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A hermeneutic panel study of music therapy assessment with an emotionally disturbed boy

Loewy, Joanne Victoria, D.A.
New York University, 1994
Sponsoring Committee: Professor Barbara Hesser,
Chairperson
Professor Carl Schmidt
Instructor Kenneth Aigen

A HERMENEUTIC PANEL STUDY OF MUSIC THERAPY
ASSESSMENT WITH AN EMOTIONALLY
DISTURBED BOY

Joanne Victoria Loewy

Submitted in partial fulfillment of the
requirements for the degree of
Doctor of Arts in the
School of Education
New York University
1994
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Joanne V. Soruy
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CHAPTER I
INTRODUCTION

Source of the Study

It's hard to believe that five years have passed since I first met Claire, because I can remember our first session as though it were just yesterday. The door opened and in she flew. Her sparkling eyes did not seem to match her hoarse, detached voice tone. "Hey there . . . ," she grunted. Out of breath, she abruptly sat herself down on top of my desk, and grabbing a drumstick out of the top drawer, she gazed at me as she began to tap triplets on the bottom of her boot heel. Her eyes widened as she crossed her right leg over her left knee. I can clearly remember how she raised one of her dark, thick eyebrows and, leaning towards me, softly whispered: "Do you think this drumstick could break?"

What is it about the first meeting? Why do our first impressions of a person stay with us throughout a developing relationship? What kind of processes prompt us to form our own impressions about others? Webster's
dictionary (1986) defines impress as "to fix deeply in the mind" (p.188). In our day to day existence, we refer to starting points frequently. There is a fascination about what transpires when two people first make contact or when someone tries something for the first time. In music therapy assessment, we are faced with both of these situations. Like other therapists, we are introduced to new faces quite often. Yet, unlike most other treatment modalities, music may offer people we meet the opportunity to try something that may be new to them. In this newness, a unique relationship evolves. A duet with the therapist is filled with sounds, silences and words. Unlike words, the language of musical expression is not contained in any dictionary. It does not lend itself to a fixed meaning. What is identified as one particular kind of playing experience for one person may be identified as another kind of playing experience for another person. The experience of music is subjective. The sounds that are created between client and therapist are not always easily defined. This is especially true at the time of assessment, when the encounter is new.

I love beginnings. The sense of mystery and newness that accompanies an experience of meeting someone for the first time has never ceased to intrigue me. The profound realization that we come to under-
stand others according to our own personal belief system fascinates me. This notion of reflexivity has continually prompted and stimulated me to observe the way in which I seek to learn about others. This has proven to be particularly significant in my learning about emotionally handicapped children and adolescents.

I feel that the depth of a music therapy experience lies within how naturally a clinician is able to assess, through blending her own artistry and creative impulse with that of her client's, in an effort to understand the healthy aspects of the client's lifeworld. The development of a music therapy treatment plan is based largely upon how the client's musical process is perceived by the therapist. The perception becomes crystallized through the assessment write-up. The way we understand a client is first seeded and rooted within the initial assessment period.

There are many diverse terms employed throughout mental health that are associated with the first several meetings between client and therapist. Each psychotherapeutic modality seems to have a specific term that signifies a method or methods of organizing and processing information first learned about a client. Examples include the psychologist's Rorschach (1954) and Thematic Apperception Test (Murray, 1943) or the social worker's psychosocial intake. Although
there are variations within each discipline, for the most part, there is an understood means of compiling and presenting information that clinicians gather from the first several meetings with a client/therapist.

Over the years I have had the opportunity to work closely with clinicians from various psychotherapeutic disciplines. As a music therapist, I have always worked as part of a interdisciplinary team. Being a part of the therapeutic milieu (Fenichel, 1966; Knoblock, 1983) afforded me the privilege of becoming familiar with a variety of assessment strategies and instruments. Within the treatment of any one client, I had as many as six methods of assessments at my disposal. Working with clinicians who used a variety of assessment measurements stimulated my thoughts about the ways they came to know what they knew about their clients and in addition, the way in which their findings were processed and formulated.

The importance of these findings should not be overlooked. Assessment findings determine a large part of how a child may be perceived and ultimately treated by a parent, teacher, and/or therapist. The impact of this information is quite powerful and may help determine whether or not a child is accepted or rejected from a particular site. The result of initial screen-
ings or assessments are easily located in a chart that is frequently reviewed by educators and clinicians.

As the music therapist of a clinical interdisciplinary team for many years, I was often approached by fellow clinicians. There was respect and wonder about how differently children first responded to music. I found myself challenged to describe music therapy assessment in a language that was reflective of the process. I have continually sought to understand, define, clarify, and articulate the significant contribution that music therapy assessment offers in psychotherapy.

Although the diligent therapist is constantly assessing a client's development, there is a marked difference referred to by clinicians between the initial meeting/s between therapist and child that distinguishes from on-going treatment sessions (Aigen, 1991; Boxill, 1985; Hanser, 1987). The first impression has become a formal process. The assessments being used by the majority of clinicians in the field of mental health today quantify human experience with a general norm in mind.

I envision assessment as a time to qualify the human experience, which is always based upon an interaction. The way in which a client's actions are
interpreted seems to be in accordance with the therapist's own schema or personal belief system.

A practical foundation for music psychotherapy assessment research warrants a method that enables us to understand how music therapists perceive musical experiences. How do projective music assessment experiences become translated into words? What does a music therapist hear or listen for in a client's playing? What kinds of descriptions are used to understand a client and a clinical music therapy experience?

Throughout the history of music therapy, it has been widely recognized that we gain access to previously uncovered strengths or privileged data through the musical process. But how? In an effort to further define and refine what we do with our music and how music therapists perceive the musical interaction of a session, I have chosen to study music therapy assessment through a hermeneutic method of inquiry.

Hermes was the messenger of the Greek gods. He brought messages of advice, warning, and instruction to humans from the gods. Hermeneutic researchers Martin Packer and Richard Addison (1989) wrote:

Since we don't have godly messengers available to us, we have to interpret things for ourselves. This century has been a time for special recognition of the importance of messages, of translation and interpretation (p. 1).
Because music therapists use music as a means of understanding human beings and human behavior, I believe that an assessment study of the language used by music therapists can lead us closer to understanding how we do what we do. Careful investigation of how meaning is assigned to a musical process will lead us closer to a language of music psychotherapy assessment.

Assessment may be the perfect period to investigate. It is the foremost time within the therapeutic relationship where there is no agenda or history from the dyadic relationship that the therapist is tied to. The relationship is brand new, yet, the therapist will, by the conclusion of an assessment period, have some kind of imprint or impression of the client. How does the picture develop? What kinds of experiences evoke interpretation? Are there certain kinds of impression that are unique to the music therapist's vision? The primary task of an assessor is to familiarize, learn about, and discover who a client is through the musical experience. There is only the new moment and a fresh imprint or impression that will serve as a basis for further recommendations and ultimately, the treatment planning process.

A dynamic clinical experience seems significantly intensified upon the first meeting. The sense of discovery that accompanies the initial assessment
period is, on the one hand, free and open, yet on the other hand, bound and framed by the past experiences that both client and therapist bring to their first encounter. At other times during the therapy process, one will connect an observation or perception with the profile of the child's underlying issues and themes. Because, at assessment time, we do not yet know or understand how the child's problems cause dysfunctioning for him in a general sense, we can look at how a specific problem might manifest itself, within the moment, through a musical interaction. Assessment forces us to come to terms with our own way of understanding others. What we see about a new person or a new situation says a great deal about who we are. Because we have no former experience with a new client and therefore no concrete data to attach our beliefs to in the first meeting, the gathering of information requires us to redefine who we are through the way we will define others.

In the present study, five prominent music therapists wrote assessment reports based upon their viewing a blind, fifty-minute, first session video of an emotionally handicapped, seven year old boy. The events that each panelist chose to report, as well as the specific language that each of them used to describe the experience, taught me a great deal. I have
learned not only about what music therapists might look for in assessment, but also about how meaning becomes assigned to a music therapy assessment experience.

Need for the Study

Before undertaking this research project, I spent three years surveying practicing music therapy clinicians (who worked with emotionally handicapped children and adolescents) about assessment (Appendix A). In an assessment pilot study survey, I asked music therapists who worked with emotionally handicapped children and/or adolescents if they "use any assessments that have been formally documented" (Appendix A, question 57). The majority of those surveyed answered that they did not. The few existing music therapy assessment tools that are available to clinicians working with emotionally handicapped children and adolescents are not being readily used. Established within the framework of checklists, charts, profiles and outlines, most of the existing assessment models seem to focus on technical aspects of music and musical behavior rather than upon the symbolic nature of music and its relationship to the self and the therapist.

Upon collecting approximately fifty music therapy assessment forms in an effort to understand how
clinicians came to know what they knew about a client, I found myself disappointed in the lack of relationships drawn between music and psychotherapy. In general, what I learned was that the assessment formats that music therapy clinicians used were primarily borrowed from other, behavioral and/or music educational disciplines. They were not necessarily relevant to the use of psychotherapy in music. For instance, some music therapy assessment forms appeared as checklists that identified specific behavioral tasks that were seemingly unrelated to the significant musical interactions that would naturally occur between the client and the therapist. Others appeared to be instructional with hints of inquiries about the client's musical history and family life. Aside from the Nordoff-Robbins scales (1971), few, if any, music therapy assessment models have evolved from a music psychotherapy framework.

**Music Psychotherapy**

Although it is apparent that the general field of music therapy uses psychotherapeutic techniques, practicing music therapists have developed varying approaches to music therapy based on specific populations and treatment needs.
Music psychotherapy is a growing genre within the general field of music therapy. The five panelists that were asked to assess "Bobby" were music psychotherapeutically oriented. Other approaches to music therapy include music and medicine, music therapy and special education, and recreational music therapy.

In defining music psychotherapy, Kenneth Bruscia (1989) noted that psychological schools often provide a basis for models that the music therapist uses.

A pioneer in developing advanced training, who has focused upon the use of music in psychotherapy, Barbara Hesser (1992) used the term music psychotherapy in addressing and specifically referring to the treatment of emotional problems in a holistic way:

Music psychotherapy can speak to the whole person and offer important possibilities for the treatment of emotional problems (p.4).

Hesser tracks music psychotherapy as a specialized area within the field of music therapy. She has encouraged researchers to focus on the psychotherapeutic aspects of music in an effort to build models that reflect the unique language that emerges from the music psychotherapy experience itself.

Music psychotherapist Dorit Amir who successfully studied accounts of meaningful moments of therapeutic
significance from both a music psychotherapist and a client perspective states:

It is necessary for the music therapist to have a solid grasp of the varying schools of psychology. Yet, in order to keep the spirit and heart of the work, we need to develop our own theories and motives. These will be best described through a language that is our own (personal communication, August 20, 1993).

The unique way that music psychotherapists use music to treat their clients merits a language that has its own philosophy. It is my belief that the language of music therapy should neither be exclusively spoken in musical terms, nor in psychological terms. It is a language that will develop out of the creative work of experienced clinicians who, in their willingness to study a therapeutic or projective experience within the music process, will offer their description of how the experience was perceived. As we interpret our use of music in the moment of therapeutic process, our understanding of music psychotherapy develops. Our language expands and we become clearer about the specific techniques and models that are available to the practicing music psychotherapist.

I think one of the impediments faced by music therapist in the development of music therapy assessment lies in the premise that music as an art form is safer to be left open to subjective experience
and unique interpretation. There has been an overall fear of labeling or defining the kinds of things clinicians might listen for or hear in the music. It is almost as if we have avoided placing terminology to the process, lest we limit its boundless, formless, creative development.

Conversely, I feel that we must search for the appropriate language in order to enhance our growth as astute, unique clinicians. Yet, the words we choose need not be borrowed terms from psychological schools of thought. In 1991, Kenneth Aigen wrote:

Existing research and theorizing has not proceeded from an effort to discover and explore the unique aspects of this work, but instead has reflected an attempt to explain Music Therapy process solely from methods and constructs derived from other forms of psychological inquiry (p. 6).

Clearly, there is a growing language that is developing from the practice of music psychotherapy. There are a repertoire of terms that are exclusive to the music psychotherapeutic context. The varying definitions and examples of explicit psychotherapeutic issues that were identified by the panel in their viewing the video tape were quite different. There were underlying dynamic differences presented by each panelist with regard to how a client and therapist did or did not come into a musical relationship together.
These ideas seemed based upon the varying notion that each panelist seemed to hold about the expectations of a therapist and the level of responsiveness of a client during a first meeting. The music psychotherapists involved in this study provided rich, dynamic, clinical concepts that offer the field a significant basis for our music understanding of music psychotherapy assessment.

