highly significant step towards personal integration and dignity.

Whether these improvements in Eleonora’s quality of life can be causally linked to her work in music therapy would be hard to prove; however the detailed reviewing of improvisations through

transcription, analysis and interpretation, a small part of which has been presented in this article, has revealed the development of more integrated working models within the musical relationship, which parallel her growing capacity to cope better in the world.

As I wrote at the beginning of this article, music is for me a way of communicating no less essential than verbal communication. In music therapy, the priority given to music offers a potential protection against the dangers of the “two-edged sword” of verbal communication, as Stern (1985) has warned. Sustaining and supporting one another, musical and verbal sharing enable the therapeutic process to move forward. As in the therapeutic relationship, sharing of clinical material within a professional context calls for the same collaboration between these two mediums of communication. The method of presentation of “musicotherapeutic” objects in transcribed scores, as illustrated in this article, is an attempt to achieve this.

It is my hope that the transcriptions “speak” for themselves.

“Musical discourse cannot be dismantled into meaningful component parts. The miracle of music lies here, in its power to provoke wordless thinking... proto-thinking, which pervades thoughts, affects and forms – the thinking of the heart indeed” (Gaita 1991: 79).

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⁹ See section *Before the beginning*.

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