I am convinced that there are distinct domains within psychotherapeutic assessment that music therapists are able to gain access to more readily than other clinicians. This could be due to the emotive capacity of music and how readily its fluent, dynamic qualities awaken some of the salient psychotherapeutic issues facing emotional disturbance in children and adolescents. It is my hope that this study will offer some insight to the domains of practice and understanding through the language used in describing music therapy assessment.

Research Questions

In general, the overriding question of this study is: What leads practicing music therapists to their assessment impressions of an emotionally disturbed child?
Secondary questions include:

1. What kinds of experiences are they choosing to look at?

2. What section/s of the music therapy assessment video appear to be most revealing, why, and to whom?

3. How do they assign meaning to the music therapy assessment experience?

4. What is the basis of their perceptions?
CHAPTER II

RELATED LITERATURE

Emotional Disturbance

History

One of the first special education classes designed for emotionally disturbed children was created in New Haven, Connecticut in 1871 (Kauffman, 1977). The children in these classes were separated from the mainstream because they were "truant, disobedient and insubordinate" (Hewett & Taylor, 1980, p. 10). Classically, the historical rationale for labeling a child disturbed came from children (predominantly males) in classrooms who were defiant, nonconforming and disrespectful to those around them. The labels and descriptions commonly assigned to children with emotional handicaps have changed significantly in the past fifty years. Whereas in the 1940s, these children were "maladjusted," in the 1950s, they were "emotionally handicapped," and in the 1960s and 1970s they were "behaviorally disordered" (Hewett & Taylor, 1980, p. 11). Clearly, the influence of scholars such as Freud and Skinner had an impact upon the way of thinking,
and, in turn, the terminology assigned to emotionally disturbed children. Today, there is a more eclectic view of the child with emotional problems. The 1980s and early 1990s have seemingly provided us with a holistic way of understanding children; emphasis is shifting to treating the entire child and every aspect of the child's life. Clinics and schools are working together with families to understand children and their problems from a milieu (Fenichel 1953; Knoblock, 1983) perspective.

An important development in the treatment of disturbed children came on November 29, 1975 (Federal file, 1975) under President Ford. Public Law 94-142, the Education for All Handicapped Children Act, was passed by the United States Congress. The purpose was fourfold. First and foremost, it was the first historical guarantee that special education programs would be provided to disturbed children who needed them. Second, it assured a structure of fairness and appropriateness to the programs specifically designed for such children. Third, there were clear managerial and auditing requirements and procedures regarding special education at all levels of government. Fourth, the government agreed to financially assist state and local efforts through the use of federal funds.
Although it was first passed back in the 1970s, this widely recognized law is still having an impact on the emphasis placed on the treatment of disturbed children today. Therapists and teachers alike have been working together more closely. Rather than separating children from their peers in separate daytime classrooms, programs have been introduced within regular classrooms in an effort to mainstream disturbed children. The results have had particular significance for music therapists. The primary introduction of many mainstream programs took place in the music and art classes. Two articles (Roskam, 1976; Jellison, 1979) reflect the significance of music and acknowledge its use as a powerful treatment tool, in and of itself. This was an important step in the growth of the field. Music therapy in the treatment of emotionally handicapped children and adolescents gained recognition through its inception as a predominantly mainstream activity.

Today, although city legislatures have not officially slated music therapy as a mandated treatment service, more and more special education sites are seeking music therapists. Many state hospitals and clinics have developed music therapy positions.
Definition

There are a variety of definitions throughout the various psychological disciplines that seek to define emotional disturbance. In general, the way the literature classifies the severity of an emotional disturbance in childhood or adolescence seems to be based on a behavioral disturbance of enough severity to render the affected child unable to function in the regular classroom (Wood, Buescher, & Denison, 1980; Knoblock, 1983). Average or superior intellect, yet an inability to learn or maintain satisfactory interpersonal relationships with peers often accompanies the disturbed child. She may over react to the slightest amount of stress or even develop psychosomatic symptoms as reaction to tension. Depression and a "disenchantment with living" (Haree & Lamb, 1986, p. 88) may be typical in the case of the emotionally disturbed child.

The third, revised, Diagnostic and Statistical Manual (1990) defines emotional disturbance as a disorder of: organic mental syndromes, substance abuse, mood or anxiety, sexual or sleep, somatoform, personality or disassociative functioning. The DSM III-R makes a qualification between those children who are psychologically, physically or sexually abused and whose problems warrant a primary diagnosis of a mental disorder as opposed to those children whose behavior do
not warrant any diagnosis. In the latter case, the problem is coded as a "parent-child problem," "childhood or antisocial behavior," or "other specified family circumstances" (p. 28) and it may be seen as a temporary circumstance.

Emotional disturbances are the result of disorders evidenced in infancy, childhood or adolescence. This study will refer to emotional disturbance as the result of any of the above disorders.

Music Therapy Assessment

Although there is evidence of increasing interest in the field of music therapy assessment (Bruscia, 1987; Goodman, 1989; Ansdell, 1991), there is not a great deal of published information available regarding music therapy assessment used specifically with emotionally disturbed children.

Connie Isenberg-Grzed (1988), in her article about music therapy assessment, found that the recent growth of general assessment tools in the field could be in part due to the present day need to affirm the professionalism of the field of music therapy. Robbins (1985) and Rudd (1980) have also noted the need for clinical assessment which would be from a creative arts or music therapy perspective, respectively. In the 70s, Cohen, Averbach, and Katz (1978) emphasized the
need for an assessment tool that would focus on the exclusive aspects of music.

A review of the literature in the discipline of music therapy assessment with emotionally disturbed children offers a variety of traditional philosophies and tools. Cattell and Saunders (1954) equated aspects of the personality with descriptive associations in the music. The fantasies and themes that emerged from music served as a basis for assessing problems with disturbed children. Crocker (1955) used music listening to music as a projective technique. Paul Nordoff and Clive Robbins (1977) introduced an innovative approach to the assessment of disturbed children, by focusing on the musical relationship between the child and the therapist. They were pioneers in developing the premise that communication could be assessed and worked with through the improvisatory use of music itself. At the crux of this assessment method is the process of the therapist reaching the "music child." The notion that a sensitivity or venerability to music is inborn in all children took the development of music therapy assessment with disturbed children to a new level of understanding. The work that followed the Nordoff-Robbins scales seemed to have a shift in focus. Musical improvisation, and in particular, the aspects
of music within the psychotherapeutic relationship have been taken more seriously in diagnosing and assessing aspects of the personality because the Nordoff-Robbins scales (1977) were developed.

Included in the clinical literature of disturbed children is Heimlich's (1975) Auditory Motor Percussion Test and Gibbons's (1983) rhythmic imitation assessment. Clearly, there has been a general focus on the neurological implications of rhythmical beating.

Kenneth Bruscia (1987) extensively studied music therapy improvisational models of practice. On viewing thirteen models of improvisational assessment, he described fourteen "areas of assessment data" that he found to be the "kinds of information usually sought" in improvisational music therapy. They included: background information, motivation, preferences, motor control, intentionality, musical organization, expressive range and variability, use of media and instruments, musical reception, expression of feelings, congruence, body language, awareness and interactions (p. 523).

The foundation of Bruscia's (1987) own assessment work, stemming from a combined approach with Riordan in 1972, analyzes experimental improvisations in terms of three polarized axes which include selfness/otherness, fusion/differentiation and stability/change (p. 205).
Hollander and Juhrs (1974) found investment to be an overriding concern in assessment and in particular in the child's ability to relate to himself and others through musical instruments. Goodman (1989), in an effort to stimulate clinical thinking devised an assessment tool for use with emotionally disturbed children. In her presentation, she included a check list based on the work of past clinicians. She used a natural response choice list, influenced by Parry and Chadwick (1972), and a musical responsiveness list, influenced by Nordoff and Robbins (1971), which included control of rhythm. Goodman also viewed control of dynamic, articulation, tone quality, melodic line, steadiness of pulse, physical disposition of instrument and appropriateness of expressive quality. She studied verbal associations before, during and after musical experiences.

The various developments cited above about music therapy assessment of emotionally disturbed children seem to focus on the child, the therapist, and domains of clinical importance that have emerged from the musical relationship. I see the research as still in process with a subtle underlying question. Are we ready to create a tool for this population, encompassing specific domains of assessment based on what we have already learned, as Goodman seems to have
presented so concisely? Or, do we take a broader position in a perspective of personal identity as Isenberg-Grzeda (1988) recommended? She proposed that the assessment protocol be therapist-determined. The basis of this would be, in her eyes, dependent on the therapist's relationship with music, philosophical stance, population and site requirements (p. 161). Isenberg-Grzeda reminds us that "we must decide what it is that we wish to understand" (p. 165).

I see the area of music therapy assessment in emotional disturbance still lacking a language of its own. The musical terms that were included in many of the assessments I collected and studied seemed to describe the clinical process in standardized, general music terms rather than in a language that has been generated from the client-therapist creative use of sound. Carolyn Kenny (1987), in a panel study of a music therapy assessment session, began reporting the results of her research with a self hermeneutic. On identification of seven new and innovative elements of play that were unique to the field of music therapy, Kenny concluded her work by suggesting she felt it was still too early for the field of music therapy to create any kind of standardized assessment (p. 184). She recommended prolonged qualitative study that would encompass greater focus on the intuitive domain.
The Hermeneutic Arc

Qualitative research methods involve the description of phenomena and events in an attempt to understand and explain them. On searching several data bases including ERIC, dissertation abstracts, sociological abstracts and social-sci searches, I could not identify any qualitative studies that used qualitative research methods studying music therapy assessment with emotionally disturbed children. Aigen suggested that music therapists create new research paradigms (1991). These paradigms which enable the essences to emerge from clinical data, has inspired me to use a hermeneutic methodology for this assessment study.

The researcher-as-instrument method has prompted me to actively identify biases within my own use of language and meaning. I learned to work with this realization and such foresight has made this research process feel credible. As Margot Ely (1991) wrote:

When the researcher gets right to it, it is an awesome, even frightening responsibility to bow to the fact that 'self-as-instrument' inevitably means that one must create ongoing meaning out of the evolving and evolved data, since raw data alone have little value (p. 86).

Nagler (1993), Gonzalez (1992), and Forinash (1990) offer encouraging examples of qualitative
studies that result in the emergence of new and insightful clinical understanding and language. These studies provided the field of music therapy with new ways of understanding the clinical process and specifically how powerfully the experience can come across, even as it becomes translated through words.

To consider the essential task of hermeneutics is to seek the role that a text takes in the understanding of an event. Gadamer (1986) taught us that language:

. . . preserves, transmits and carries tradition along. Language is not only an object in our hands, it is the reservoir of tradition and the medium in and through which we exist and perceive our world. One's belonging to a tradition is only uncovered through the interpretation of signs, words, and texts that embody cultural heritage (p. 123).

Ricoeur (1992) takes this notion further in viewing the spoken word as including the speaker's conscious intent. He emphasizes that while the act of a discussion involves the overlapping of the speaking subject and the meaning of the discourse, in writing this does not occur. It is a temporal distancing. Ricoeur warns us:

This dissociation of the verbal meaning of the text and the mental intention is what is really at stake in the inscription of discourse (p. 165).
For me, these implications have frequently seemed to have a negative impact on the service and treatment of human beings. Diagnoses, tests, summaries and intakes notated as written interpretations dance by the desks of countless practitioners who interpret, reinterpret and in turn may rewrite another set of labels for yet another clinician at another site to read and interpret. In working in a field such as music psychotherapy, in which understanding the internal human process is a major objective, I see the need for a deeper level of consciousness and cautiousness about how we interpret and represent the clinical experience. The words we write are affecting the fate and ultimate living conditions of other human beings. Honey (1987) captures the essence of the hermeneutic task when she reminds the reader what is ultimately interpreted is what the text says, not what the author intends.
CHAPTER III

METHOD

Rationale

Working within a symbolic realm such as music therapy, it has become increasingly important to understand the many ways in which the symbol, the music becomes translated into words. Such understanding becomes especially potent in the first session, where there are no preconceived notions about a client. At the onset, it is the therapist, the client, and the instruments. Everything is new. There is an open field for exploration.

The way in which the therapist notates the experience becomes extremely important at assessment time. Too often, the clinicians and educators within any given institution, school, or clinical setting will read only the assessment and closing report. In most circumstances, a written chart report is sent to a new site before the client. The implications of this led me to appreciate the importance and value of the hermeneutic research in music therapy. With an emphasis on interpretation, the hermeneutic method has
provided me with a means of processing the way an artistic experience is thought about. The final outcome of such processing lies within the words clinicians use to describe the experience.

In this research, receiving the written assessment reports first enabled me to categorize each descriptive statement made by the panelists. I was then able to refer to the videotape repeatedly to watch and rewatch cited domains in an effort to understand how the observations were processed and perceived. I noted themes that reappeared. I raised questions about domains of contrast. Finally, I drew inferences about the ways in which it seemed apparent that these five panelists (clinicians) were processing what they had learned from watching the tape. I wanted to know what they were looking for, and, how, what they were looking for was assigned meaning/words. By taking my categorized understandings from my first level of data analysis (hermeneutic analysis of text), back to the panelists for the second level of analysis (member checking and interviewing) I was able to ascribe to new meanings and to confirm or delete old meanings. In addition, many new understandings developed. This was especially the case as the panelists' rewatched instances that they had referred to in their initial written reports through the created excerpt tapes
presented at the interviews. In every situation, the video excerpts enriched the processing of meaning assigned during the interviews. The five panelists' original written assessment reports can be found in Appendix B.

The purpose of this study was to gain insight about music therapy assessment from the practicing clinician's frame of reference. As Aigen (1993) states:

Clinical research is not something that must be performed apart from treatment but is contained in our activity as clinicians (p. 1).

Five clinicians (as panelists) were given the same video tape of an assessment session. They were each asked to write up an assessment report in the manner and format that they were accustomed to. I chose to keep the actual assessment session constant for many reasons.

First, I was interested in viewing the similarities and differences among the perceptions and definitions that the clinician represented in their own language through writing. By perception, I mean defining how a clinician thinks about an event they have just viewed. By definition, I mean the meaning or terminology that is ascribed to that particular event. In using the same videotaped session, I felt that
similar and varying perceptions and definitions would be broadened and refined in terms of how they were representative of a music psychotherapeutic perspective in the field. Had I chosen to use several varying assessment session tapes, there have been no common reference point to which the assigned meanings could have been compared and contrasted.

Ideally, I would have requested that the five panelists create a video taped assessment session of the same child using their own assessment procedure or process. It became evident that the same child would be affected and altered by each of the assessment sessions. This would hinder the authenticity of the assessment situation and ethically speaking might not have worked therapeutically to serve the needs of the child.

A second reason that I chose to keep the actual assessment session constant is that I was most interested in studying the way in which meaning is ascribed. Because there are so few commonly used music therapy assessment tools, it seems necessary to collect more information about how therapists process the music and more specifically, the way music manifests itself in the psychotherapeutic context, at the beginning of therapy. I was interested in learning about how each panelist translated the same experience. Had the
panelists participated in the assessment session, their perception of the child would have been altered due to their interactive involvement in the assessment process. Their feelings about themselves in watching the tape, as well as their feelings about the child on the interaction, would have altered the way in which they perceived the child. By keeping the panelists out of the doing phase of assessment, I hoped they would feel free to perceive without self scrutiny or judgment. They were not tied to their usual rationales. This study was not about assessment procedures but assessment process. I realize that most often in the music therapist's daily practice, procedures are, in fact, tied to process. For the purposes of seeking to fully investigate how meaning is assigned to an experience through language that is represented by text, I chose to have the panelists step back and watch an assessment experience that they were not familiar with. Because the panelists were not tied to their own particular method of assessing, they were free to interpret an unfamiliar assessor and assessment situation. They were not given my assessment Areas of Inquiry (Appendix C), only the session itself, on video tape.
Definition

As messenger to the Greek gods, Hermes was constantly interpreting. I believe that one of the vast beauties of the human condition is to realize that our ways of interpreting experiences are variable and ever changing. It is our language that allows us a means of defining and processing what occurs in an experience. The text further refines this and makes our thoughts prone to permanence. Hermeneutics has become a means of investigating interpretation and its link to understanding. Addison (1989) has defined two of the key elements of the hermeneutic method as:

1. the circular relationship between understanding and interpretation,
2. the importance of background context in interpreting actions (p. 4).

Packer (1989), too, looks at the relationship between interpretation and understanding:

... the manner in which a researcher's preliminary understanding of a text or a text-analog provide an essential, but corrigible, access to it and a starting place for interpretation (p. 5).

Many hermeneutic researchers have portrayed the image of a circle as likened to a hermeneutic investigation. The circularity is considered essential as in order to truly and deeply understand the meaning of a text involves what hermeneutic theorists call
projection. This varies from traditional methods of research in which the scientist strives to remain unbiased. Heidegger confirms (in Packer & Addison, 1989) that when the essential circle is fully drawn there is assimilation and accommodation.

If we are preserving and open, our attention will be drawn to the preserving character of our understanding and, in the backward arc, the movement, the movement of return—we gain an increased appreciation of what the fore-structure involves, and where it might best be changed (p. 34).

I began this research struggling for a format. I knew I wanted to study assessment, but I wasn't quite sure about the most useful way to set it forth. As I began to broaden my understanding of qualitative methodology and I started to read the works of Dilthey (1976), Gadamer (1975) and Ricoeur (1992), the hermeneutic process made a great deal of sense to me. It served as a catalyst for me to begin thinking, talking and reading about speech, discourse, text, and the acts of writing, playing, and translating. Music, symbol, and metaphor all play a critical role in understanding meaning. The hermeneutic method has enabled me to blend my strong foundation in personal construct theory (Kelly, 1955) with my respect for the written word and passion for music therapy assessment. It gave me permission to try and 'jump into people's
minds' in an effort to learn about how they were perceiving the music psychotherapeutic aspects in the assessment of a young boy.

The Research Preparation

Because hermeneutics involves reflectively explicating the assumptions, prejudices, or understandings in which we already live (Packer & Addison, 1989), I chose to work from a videotaped assessment session of my own work. In this way, I could be extremely involved and clear about what the assessment session had meant to me before analyzing the data from five other music therapists.

Preparation for the research involved finding an emotionally handicapped child who would be willing, and whose parents would be willing, to participate in the study. Initially, I contacted verbal clinicians I knew formally and informally, asking if they knew of an emotionally handicapped child or adolescent that might be interested (or whose parents might be interested) in being part of a music therapy assessment project.

I purposefully chose to contact verbal clinicians. I wanted to work with a child who was new to a music therapy assessment experience. In this way, the process would not be a presentation of something learned or fixed from a past music therapy experience.
I felt that the richest data would come from a new and unique experience.  

I selected the first available child named Bobby after receiving several phone calls. Bobby (name changed) was referred to me through a colleague whom had been seeing him in verbal psychotherapy at a psychiatric hospital for several months. I made arrangements with Bobby's mother to do a fifty-minute music therapy assessment session. I informed her that a panel of five music therapists would be involved in the study and that they would be watching the session video prior to writing and evaluating Bobby for the purposes of my research. She agreed and signed the consent form the following week (Appendix D). The individual boy of seven years that was the special source of data for this research project attended a special education site for emotionally disturbed children.  

Due to the open ended inquiry of the assessment method implemented in this research, no further information is known about the diagnosis of the child studied. To offer a diagnosis prior to the assessment study might have quantified the vast number of observations that may not have emerged, had the study participants been associating an assumed diagnosis to the unknown child. As tempting as it may have been to
learn of the child's diagnosis, and as much as knowing such may have told us a great deal about the nature of his problems, it is my firm belief that a pre-set diagnosis would have skewed the panel and me as well, to formulating pre-conceived, historical thoughts tied to the labels or diagnoses rather than to the child. Because the point of this study was to gain insight into the mental processes of how clinicians assign meaning, offering a pre-conceived term might have limited their associations or way of thinking about the domains of musical assessment that would be important to them. As I write this dissertation, the only information I know about Bobby is that he was diagnosed as emotionally handicapped and that he was seven years old at the time that I did the assessment.

The fact that I chose to study an emotionally handicapped child, which is representative of my population of expertise, is supported by Guba and Lincoln (1985) who suggest purposive sampling (p. 199) and Glaser and Strauss (1967) who suggest theoretical sampling (p. 48). These authors have written about the importance of research being context dependent and "inclined towards methods that are extensions of normal human activities" (Guba & Lincoln, 1985, p. 199).

Bobby's mother was willing and interested to have Bobby participate in the session. As I explained the
research design to her, she seemed eager to learn more about her son. I promised her a copy of the video and the completed study. I also let her know that as part of the assessment session, Bobby and I would be creating a tape that he would be taking home with him. Through several phone conversations, I made her well aware of the fact that my music therapy assessment would be an open ended experience for Bobby. I assured her that he would have the opportunity to create sounds on musical instruments that he may have never played before. In this way, it was clear to her that the experience would be new and perhaps interesting to Bobby. I would not be pressuring him to do or play anything that he would feel uncomfortable with. An ice cream treat was promised on completion of the session.

I chose a panel of five prominent music therapists who had been working psychotherapeutically with emotionally handicapped children or adolescents for ten years or more to be a part of the study. I was selective in my choice of panelists. I had seen four of them present papers at conferences or workshops at different times throughout the past ten years. The fifth panelist had written a paper with which I was familiar. Each of these clinicians considered their work to be of a psychotherapeutic orientation. In addition, each clinician is well known in the field of
music therapy for a distinguishing, innovative way of practicing. Five was a manageable number. Lofland & Lofland (1984) suggest that a few samples within a qualitative study provide the researcher with a rich basis that allows the analysis to be accurate and insightful.

I informed the panelists that their names would be kept out of the study because I wanted them to feel creative and free to write and say what they felt, even if it was a hunch, based solely on intuition. In the interview stage, I wanted them to free associate and create a flow of language.

On their agreement to participate in the study, I told the panel that they would receive a fifty-minute music therapy assessment session video of a first meeting with an emotionally handicapped seven-year-old, that I knew nothing else about. I requested that they write up an assessment in the manner they were accustomed to, as best they could without actually having done the assessment session themselves. Each panelist agreed and signed the consent form (Appendix E). Each viewed the tape and sent it back with a written assessment report. One of the panelists commented during this process that it was strange to be writing from outside of the session and a second panelist said that she had a difficult time focusing on
the child. Rather, she was drawn to me and was perpetually thinking about how she might have done things differently had she been the assessor.

I encouraged both of these participants to create a section separate from the assessment of Bobby, that would include their reactions to what I was doing, as part of the study. The five panelists mailed me their assessment reports at different times. (Appendix B) The five 90 minute interviews took place between October, 1992 and June 1993.

My Way of Assessing

In first learning about a child, I try to listen and follow any lead or direction offered during our initial assessment time together. The structure I provide takes place at the beginning and end of the session. I begin with a warm-up time, in which I offer a song of greeting and provide the child with a tension release (shaker type) instrument, such as a tambourine or maraca. Most often, I briefly demonstrate how to play instruments in what I call a "tour of the room" time. I then, let the child know that "the room is yours to do as you choose." The bulk of the session is spent taking cues from the child as I seek to learn about her and what it is that she seeks to create. I
end with a good-bye, closure song in which I usually will reflect through song, any activities or music themes that the child has created during our time together. I will encourage the child to do the same.

At times, near the end of a session, before singing good-bye, I have encouraged children to create audio tapes. This activity provides them with a concrete invitation to create something, listen back to it, reflect on the process, while the therapist is present. Taking the created tape home provides the child with a remembrance or a symbol of impetus to create something further at another time.

Although I believe the format of an assessment session takes a unique shape according to the music and creative energy of the client, I do have domains of inquiry that I keep in the back of my mind as I formulate my impressions. I use my Assessment Areas of Inquiry (Appendix C) primarily in the report writing phase of the assessment process.

**Bobby's Assessment Session**

A complete transcript of Bobby's assessment session can be found in Appendix F. The actual assessment video tape can be made available to interested readers on contacting the researcher.
Bobby's mother has granted permission for access to the video tape.

In preparation for the actual assessment session with Bobby, I placed a wide variety of instruments in various places around a carpeted, bare walled music therapy room. Although some of the instruments were out and easily seen, other instruments were in cabinets. The piano, guitar, resonator bells, chimes, framed wood blocks, wooden whistles, horns and drums were in sight. The gato drum, a metal xylophone, maracas, puppets, cabasa, wooden xylophone, tambourines and hand drums were placed in cabinets around the room. Two chairs, one with a tambourine, were set face to face in the center of the room.

Warm-up

I greeted Bobby in the waiting area and led him to the music therapy room. He entered the room with a small ball in his hands. I invited him to sit down and as I sat down across from him, I thanked him for coming and told him that he would be part of my study. I let him know that I was studying about "how kids play music." As I began to strum a G, C, D chord progression on my guitar, I talked to Bobby about what we'd be doing. I let him know that we'd first be warming up and that then he'd be given the opportunity
to explore the instruments in the room. I invited him to put his ball down and offered him the tambourine. As we played together, I sang my hello song, introducing myself by name to Bobby (name changed). We played freely for several minutes after the hello song and then we came to a mutual ritard as we ended together.

I let Bobby know that I would be giving him a tour of the room and that following the tour, the room would be his to do whatever he chose to do. I asked him if he was finished playing the tambourine. He said "no" and eagerly began to shake the tambourine as he announced that he wanted to sing "The Wheels on the Bus." He sang a bit by himself and at other moments, I joined in. There were several times that he forgot phrases of words. Bobby would say at these junctures: "I keep forgetting . . ." In general, he would make slight diminuendos at the ends of his phrases. His voice timbre was rather thin and soft. As he seemed to become more comfortable, he created his own verses. He remarked that when he gets on the bus he "screams." Yet, he quickly took this back by denying it. Instead, he said he "sits quietly by the window." I reflected this by creating a verse with his words and singing it to him. We talked for a minute about his bus ride. When asked the color of his bus, he said it was the
"same color as all of the other buses." Bobby spoke for a while about a "power wheel," saying that he was too big for it. On finishing the song, I encouraged Bobby to stay in his seat while I quickly went around the room demonstrating most of the instruments by playing and naming them briefly. As I made the sounds, I let him know what each instrument was called. Bobby was wide eyed and excited to begin. Several times during my demonstration tour, he commented on what he was seeing and hearing. He said he'd seen the bells before. He asked how to blow the horns. Once my tour of the room was finished, I asked Bobby if he wanted to play the tambourine some more, or if he was ready to move on. After learning that he was finished with the tambourine, I decided to use the ball he had brought in as a transitional activity.

Activity

I created a game of five-pass-catch that I equated with structuring his first choice of instruments. I looked at the ball that he had brought into the session as a transitional object. I wondered if perhaps Bobby had had a difficult time separating from his mother, because he had needed to carry the ball in with him. I wanted to show him that I respected his need to bring the ball in. After throwing it once, Bobby commented
that I had not demonstrated the piano. I quickly got up and touched several keys, saying that he could choose to play the piano.

Bobby then re-set the game of five pass catch, but added that we would play it to "see who would go first." He played "eenie-meenie-minee-moe" and won. So he then went first in throwing the ball. We counted five throws. The fifth throw landed in Bobby's hands. He decided that he wanted to begin with the horns.

**Exploration of Instruments**

The remainder of the session was open ended in that Bobby was free to move around and play any of the instruments that he chose to. I sought to create themes from the music and playful improvisations that he offered both in and out of the music.

At the horns, Bobby asked if they could break easily. He invited me to play with him and sought to play louder than me. He used a good amount of sustained air in blowing the horns. He talked about the size of the whistles and then after playing three high g's and two high c's (the tones of the whistles), he began to make associations; Popeye, and then a lady screaming. He said she was screaming for help. I moved to the piano playing an double octave C, C#, D,
C# riff repeatedly while singing about the screaming lady, encouraging him to give a reason for her screaming. He said, "a lion got her." He mentioned bones and how the lion sucked on her bones. Soon he moved away from developing this story to telling "The Three Little Pigs." He told it quickly, recalling the plot accurately. He rubbed his head as he spoke and avoided singing in the harmonic key of G, (with G, C, D, low G melodies) that I had set up.

He moved to the temple blocks and played them briefly in a slow (met. 80), quarter note, 4/4 meter, of one measure saying "someone's gonna bop 'em on the head." He then moved to the chimes saying "this one's gonna get hurt." He counted each chime several times while pointing to them with a drum stick. He said that he "knocked them out" and then he sprayed them with "sleepy spray." Soon, he woke the chimes up saying "they're not gonna remember what happened."

Bobby moved to the drums and played them for several beats. He associated a "giant noise" with its timbre quality and set up a scene of a giant crushing buildings. He accepted my invitation to be the giant and continued by making "K-K-K-K" vocal sounds for the crushing the buildings. He instructed me to listen for ten beats and then fall down which I did. He assigned himself to certain instruments that he would play for
my walking, falling down and then waking up. The chimes were the wake up instrument.

As I awoke in the giant role, I sang to him, asking him (in the tone of his drum) to help me figure out why I (the giant) had crushed the buildings. I sang "Why did I crush the buildings? Why did I crush the buildings, Bobby?" (the notes were Do, low So, So, Do, Re, Mi, Mi, rest, rest) to the rhythm of the vocalization theme of the song. Bobby's response was verbal and soft but on a tone, though a tone in speech: "you lost your family--you pushed your mother, daddy, and sister in the water cause you were mad at them cause you was hungry." I sang these ideas and played the drum using the same created theme. Bobby noted that I had not pushed my two brothers in the water. I sang his created story back to him as we played the drum together.

The next thing Bobby pretended to create was food. When he said "and there goes food," his talking voice blended into a high octave resolution tone on the word food, which he was almost singing, though he was not aware of this at the time. He set up the temple blocks to be a cash register and encouraged me to shop. He gave me some food for free because I didn't "have enough money" and because I "was nice." There were short moments of musical activity. But at this point,
he was most interested in my playing in his created scene of shopping. As I pretended to shop, I created a melody at the resonator bells which he cadenced several times with the tone of his speaking voice.

After shopping and pretending to put away our food, Bobby instructed me to go again and look for my family. He said they were under water. He instructed me to be afraid. This time the entire family was under water.

Seated at the drum, Bobby created the character called "Mr. Owl." He beat the drum rather harshly to direct my swimming excursion. He mentioned my seeing my mother and father that were "all bones" and motioned me to swim away fast. He also cued me to play the piano continuously and fast. I played in A minor and created high octave, triplet and sixteenth note phrases and sequences of patterns that began to resolve to D major as I sang about swimming away from a shark that Bobby had introduced into the scene. He let me know in a quiet voice that it was headed towards me. As I tried to swim away, he informed me that when he would cue me with the cymbal, that would mean that my character, Mr. Owl was out of the water. Bobby encouraged me to land safely, but once I expressed that safety, he came away from the drum set and grabbing a turtle puppet from under the table, began to chase me.
Bobby informed me that, Mr. Turtle (his character) was hungry. He chased and chased me as I beat a talking African drum fast and sang "oh, no" in a dramatic, operatic style. He then caught me and pretended to eat me until I was "all bones." I played three bones and sang about being "just three bones." to the tones of Re, Me, Do (half note). Once he had eaten me all up, Bobby made the turtle "eat himself up." He played rhythmically on the resonator bells. He created the three bone theme in a similar way that I had. He then indicated that the story was over.

Closure

I let Bobby know that we could create a tape of whatever he would choose to play. He chose the wooden xylophone and said "I'm gonna play ABC." Bobby asked to count to one hundred. I told him we'd do that at the end of the session. As we audio taped, I candidly asked Bobby what we had done in music. He mentioned the giant game. He remembered the ball game and singing "The Wheels on the Bus." He mentioned liking the giant game the best and specifically recalled the part in which he'd pushed his mother into the water. There was nothing that Bobby could think of when asked what he hadn't liked doing. He reminded me again about counting to one hundred. Bobby played the xylophone
while I sang the ABC song. We then switched, he sang while I played the xylophone. As we listened back to our music, he reminded me again about counting to one hundred. A few times Bobby forgot the letters in the ABC's but was not flustered by "messing up" when we listened back to the tape. He said it sounded "nice" and that it was "funny" to hear himself forget.

Before leaving, I asked if there was any instrument that he hadn't tried that he would have liked to play. He pointed to the piano. As I encouraged him to go try it, he said he was "gonna make a sloppy sound." Kinesthetically, he began to explore the keyboard playing note clusters with his hands, arms and fists. He allowed me to play with him. He said "I like doing this. I like to play messy." He explored the entire range of the keyboard and used varying styles of attack. At times he'd play heavy with his entire hands. At other times, he'd focus on the melody and use one finger. Eventually, I began to sing good-bye. I sang "thank you" and mentioned through song, the activities that he had recalled (for the tape). He counted to one hundred and needed several prompts to remember which tens number came next, i.e. seventy, eighty . . . I continued to play octaves on every five notes to try and help him progressively
organize the numbers. He left happily and took his tape with him.

The assessment session was videotaped by a colleague. I am aware and do find need to mention at this juncture, Shaughnessy and Zechmeister's (1985) important notion that the act of filming an event can bias data. They note that the proximity of where the camera is pointed in order to record a picture, portrays a certain slant on the research material that could be contaminating to a study. I asked my colleague prior to the filming that she try to focus on Bobby. She was aware of the fact that five panelists would be writing an assessment about him through viewing the videotape.

Immediately after the assessment session I processed what had occurred both formally and informally. I started a personal process log and began writing my feelings about Bobby and the effect he had had on me. Several days later, I watched the tape many, many times and made a written transcript of the verbal/singing that occurred in the session.

I brought the tape to my own supervision, where my advisor and I critiqued and analyzed the process. I noted the strengths and weaknesses of my interactions with Bobby. I looked at places in which Bobby was strongly reacting to me. In supervision, I compli-
mented myself on the things I had done well and forgave myself for the things I did less than well. Most of all, I mentally and spiritually prepared myself for the scrutiny of others. I knew that five therapists (panel) would be viewing the tape in order to write about Bobby. I also knew that in looking at Bobby, they would also be looking at me. I wanted to be mentally and emotionally clear about what had transpired between Bobby and me from my own perspective. This would allow me to be open and free to understand, explore, and develop a framework of five panelists' interpretations and perspectives that were bound to be different from my own.

After watching the video tape many more times, I created a video log. Each event in the tape was indexed and given a log number. I knew that this would serve useful for future work. The log would allow me to refer to events in the assessment sessions that panelists would make reference to. I wrote an assessment in the manner that I am accustomed to. I then logged it in the back of my notebook and mind. After a two week vacation, and two additional weeks of other clinical work, I returned to the project, only this time to study the thoughts of my panelists.
Level 1: Hermeneutic Analysis of the Text Working from the Written Assessment Reports

Aside from the phone call agreement and signed consent form, the initial primary contact with each panelist was receiving their written assessment of Bobby (Appendix B). The first crucial level of understanding a text is the reader's ability to interpret what they think the words mean. In hermeneutic inquiry, this has come to be known as appropriation. Coined by Ricoeur (1982), appropriate means "to make ones own what was initially alien" (p. 185). Thompson (in Ricoeur, 1992) points out, that the act of appropriating doesn't involve merging the original intentions of the author with the reader's, but rather "to expand the conscious horizons of the reader by actualizing the meaning of the text" (p. 18).

On receiving the written assessment reports from each panelist, I appropriated the text on many levels. I organized each interpretive sentence into thematic categories that appeared to emerge within the text. After organizing the categories, I wrote my interpretations about what I thought the panelists had meant by significant terms they had used. In addition, the interpretations that were given a specific reference site were reframed and recorded onto an
excerpt tape designed specifically for each panelist's interview that would follow. I watched the excerpt tapes many times and connected the cited experiences to the panelists' textual themes in order to develop greater understanding about how they made their interpretations. I sought to learn the basis of how meaning was assigned to the experience.

On organizing and reorganizing the categories several times, as well as referencing the excerpt tapes, I noted categories of similarity and areas of difference that emerged from the way I was appropriating the text. I noted the categories, seeking qualifiers which were also labeled. In addition, I had four members of my music therapy doctoral support group analyze the assessments in their own ways. I noted the overlapping similarities and differences within each assessment report prior to presenting my own interpretations with explanations of how I came to understand each category, to my doctoral study group. As Guba suggested (1990) the support group was invaluable in helping me choose what I "can" or "must" study.

Finally, I prepared for the interview by listing general question categories and specific definitions and themes that seemed to threadline the written reports. Ethnographer and qualitative researcher,
Margot Ely (1991, p. 150) refers to a theme as "a statement of meaning that runs through all or most" of the written material. She also suggests that we view the themes "in minority that carry heavy emotional impact."

Level 2: Member Checking & Interviewing

The five panelists were offered a choice of a convenient place for the interview to take place with one exception. I did not want to interview them at their place of work. As Guba (1981) recommended, it is important that the interviewee feel relaxed and free to communicate.

Seidman (1991) gives a full description of the benefits of recording a research interview. He includes: improving future interviewing skills, preservation of the data, accountability to the data and assurance for the interviewees that their words will not be misconstrued as major reasons for taping.

It turned out to be vital that I used two tape recorders for audio recording the interviews. In one case, while transcribing the interview tape, the cassette broke. In another case, I could not understand certain portions of the interview due to the panelist's heavy accent. What one recorder could not
pick up, the other recorder did. I was saved by making two recordings and by setting them at separate sides of the panelist. The 90 minute audiotaped interview that followed the analysis of the written assessment report involved two important aspects. The first, was the encouragement of open ended thoughts, stories and conversations about music therapy assessment. Supported by various hermeneutic and qualitative researchers (Brown, Tappan, Gilligan, Miller & Argyris, 1989; Mishler, 1986) allowing the interview format to stay open at times, gave the interviewee the opportunity to control the introduction and flow of topics (Mishler, 1986) which was crucial to formulating the ways they thought about assessment in music therapy and its ultimate purpose.

A second way that I collected information within the interview was to ask specific questions that related to their written reports. The context, which the above researchers also recognize as central to the data gathering, was grounded by the excerpts that accompanied specific descriptions when applicable. Mishler states (1986):

The researcher must have some understanding of the context from which both the interview and interviewee have come, as well as the context of their encounter (p. 39).
Near the end of each of the five interviews, I member checked the categories I had developed from my understanding of the written assessment reports. Guba (1981) reminds us that member checking "whereby data and interpretations are continuously tested with members from which the data are solicited" (p. 85) makes a study more credible. I posed a direct statement before the member checking period of each interview:

I am going to read to you, now, the headings and sub-categories that emerged from the way I understood your written assessment report of Bobby. This should sound like the way you assess or include some of the strategies that you used to assign meaning to the video tape that you watched. If any of what I am about to say does not sound like (panelist's name), please stop me and we will omit it, change it or add to it. It is really important that I represent your work in the way that you would like it to be reflected.

An example of member checking illustrated by actual dialogue text from the transcript of an interview with Shelly was her expansion of the category called JOY.

Joanne: Okay, another category I have from your assessment is called JOY. The sub-categories come from your phrases: sweet smiles, pleasure, free or spontaneous laughter, little to no joy in his singing, pleasure exhibited, capacity for joy, response to pleasure, gave directions that he enjoyed seeing you carry out, lack of joyful exploration, joy in "doing."

Shelly: You know now that I see this again, (referring to excerpt) I do see joy in the last
improvisation, but overall . . . we did see some of it but it was still very inhibited. Overall, in the fifty minutes, it took him forty five minutes to get to this.

Joanne: So in this category, for you, I noted one phrase that read, "music purely for the joy of music making . . ."

Shelly: Well, joy really shows in the sounds that they make. In the way that they look when they do it. Their affect, their face, I mean there's joy in playing even sorrowful stuff. There's a feeling of, even if it's not happy joy. I'm branching out here--there's that kind of enthusiasm, let me put it that way.

Joanne: So joy is enthusiasm and a response to their own sound?

Shelly: Yeah, it's like getting their hands in the mud and enjoying that feel. Getting in there and doing it and loving it. It's not necessarily happy but it just feels so good to do. I would say that that's what I mean by joy. It feels so good to do. Like one kid that I had was so depressed. She loved to sing the same sad song over and over again. The music was depressing as hell, but you know, that she just felt so alive in her being able to express this sense, this feeling she had, um that it was almost joyful, do you know what I mean?

This example of member checking, enhanced the trustworthiness of the study. Shelly later said:

Shelly: It was stimulating to be interviewed. My thoughts about joy feel more concretized, you were good at clarifying.

It seemed that the panelists felt safer about their participation due to the member checking.

Researcher as Instrument and Data

Prior to working with the actual data transcriptions from each of the five interviews, I logged my feelings, opinions, beliefs and thoughts about the
interview itself. There were, for most of the interviews, feelings of respect and enlightenment about the interview itself and the dialogue that had taken place between myself and the panelists.

There were some issues that did arise for me about the way the panelists had perceived what I was doing in the assessment. For example, one panelist assumed that I had a customary list of tasks that I perform the same way for every child I see. Another panelist seemed to have feelings about my choice to follow Bobby in and out of his chosen activities regardless of any evolving musical coactivity. Before working with the data, I felt I needed to express and work through some of the feelings that came up for me. Only then was I clearly able to evaluate whether or not this material would be considered part of a core theme. Holding on or denying these instances, that did arouse unpleasurable tugs in me, may have resulted in important aspects of the data being overlooked. I have not been able to find readings that support this particular subject.

Barbara Hesser and the music psychotherapy program that she developed continually instills this practice. Barbara has implanted in her graduate faculty the importance of being aware of issues of counter-
transference as they emerge within the student-supervisor dyadic therapy training course at New York University. I see this as a necessary step in the use of qualitative studies that involve the tricky task of researcher as instrument and/or researcher as data model. It is my belief that any research design that involves interpretation of the researcher should include ample opportunity for ongoing processing. This best prepares the researcher for clarity, honesty and trustworthiness in the collecting and treatment of data.

Level 3: Analysis of the Interviews

The transcripts from the five, tape recorded, 90-minute interviews can be made available on contacting the researcher. I transcribed each 90 minute interview in its entirety. I agree with Briggs (1986) that it is important for a researcher to work with the whole. Seidman (1991), too, suggests that preselecting what is to be transcribed may lead to premature judgment about potent categories of research that could be otherwise overlooked.

There are a variety of terms that qualitative researchers have adapted in order to best advise their readers on how to organize interview material and
transcripts. Potter and Mulkay (1985) suggest that extracting and collecting together all passages dealing with specific topics. They then suggest that the data make consistent sense in that "each specific passage is compared with each other passage in relation to a given topic" (p. 248) Brown, Tappan, Gilligan, Miller & Argyris (1989) advise the researcher to enter the hermeneutic circle by "building an interpretation of the text that moves from the words on a page to the understanding of how" (p. 146). They suggest that there be an explanation of why and how one organizes or "frames" important text (p. 147). They suggest that the framework is presented by the narrator and illuminated by the reader.

I analyzed the data by first organizing the frames that occurred within each interview, that is, from the interview transcript itself. I then compared the interview data with the original assessment report. On completing the fifth interview, I crossed referenced the interview data and came up with categories of semantic agreement, categories of semantic difference and categories which I call specialty. The specialty categories were exclusive findings that evolved from each of the five interviews. They are representative of unique perceptions that each panelist came to formulate as part of the experience. Clearly, the
specialty categories represent sophisticated levels of thinking in music therapy assessment that the panelists and I crystallized together through the use of this method which involved both writing and freely discussing their ways of processing the assessment video.

Professor Umberto Eco (1979), in his study of semiotics, wrote extensively about the importance of understanding signs, language, and communicative interactions. He recommends that in the process of sign-function coding, we seek to justify "systems of attraction and repulsion" (p. 124). He creatively illustrates how these two systems are constantly at work as he asks the reader to imagine shaking an enormous box of marbles. The marbles, in his view, represent all of the varying cultural units in which different connections and affinities exist. The varying ways of organizing groups of things, or networks, that seem alike or different is the basis of the study of semiotics.

Establishing categories of semantic agreement and difference within the data analysis provided ample opportunity for me to examine what Eco calls the "possibility of interrelation." (p.124) There were domains that emerged from the data in which the panel collectively used the same signs or descriptions
within the text (assessment reports and interview transcripts) to describe a particular referent or area of assessment.

One example of this was the similar way that the panel spoke about structure. Whether it was a passing comment about a particular time that an event had taken place in the session (Time), a description of a child's ability to organize an ongoing pulse (Basic beat), or a request for the familiar (Boundary), structure became the semantic sign that linked together the common ways the panel sought to describe the organization of space. The space in the room, the space in the music and non-music relationship, and the space involved in the way a therapist chooses to run an assessment session.

In the same way, there were differences marked by the varying or contrasting signs or words used to describe similar referents. Singing in tune is one example of a similar referent that evoked contrasting conceptualizations. Pitch was thought of as a sense, a response, an inborn trait, and a melodic gestalt. What seemed like an area that at the onset would be clear to define, (i.e. in tune or out of tune) gradually led to the uncovering of a host of contradicting premises about what singing "in" pitch was or wasn't, and what singing in or out of tune could signify.

In addition to Eco's theory of semiotics, I found
the writings of Phillip Johnson-Laird (1988; 1983) useful in seeking to describe semantic categories of agreement and disagreement as based on a similar referent. His formal semantic orientation led him to consider language as representative of a mental model or construction. He dismissed traditional semantic concepts, such as decompositions and meaning postulates. In his eyes, these terms give no account of truth conditions. He wrote about the importance of illustrating how language relates to the world through the agency of the mind:

A mental model represents the 'reference' of a sentence—the particular state of affairs to which the sentence refers, but because the model can be revised as a result of subsequent information, it functions as a representative sample from the set of all possible models that might be constructed from the initial linguistic representation of the sentence. Hence, this linguistic representation captures the truth condition, or sense, of the sentence (p. 115).

In analyzing the assessment reports, as well as the interview transcripts, I found myself shifting referent headings often. Each new sentence offered new possibilities that changed the perception of the established conditions set prior. I worked hard to ensure that the final categories of semantic agreement and difference were true to the mental representations derived from the text and verbal discourse of the
panel. On organizing the interview data, triangulation did occur, in that I used two varying data sources (the initial assessment report and the data interview transcripts) within the same method (Patton, 1980).

There was a discrepant case. This can be defined as a "variation of the emerging rule that refines a construct" (Goetz & LeCompte, in Ely, 1991). Ronnie, who predominantly uses counter-transference in making her assessment, had a difficult time developing a written assessment report through merely viewing the videotape. Although several panelists did make mention of the fact that certain aspects of the design involved doing things differently from the way that they would have (see The Research Design, Chapter V), Ronnie from the onset, stated strongly that she would have preferred to do the assessment herself. She recommended that I use an assessment report that came out of her own assessment session. Ronnie uses what she describes to be counter-transference, as part of an assessment analysis within the clinical dynamic. Although Ronnie did send me a complete written assessment, this is a discrepant case analysis due to the fact that a major facet of the way she assesses, she claimed could not be included. Interestingly, Ronnie did make efforts to assess the counter-transference situations that she felt had an impact on the way I was interacting with
Bobby. This was a stretch, we both agreed, as she does not know me or my way of working. Yet, in undertaking this challenge, she did provide some rich data that illustrates some of the components Ronnie might look for in an assessment that would reflect counter-transference. An example of this, that explicates how she sees herself as crucial to the way she assesses can be found in the Hidden Treasures, Chapter IV section of this paper.
CHAPTER IV
THE FINDINGS

Introduction to the Findings

In grounding an orientation for the results of this study, I thought it would be useful to present a broad definition of music therapy assessment with emotionally handicapped children and/or adolescents. This is how I began each of the five interviews. Starting in this way served as a jumping off point which allowed each panelist the opportunity to go where he/she chose to. The first sub section of the findings will provide the reader with this data. In this beginning section, I will be quoting the panelists. Following the assessment definitions will be a summary of each panelist's preferred sequence of events and goals. By sequence of events, I am referring to how the panelists prefer to come to know a child. In inquiring about this area, I encouraged the panel to present their ideal way of learning about a child, stressing that their ideal might, in fact, be different from the way they are required to assess or screen a child, i.e. site restrictions, state regulations, etc.
On careful analysis of the written assessment reports and the written scripts transcribed from each panelist's interview, I noticed in the final cross analysis stage, in which I fleshed together each of the five data findings, that there were certain descript domains that did emerge as similar in all five panelists' descriptions. I decided to highlight these and will present the collective language of the panel members and illustrate how they assigned meaning to the categories of semantic agreement or similarity. This included a blending of verbatim texts as printed from the written reports, as well as summarized features of content spoken about in a prolific way or with frequency in the interviews and reports. Each semantically similar section will focus on the way in which the five languages seem related.

In the same vein, there were categories of noted difference that did appear to come forward from the data. Although these categories presented will be titled under one collective heading, the reader will understand what observations, perceptions, definitions and/or basic beliefs led the panelists to varying and in some cases, contrasting conclusions. The meaning ascribed to the categories of semantic difference is recognizably full of contradictions. The descriptions and varying ideas will be focused on directly.
Following the presentation of semantic agreement and difference within the categories, I will present unique ways that panelists came to see what they saw in the tape through the presentation of what I call specialty categories. These come from domains that are presented exclusively by each of the five panelists. This section will give the reader descriptive examples of how each panelist assigned meaning to something unique that the panelists noted from the assessment session. In the interest of being faithful to the language of each panelist, the presented quotations derived from the interviews have not been altered by the researcher. Therefore, the grammar of the quotes may not be presented in standard edited English. The reader should bear in mind that these quotes are taken from spoken conversation and therefore preserve the meaning and intention of the panelist speaking at the time.

I will conclude with a meta-analysis which provided an overview of what I have learned from the study. This will include reflections and observations that came from this process. I attempted to answer the question of what, if any, general mental processes are inferred in music therapy assessment.
Music Therapy Assessment Philosophy

Definition

I believe that the ultimate goal of assessment is to aid the clinician's ability to set forth a treatment plan which includes developing goals. Still, the experienced therapist enters an initial assessment session with a head full of beliefs and a consolidated way of working in the music therapy arena.

I learned about each panelist's preferred way to assess. Learning about how they each preferred to first come into knowing a child, gave me a clear picture of how each saw the role of music therapy in assessment in general. It also provided me with insights about how the panelists saw the modality of music therapy as fitting into the total treatment picture in terms of where, when, and how it is used. There were variations in the panelists' responses.

The goals that followed the sequence of events should be thought of as case examples. They were representative of each panelist's way of understanding Bobby. They were directly related to what each panelist perceived about Bobby in their viewing of our initial session. Because they were specific to the video tape, the reader should bear in mind that they are not complete. Only two of the five panelists;
Tilda and Ronnie, typically developed goals on one, initial session. The goals that Shelly, Ned, and Joyce developed should be understood more as probable hunches, than as goals, per se, because their way of assessing involved seeing Bobby more than once. The five panelists' original assessment reports, were based on viewing the 90 minute video taped session can be found in Appendix B.

Tilda: I would define music therapy assessment in terms of what you're looking for and the way you're trying to discover the child and the child's personality. And a lot of the information gotten comes not only through what they say but how they say it, how they use the room, how they play alone, how they play together with you and what's the interaction between you through the music? So, um really looking at the personality, you're looking at the social level, their ability to interact, to lead, their ability to follow, their ability to really have reciprocity between you as the evaluator, and them as the child.

Tilda preferred to do one initial assessment session before reading the chart or talking to other team members. After seeing a child one time, she develops a list of concerns. She then reads the chart and writes her own assessment report.

Tilda's recommendations for Bobby included: A neuropsychiatric evaluation to determine any organic problems and a psychosocial evaluation to determine family dynamics. Tilda's goals for individual music
therapy treatment included: To improve motor skills, to increase expression of emotions and to deal with issues of nurturance and abandonment. Tilda's future plans included activities that lead away from counting chimes or counting to 100. She encouraged kinesthetic musical experiences such as creating more "sloppy" songs.

Tilda felt that the images and musical stories were useful in that they allowed Bobby the opportunity to create a mess or a messy situation. Tilda felt that it was important for him to see that it's okay to create messy things and that nothing will happen as a result.

Ned: Well, I'll begin, but it's the kind of question, the answer to which will grow as we go on into it. To assess a child, I would really need to find out about his musicality. Not just because it's music per se but because I would find out the ways his intelligence manifested in music. His sensitivity to musical elements, whether he was melodic, more responsive to mood, more rhythmic, and I would listen to his voice when he sang. And as we got to know each other and interacted more, I would find out how free he was to continue expanding his responsiveness or if he may reach a point where he may need time out time to back off and stay out or whether he would come back in again. So I would pick up in musical terms something of the boy's intelligence, his, some of his cognitive abilities, ah, his love of music his vulnerability to music, the extent to which he could sustain a relationship. I would want to know really about how the boy registered across a broad range of behavior, sensitivity, skill . . .

Ned's preferred way to learn about a child was to briefly meet the parent/s to find out about how they perceived the child's personality. Questions for the
parent/s might include: What does the child relate to, maybe, what's his taste in music? Ned thinks that there is a great deal to be learned about the mother's drive and dedication to the child. He is interested in finding out whether the child's needs are being attended to, the role that the illness plays in the family's lives, and whether the family is ashamed, supportive, etc.

On meeting the parent/s, Ned then assesses the child. It may take several times to determine whether or not the child is appropriate for individual or group music therapy. After several initial assessment sessions, Ned is left with some questions. Although the chart can help clarify conclusions drawn from the assessment, Ned prefers not to read the chart for several months so that the perceptions about the child and the child's response to the musical assessment are his own.

Although Ned could not determine the severity of Bobby's condition from only seeing him one time, he postulated some possible goals. He recommended the possible need for family counseling and/or therapy. He recommended that an appreciable part of every music therapy session be spent working on musical explorations and the development of communicative musical skills that would be free from associations with
habitual fantasies. Ned felt that Bobby's therapy should be developmentally enriching and that imagery should be bypassed. He felt that it would be important to provide Bobby with things that he doesn't have or could not find in other categories. Ned worked to have Bobby step aside from the problems unless they were manifested in the way he used the instruments. Then, the problems would be hit more root than in expression. It would be in Ned's eyes, more clear to expression.

Joyce: I think of assessment as analogous to the process of encountering and getting to know someone. And it's just taking it a little further towards being a bit more structured and organized so that I mean for me having a formal assessment process, and some things I may find that I haven't paid particular attention to. So it's just really that process of meeting and meeting and sensing and getting to know and then also in the therapeutic context beginning to... Part of it for me is always asking myself what can, I and the music and music therapy do for this person. So that's part of it too. I mean that's what it leads up to. I see where their needs are and where their strengths are. I almost always look for something about their motivation.

Joyce prefers to receive a referral from a clinician or one that is self generated from the child, himself. In the referral, Joyce prefers to learn why the clinician or child has chosen music therapy as a modality.

The child is assessed in three sessions. At some time in between the second and third meeting, Joyce
reads the chart. She will never read the chart before a first meeting because it is important for Joyce to make impressions that are not prejudiced by information derived from other sources.

Joyce's goals included: To help Bobby develop effective ways of fully expressing and processing his emotions. Her objectives: Bobby should become familiar with the expressive possibilities of vocal and instrumental activities. He should use voice, instruments, and dramatic play with increased freedom and commitment.

Sound association and imagery was a useful way to begin with Bobby. The kinesthetic, physical experiences of sound creations stimulated his imagination.

Shelly: I see the way a child expresses himself and uses music as a metaphor for their way of being in the world. And so both how they are and how they potentially might be. Cause I think music really taps into potential area. So I see assessment as a way of looking at a child's musical capacity and functioning in the music and to see what it is I can learn about them in relationship to what potential they could realize. I won't say normality or normalcy, or being normal because I think many of the children we see will never be quote unquote normal. But I do try to use assessment to get to know the child through the music and not through the music and I try to see what's special about what the music taps into.
Shelly likes to collect full data including the child's history, team and/or parent recommendations for music therapy, and the child's current level of functioning in all categories. It is especially important to learn about family relationships. For Shelly, seeing a child cold prevents her from knowing what is typical or not typical. For instance, she could not tell if Bobby's aggressive fantasies were a typical interference or a rare occurrence. When Shelly was a younger clinician, there was the chance that other's opinions would influence the way she saw a child. Presently, Shelly feels confident in being able to see a child without having her own impressions diminished based on what she's read.

Typically, Shelly will see a child four to six times before writing up an assessment report. She feels this is a necessary amount of time, as typically, children will edit the way they share information with therapists during the first few meetings.

Shelly deferred diagnostic impressions based on the limited information available. She mentioned that organic factors needed to be further assessed. Goals included making up a number of familiar songs that would become familiar to Bobby and the therapist within the sessions. The songs would initially be about very benign things that were going on. Exploration would
encourage ego building by interacting in some kind of non conflict area in his functioning.

Ronnie: I'll try to put myself in an assessment situation. It means to me to try to find out what the problems of the client are through music, through musical interaction, through improvisation—it could be singing or whatever, but through the musical activity to try to determine what the client's problem is, what the client's resources are, what the dynamic is between the music therapist and the client. For me, the first meeting is to make a map of, a musical map that characterizes that person, both passing from communication patterns in music and more specifically from how the person is using rhythm, harmony, melody, sound in general, the symbolic activity through the instruments and that will give me a picture of what the persons problems and resources are. And that can help me too—to make a goal, a music psychotherapeutic goal to work towards. It also gives me a picture of where to work towards, a picture of what to try out in the music that follows, to see if my interpretations are right, if they are correct or not. The interpretations that I make from being together with a child in music.

Ronnie customarily does one assessment session before writing an initial assessment report. She waits until she has completed her own report before speaking with other clinicians.

Ronnie noted the fact that Bobby had a very good imagination and felt that his willingness to musically work with it would lead him to problem solving psychologically, through musical stories. She saw positive transformation occurring through his ability
to play with a story musically in order to reach another level of emotional understanding. Ronnie felt that through the musical activity of telling stories, she could help Bobby get to the resources that he may never had been aware of having.

Areas of Semantic Agreement

There were five general categories in the language of the written assessment reports, as well as in the transcribed discourse (interviews), that seemed to have a similar descriptive flavor or theme. All five of the panelists used a variety of similar descriptions to depict a common domain. These domains were derived from the assessment report write-ups and expanded on through the interview, tape rewatch process. They included: approval seeking behavior, affect, structure, creativity, and symbolic association of instruments.

Approval Seeking Behavior

Approval seeking behavior was a quality that was described as a natural occurrence that would be expected to emerge in a first assessment session. It was of interest to the panel to look at the variety of ways this behavior manifested itself in Bobby's first session. There was a general feeling that his
compliance and willingness to do whatever I asked, was something to keep an eye on.

Fulfilling the therapist's expectations was an element of therapy that could be clinically learned, for example, being reinforced for expressing trauma, or it could be a habitual way of being with an adult. In the latter case, it would involve a compression of the child's own needs in order to please or fulfill what the child thought others were requesting of him. Approval was seen by the panel as the act of giving up one's own needs and fulfilling what one thinks others would want. Confusion, not knowing the right thing to do, relying on visual and verbal cues, as well as the need for structure were all seen as elements of approval seeking dynamics that were a part of the interaction between Bobby and myself.

**Affect**

There were two specific domains that emerged within the general category called affect. In weaving together the specific categories that came from the written and verbal language of five panelists, the specific way that anxiety and joy were addressed and conceptualized was an important part of the way that Bobby's music therapy assessment experience was perceived.
Anxiety

The panel most often spoke of anxiety as a reaction to conflict. It was mentioned as something that was expected at a first meeting. At the same time, the way in which the child handles it is crucial and therefore viewed closely at assessment time. The event that preceded the anxiety evidenced in Bobby's assessment was of special interest. In addition, the progression of conflicts and how they were presented sequentially was noted. In developing a relationship with Bobby, the panel noted that dealing with unfamiliar material caused him to become anxious.

The adherence and return to the familiar, such as requesting "The Wheels on the Bus," "The Three Little Pigs," and the "ABC" song were all seen as indications that anxiety may have been present. Each of these familiar themes came from Bobby at times in which he may have felt anxious. An example of this was when Bobby brought up "The Wheels on the Bus." It followed my structured, hello song. It was at this time that I had asked Bobby if he was ready to look around and make the room "his" (offering him open choice) or, if he wanted to play more on the tambourine. He chose to sing a familiar song.

His telling of "The Three Little Pigs" followed my encouragement to improvise about where his created
imaginary lady was coming from before she "got eaten by the lion" (his words). He chose to tell a story that he knew well.

The "ABC" song followed my offering Bobby a way to freely improvise on the xylophone (with the tape recorder on). Here again, he chose a theme he knew well.

Anxiety was seen as Bobby defending against the unfamiliar. The panel made marked references to shifts within the moment to moment experiences.

Anxiety was also seen in Bobby's body movements and posture. The panel noted his inhibited musical response, suppression of life force, compression of energy, or pushed in way of holding himself back from doing. Attacking through the musical play was seen as a way to release anxiety. The musical play gave evidence that some of Bobby's needs were not being met. The music that was made was heard as detached or mechanical. Often, key phrases were forgotten. The anxiety was indicated by interruption of the therapist's music, arresting his own music, unsustained playing, and constant musical shifts. He was concerned about performing correctly. In general, his musical expression did not parallel the content of his words. The things he noticed about the instruments were filled with tension or anxiety ridden thoughts.
The way that Bobby presented conflictual themes also indicated anxiety. The issues of loss, abuse, and violence that occurred and reoccurred through his musical and non musical play indicated anxiety.

Joy

The child's face, his look, and the history in the face of a child were noted. The panel collectively mentioned smiling as a major indicator of joy. The frequency of his smiles and when they occurred were observed collectively.

At times, the panel would seek to see what was in or behind the smile. This indicated that joy could be something learned or put on, as really being indicative of something else. The smiles that the panelists observed were not always believed as joy. Yet, the term joy or happiness was a collective basis that the panel used in order to assess what Bobby really may have been feeling instead. The animation of Bobby's smile opened doors that led panelist's into thinking about his other emotions, that were less overt than the portrayed smile that Bobby had wanted me (the therapist) to believe. The music that he made while smiling, became an indicator that joy was not really being experienced at times when Bobby would smile.
The thrill of being invited to play, the ability to take risks brought about an aliveness in Bobby that was viewed as joyful. Joy is the doing and being in an activity that a child may request to repeat over and over again. The willingness to become more deeply involved through the fascination of an instrument, a sound or music created, and/or, merely playing with someone else who is hearing you, were mentioned as criteria that could indicate joy. Humor and amusement in an activity were viewed at times. Joy can be assessed through a child's tone quality, use of air, and in general, the way one emotes through the act of singing.

**Structure**

Structure is a general category that emerged from three sub-categories of semantic agreement among the panel descriptions. Structure, as presented in this study, is concerned with order or organization of space. The structure involved within an assessment experience can be imposed by the outside world, such as time; i.e., that Bobby and I only had fifty minutes together. Structure could include the way, as the assessor, I suggested boundaries in space, by setting up the chairs and asking Bobby to sit down when he
first came in. Structure, too, is an inherent part of the way two people chose to make sounds or music together. There is an internal body rhythm composed of one's physiological, internal cycle. Externally, rhythm is a primary element of ensemble. It provides a basis for an understood order or structure that affects the way people communicate in their music making.

Boundary

The panel collectively noticed Bobby's constant request for the familiar in order to feel safe. Most of the panel felt his constant requests to count to 100 or to count instruments (such as the chimes and temple blocks) as compulsive. Bobby's constant request for familiar music provided him an opportunity to feel in control of me (the therapist) and the unknown situation around him. Setting up such boundaries kept him regimented and allowed him the strength to loosen up from one activity to the next. The fantasy play was contained and structured through the musical cues Bobby offered the therapist. Reality/fantasy boundaries were mentioned as an important area to assess through the musical story songs.

The panel felt that Bobby took the most risks in requesting to go to the piano during the final ten
minutes of the assessment session. Through the context of calling it a "sloppy song" Bobby gave himself permission to loosen his own internal boundaries by musically smearing the keys. One panelist noticed how this freer, less rigid, improvisation led Bobby to play stepwise up and down the piano keys. This was described as typical patterning for children who like to structure things. The panel collectively felt that non-structured play on the piano offered Bobby something new.

The musical environment and the therapist's way of using the room were perceived as important in terms of how safe Bobby felt in the room. One panelist felt that I was not comfortable in the room and that my way of structuring had an adverse impact on Bobby's ability to form a relationship with me. The other panelists saw my structure as fulfilling a need of Bobby's and noted his implicit requests for boundaries. Limit setting and the musical environment, in terms of how many instruments were out, in reach, for Bobby to use were also mentioned about the structure of the environment.

The therapist's use of structure in an assessment session seems to have an important impact on a child. The panel collectively looked at how they would have structured the assessment session similarly or
differently from the way I had. Indeed, how a therapist chooses to structure or not structure activities, especially activities involving musical interactions, can have a major impact on the way the child reacts within the space.

The panel did find differ in how they would have structured the activities of future sessions. They looked at three possible ways of addressing Bobby's treatment needs. There was question about whether or not to follow Bobby's lead toward the familiar song requests, versus eliciting the imagery and sound associations, versus purely musical improvisation. The question of structure and how much seemed implicit to their conceptualizations of how they would choose to begin therapy with Bobby.

Providing a child with choices, setting up limitations or offering permission were three ways of describing options of structure that the therapist establishes or imposes on the child during assessment time. The panel described how children's offered cues allow them to know which of these is necessary. It can be assessed according to how they interact verbally (vocally), musically (dynamically), through movement, or through the content of what their words are reflecting. For the most part, the panel perceived
that Bobby needed my prompts and permission in order to feel safe enough to explore.

Structure was also looked at in terms of the actual assessment reports and how the panel chose to organize their perceptions. The panelists were eager to discuss the importance of how they chose to structure their written assessment reports. In reflecting on the abundance of categories in her assessment report, one panelist talked about the structure of how she chose to report the information. She was concerned about the concept of categories and her way of writing about an assessment session. She was eager to emphasize that there were no hard edges or fixed perceptions in how she conceptualized the domains that she had reported. Although she structured them as separate categories and entitled them "domains", the domains to her are overlapping, with soft edges. All of the domains are viewed as integrated.

The other four panelists chose to write up their assessments in a narrative style. Although they reported on specific domains, the narrative write-up style provided them with rich descriptions of how the child, in this case Bobby, first presented himself.
Basic Beat

The basic beat was described in the same way by each panelist. Descriptions of the basic beat were the most semantically similar as compared to all of the other descriptive domains of agreement that were perceived by the panel.

Collectively, by definition, the panel defined a basic beat as an organized, ongoing, sustained pulse. It can reveal a child's pathology in terms of internal ability or according to levels of relatedness. It can be an indicator of communication between child and therapist. The basic beat was used to assess inner organization, intentionality as well as the dynamics and quality of a relationship. It was viewed in assessment as a component of endurance within the self and within the ability to sustain interaction with the outside world of music and the beat of others.

Time

Time emerged as a factor mentioned subtly by each panelist and in varying contexts. For instance, the beginning, middle, and end of the session were referred to by each panelist in accordance with what was being noticed about Bobby. Events were spoken of differently according to when they occurred in the session. Clearly there were different expectations that arose
within the context of when an event occurred. Time was viewed in terms of Bobby's ability to endure contact within the music and outside of the music. The length of time he played music was a constant time factor as was the amount of time he stayed with any given activity.

**Creativity**

Three domains emerged as semantically similar that seemed to have a bearing on the depth and level of what the panel described as the creative process. The domains of: investment/intent, spontaneity, and improvisation reflect qualities of, or activities related to, essential elements of expression in creative musical play.

**Investment/Intent**

Conviction, motivation, and the ability to initiate were all mentioned as central indicators of a child's willingness to invest. Invested playing is something that the panel listened closely for. It may be indicated by the firmness of a beat or a heartfelt quality or deliberateness of what's being played.

Prolonged playing, the ability to play without a set structure from the therapist, and openness are
qualities associated with playing in which the client would appear invested.

The panel noticed the times that Bobby played with investment. It was during these times that they were able to identify the intent of his playing and his ability to express through music. One panelist noted that such play had "drama in it." The noted phrases that were repeated, and the musical motifs in which Bobby used dynamics could indicate investment. The short moments in which Bobby played with intent were notable. They encompassed a feeling of forthrightness. Motivation was not observed without my (the therapist's) provided structure. In this way, the panel saw it as important to define where investment was coming and the kinds of activities that enhanced it.

In the same way, the blocks that were frequently seen and heard in Bobby's playing of music were indicative of his difficulty in investing himself and his energy in creating. His low pitched, soft voice gave some panelist's the feeling that Bobby was holding himself back from investing in his singing, and investing in his music making in general.

The panel felt that there needed to be a level of self confidence or self belief in order to invest in activity with another. They saw a lack of investment
in Bobby's ability to play music with me. Yet, they noticed that his investment increased at times in which I modeled playing, or sang something related to the content of his play.

Sudden shifts or difficulties in processing words and music together might be indicative of a lack of investment. Lack of investment was thought to often be the result of a child's discomfort with the unfamiliar or fear of the unknown.

Spontaneity

The panel viewed spontaneity as an essential component of creativity. The ability to switch activities, instruments, or thematic constructions indicated that Bobby had the ability to be spontaneous as he began to feel more comfortable in the assessment situation.

At other times, Bobby's inability to expand a theme in the music or move away from that which was not familiar led the panel to believe that spontaneity was lacking. The opposite of spontaneity; rigidity, was noticed as a compulsive defense which manifested itself as something that Bobby needed to do when he felt afraid or uncomfortable. Counting, familiar song or story activities and repetitive story themes were noted examples of this.
Just as invested playing required trust, so, too, does the ability to be spontaneous, in the eyes of this panel. One panelist recalled her own ability to create and be spontaneous. She explained that the better she knows someone, the more spontaneous she feels she can with them. The panel collectively noted that Bobby's sense of spontaneity was enhanced through his ability to create musical stories that were encouraged by my singing and willingness to be spontaneous in playing "Mr. Owl," Bobby's created character.

Improvisation

Bobby's ability to play freely or improvise was viewed collectively and similarly by the panel. Most often, it was looked at as an activity that was contrasted with the use of a pre-composed song or theme. Improvisation was also considered to be a method used to learn about a child's themes and feelings, as well as the extent to which a child is able to relate to the therapist.

The panel noted that Bobby had difficulty sustaining any kind of musical improvisation that did not include my singing, until the end of the session. It was at this time that Bobby gave permission to himself and also let me know that he intended to play "sloppy." The panel noted that by labeling his piano
playing as "sloppy," he allowed himself the ability to truly express within the context of a free, improvisatory experience. Several panelists noted that within this context, aggression emerged from the way in which Bobby lifted up his arms and sought to come down on the keys with pressure, but would stop himself a second before playing them.

Improvisation gave the panel insight about Bobby's ability to explore and create. It also offered clues into understanding Bobby's coping mechanisms. The ability to sustain an improvisation was viewed as important. Two panelists noted my activity during the improvisations and saw rhythm as a crucial aspect of the therapist's ability to ground. A steady, accountable rhythm often can provide a necessary ground that may give children permission to improvise. Stability provided in the way I structured certain activities gave Bobby the motivation to explore. Notably, he felt less inclined to improvise freely when the activity or music was not set up in a structured way.

The importance of improvisation and/or resistance to improvisation at assessment time was viewed as an essential area to investigate. It gave the panel information about my interaction with Bobby and the dynamics of our relationship. Improvisation is one of
the most personal ways of creating music. Reciprocity is easily assessed in improvisation in terms of giving and taking or the leading and following that may or may not exist between the therapist and child.

Symbolic Associations of Instruments

The images evoked from Bobby's playing of the instruments were thought to have dual associations. First, outside images from the media were mentioned. This was apparent in the instance in which Bobby sang "Popeye, the Sailor Man" after blowing the bird whistle with two fast toots.

Secondly, the panel thought that the symbolic shapes and sounds of the instruments encouraged and stimulated Bobby to project his inner fears and fantasies. There was indication that trauma was being actualized through the instruments and the way that Bobby chose to use them. An example of this came after he extensively explored the whistle. After blowing several times, and using an extended amount of air, Bobby reported that "a lady was screaming . . . ."

The panel noticed Bobby's way of exploring the instruments and how the feelings its sounds elicited were an important aspect of his indirect expression of conflict. Although one panelist would have bypassed the horrific imagery and gone directly into other kinds of
music making, the symbolized use of instrumental play was, nevertheless, noticed. The other panelists felt that symbolic instrumental play may have provided Bobby with a safe means of working indirectly on important themes and issues. In one case, it was mentioned that working with the symbolized instrument might have felt safer than working with me directly.

Areas of Semantic Difference

The panel's descriptive domains of differences were interesting to view collectively. Although the domains that were noted had a common referent, the experience of what was perceived and/or how it was translated, notated i.e. meaning assigned, were different. These include: Cognition, "Music", Rhythmic Synchrony, and Singing in Tune.

Cognition

Professor and psychologist Howard Gardner (1987) connects the term cognitive science with "the nature of knowledge, its components, its sources, its development, and its deployment." (p.6) Because the 1950's the field of cognitive science has been concerned with mental representations of the mind. Through the past several decades, there have been numerous theories of cognition. Gardner (1987) studied
the development of cognitive science before focusing on the problem he feels the field of cognition is faced with today:

Cognitive science needs to put its conceptual house in order and to transcend slogans and 'buzz' words; the field must agree on a language for talking about a range of representational phenomena—even if that language turns out to harbor various dialects (p. 384).

Gardner's frustration in the lack of a common language for the field of cognitive science seems relevant to the discrepancies revealed in this study. There were a variety of responses that were related to Bobby's level of cognitive functioning. Yet, there were contrasting beliefs about what would constitute a seven year old cognitive capacity.

Responses about Bobby's level of cognitive functioning ranged from very bright to age appropriate to younger than age level. While the panel collectively mentioned the use of language, there were variances in how language was thought about. Two panelists looked at concrete skills i.e., counting and spelling, while two others looked at the content of Bobby's song choice and the ability to integrate words and music. One panelist felt that song choice was irrelevant while another saw Bobby's choice of song; "The Wheels on the Bus," as indicating delay mentioning
that this song was usually favored by a three or four year old. One panelist looked at the ability to use an instrument in an appropriate way, meaning playing it the way it was meant to be played, i.e. fingertips on the piano, playing the white top of a resonator bell, as an indicator of cognitive strength. Another panelist mentioned Bobby's difficulty recalling words (the color of his bus) as indicating processing delays. Two panelists did notice Bobby's ability to correct the therapist (about a misunderstanding involving whether or not he had ever seen a tambourine (he replied no) and then quickly informed her that he had thought she had meant the music therapy room) as an indicator of alertness and good cognitive capacities. The lack of latency aged mastery (such as wanting to figure out notes) was mentioned as an example of what would be seen by this panelist as age appropriate behavior for a child of seven who was in the music therapy room for the first time. Such an activity would have been illustrative of cognitive age level behavior for a seven year old.

In general, there were really no succinct, collective beliefs or similar language reflecting ideas about cognitive associated behavior or tasks associated with music therapy assessment. Still, the varying notions presented here offer some concrete ideas about
what music therapists are looking for within the
cognitive realm. Specifically, choice of songs, the
ability to integrate words and music, appropriate use
of instruments, comparing word recall in and out of the
music, and interest in developing mastery on an
instrument (melodic phrase development) are areas of
difference that emerged from the data. These
categories present possibilities for the need of
further research and exploration.

"Music"

Webster's dictionary (1986) defines music as:

The art of combining sounds or sequences of
notes into harmonious patterns pleasing to
the ear and satisfying to the emotions (p. 247).

As music therapists, we are often prompted to ask
ourselves about the essential qualities that make our
music or our clients' musical experiences therapeutic.

Perhaps a more subtle, but necessary question for
us to consider, is our own aesthetic understanding or
awareness about what we each consider to be pleasing to
the ear or satisfying to the emotions. The tricky part
of such a definition is obvious. Our ears and our
emotions are full of variety. Therefore what is
experienced as music for one person, may be noise to
another.
The panel noted that Bobby was a rather inhibited child musically. Much of his sound making or musical expression was somewhat stifled. This brought about differences in what the panel considered to be music versus sounds.

There were a wide range of contrasting ideas that were shared by the panel about music. This was an domain that each panelist seemed to have strong feelings about. While one panelist spoke about tonal sound language as a certain way a child has to express and be communicative, another panelist felt that tones exchanged may not necessarily indicate music. A third panelist felt that a sound exchange may be playful, in and of itself, but that an activity that has a musical outcome will go somewhere bigger than where it began. It will be several measures in length and usually will reveal an invested quality. A forth panelist claimed that music or non-music is not something to worry about too much. It is the repartee back and forth between client and therapist that, for her, made an exchange musical. Music, for her, is important as a metaphor that mirrors a child's way of being in the world.

A fifth panelist heard music per se, as something very different from the music in therapy. The latter focused almost entirely on expressive possibilities. It emerged in the way Bobby played the instruments.
Music was listened to in terms of how Bobby was able to create an effect he was looking for.

When Bobby played the bottom of the resonator bell in a harsh, brief way, the panelist saw this as musical, as it suited the affect and content of that which was occurring in the moment. I was singing, at that point, about leftover bones. Bobby had just eaten me with the turtle puppet. The music for this panelist, came in Bobby's creative way of using the resonator bell. Instead of a ringing bell sound, he turned it upside down and made it sound like bones.

**Rhythmic Synchrony**

There were discrepancies in what the panel chose to focus on in the area called rhythmic synchrony. These differences seemed closely related to primary basic beliefs about the dynamic between the therapist and child. In general, it seemed that these differences were based on the particular preconceptions and orientations that each panelist brought to the study. It was interesting to view the various components that each panelist typically thought about in order to best learn about a client in the first session.

One panelist found it important to assess Bobby's ability to have synchrony within the music. That is,
could he follow the beat of what was being played? If not, it could be that he was distracted, or that he wasn't trying. A third reason might be related to an underlying neurological problem. The rhythmic synchrony was seen in the ability to follow the meter of the music.

This was distinguished from the basic beat for this panelist in that, it was described more as an active desire or lack thereof to connect with an outside force. Basic beat was defined as an internal ability to hold a rhythm where rhythmic synchrony was associated more with a willingness to connect.

Another panelist saw rhythmic synchrony as occurring between two people, i.e. between Bobby and the therapist. Yet, it was my (the therapist's) task to put Bobby in the position of rhythmic synchrony, to go into his tempo and then see if he could have held it.

It was noticed that the only time this panelist perceived rhythmic synchrony to exist was when I simplified my playing (guitar strumming). When the strum pattern was less simple and I sang over my guitar rhythm, Bobby was led away from rhythmic synchrony. Ultimately, this panelist felt that it was the task of the therapist to create the grounding for rhythmic synchrony in the activity of playing music together.
Another panelist saw rhythmic synchrony as a level of relatedness and awareness. The skill of keeping a tempo is an ability that indicates how drawn to the musical material the child is. The reliance on the therapist versus the ability to be in rhythmic synchrony on one's own was viewed. In this case, the panelist looked at rhythmic synchrony and noticed that it occurred during familiar, structured songs or when the therapist framed it. The implication is that with prolonged structure and support, the ability to have rhythmic synchrony independently would develop.

**Singing in Tune**

This area caused a good amount of disagreement in definition and in perception. Two panelists felt that Bobby sang in pitch or had a good sense of pitch. Another panelist felt that he sang in pitch only when the therapist sang with him. The two other panelists felt that he sang off pitch.

The terms used to describe singing in tune were interesting. A perception of melodic gestalt, vocal response, singing in pitch and a sense of pitch were mentioned. One panelist claimed to not take singing out of tune too seriously. The rationale being that many songs brought up in therapy are rote and may have been sung or heard 10,000 times in one key, and
therefore learned that way. This panelist was more interested in the pitch of a cry or a spontaneous song sung non verbally. The two panelists that heard Bobby's singing as out of tune talked about the possibility of singing in tune as being a physical ability. While one described singing out of tune as a miscoordination between the ear and the voice, the other talked about the possibility of being tone deaf as an innate state.

Unrelatedness, actively not listening, or a lack of connection to what is being sung about were possibilities for singing out of tune. One panelist felt that if a child can sing in tune for part of the time, then the out of tune parts are probably related to emotional problems rather than physical problems.

The lack of awareness or inner disturbing factors could result in singing out of tune. One panelist felt that singing in tune is something that gets built into the system and becomes part of the person at an early age. If children are not stimulated with music and singing in early childhood, they might not then be able to hit the right note in later years. Singing out of tune could be an indication that a child is detached and cautious about responding to the therapist.

One panelist who saw Bobby as having a good sense of pitch, talked about his limited (5 note) pitch
range. This was seen as representing a restricted sense of self. He was pulling his energy in rather than putting it out. The fact that he was able to sing a note that fit with the chord, substituting harmonically related notes for notes in the melody meant that he had the capacity to sing in tune.

**Hidden Treasures**

Within each interview process, I noticed there were categories of understanding and describing particular events that were unique to each panelist. It was at this time, which did occur during each of the five interviews, that I felt as though a new, undiscovered territory was identified. This was the height of this entire research process for me. It is difficult to describe. I can easily liken it to the process of uncovering an unexpected hidden treasure. I was not seeking it to be there. The panelists might not have even thought of it as unique, yet out it unraveled and became a world onto itself. The following categories and descriptions offer music psychotherapy assessors perhaps some new ways of learning about others. These descriptions, which were rooted in the written assessment reports and built on in the interviews come from a moment within a discussion during which time the panelist described a
special firmly held belief with a rich sense of clarity, excitement, knowledge and experience behind the language.

_Tilda's Theme_

I was struck with the coherent, concise way in which Tilda was able to define a theme. This is crucial to music therapy assessment. I liken it to the experience of hearing an overture. The first music or issue that emerges through the music so often serves as a foundation, providing a basis for the variations that will follow. As music therapists, how we first listen, truly hear, and familiarize ourselves with the opening overture provides an enriching basis for the themes that follow.

Tilda defines a theme as a recurring content that can occur throughout a session. The theme most often deals with significant issues the child is grappling with. The theme usually comes up symbolically through a story, through a song, or through comments that the child may make about the music. Tilda constantly looks for patterns. She notes what the child is struggling with. What is the basis of the conflict? Tilda looks and listens to the children in terms of how they speak and play. She looks for what's going on internally.

Tilda noted how Bobby put the chimes to sleep
right after he had tapped the temple blocks while saying, "Someone's gonna bop you on the head." She noted this:

Well I thought that when these people or things got hurt, the one way of hiding or keeping it a secret is when they're all put to sleep, they're not going to remember and I think that if this aggression is all towards him, it could be that he is the victim of some kind of aggression and that it's to be kept a secret. If on the other hand, he's the one that has all of this anger and is trying to strike out, he wants that to be kept a secret too because these are scary feelings that he's having. So it's hard to tell which one it is, but whatever it is, it's gonna be kept a secret.

Tilda looked at a later event in which Bobby led the therapist to enact a giant who crushes buildings. In being asked why the buildings were crushed Bobby responded that the giant was hungry. Tilda called this, in contrast to the prior event, a fully expressed theme:

I think the reason I felt this was a fully expressed theme is that he said the feeling and said why. He said that, because you were mad. You did that, you were mad, and this is what happens when you're mad. As opposed to saying I fell asleep or I forgot or let's sing the ABC song.

_Ned's Success in the Child_

The gentle, supportive, empathic way Ned wrote and spoke about Bobby was a constant reminder of how sacred
and respectful a therapist can be when treating the
spirit of another human being. It was especially
notable how each and every time Ned mentioned Bobby and
his behavior, there was a tone of respect and
protectiveness. In addition, each act both in and out
of the music was seen within a positive light, as a
potential strength. This, to me is a great lesson.
Ned sees each element of behavior both in and out of
the music as an element of success or possible success.

The opening comments about Bobby were all
positive. Some examples include:

He showed no sign of distress. He was, as would
be expected, a little timid and shy. He
communicated intelligently and socially
despite the challenge of being in a strange place
with an unfamiliar adult.

During my warm up song, Ned saw the lack of
continued synchrony as being my (the therapist's
technique) rather than Bobby's inability. He
emphasized the several beats of synchrony:

His playing of the tambourine was tentative
probably because it was not easy for him to pick
up the beat from her style of accompaniment . . .

Ned emphasized the synchrony again:

she simplified her playing and for several beats
there was rhythmic synchrony between them, but
this ceased when she returned to her former strum
pattern.
Of Bobby's counting each chime on the chime bar several times, Ned noted this:

He played along the chimes once then counted them. As he counted them, he carefully touched each chime in turn with a mallet, an impressive act of eye-hand coordination, which he performed perfectly for all twenty one chimes.

Where the other panelists called Bobby's counting compulsive or a compulsive defense, notably Ned creates no psychological term, but merely states the fact and the positive:

Obviously, he felt more secure in counting the instruments than in playing them. All this was done in a conversational tone and with a pleasant smile.

Ned believes that the child is where he is. He's come from where he's come from. He's who he is. And there's no judgment. In the one paragraph in which Ned does mention the possibility of a problem, he states it intuitively and gracefully:

Throughout, his composure was impressive. He was quiet and relaxed but assertive. He was firm without appearing bold. Yet there was something touching in his self reliance. One felt a loneliness about him, that he was a seriously troubled child, who had, for now, found a way of living with his problems and stress and surviving them.

Joyce's Affect Congruence

With many of the events that took place within the
assessment, Joyce compared two elements: the affect which included the expression vocally, musically and physically and the content which involved the verbal meaning of what was being expressed. Joyce feels that the ultimate range of life force is expressed, rather than compressed when these two categories are congruent:

What was congruent was that even though he didn't express anger in a sort of all out way, he did have an intensity in the 'giant' story. I could sense, it seemed to me that every moment of that really mattered a lot. He was very invested in that. His manner of being at that point was very congruent with the seriousness and drama with the story. There is an authenticity and deep resonance there for him.

Joyce compared this to a moment in the session where she felt the affect was incongruent with the content:

He's smiling broadly, he's moving around. He's fiddling and his responses are not nearly as fluent. He says I don't know, he hesitates ... In the 'giant' his voice and the verbal melody of his response is real.

**Shelly's Horns**

Shelly noted that Bobby did not have a full range of joy expressed that she would have thought that "any kid in that toy room would have had." Shelly noted
that the greatest of expression musically was during
the horn playing.

The horn becomes a significant transition
into being comfortable expressing loudness
and any associative emotional feelings that
may emerge.

He blew extremely loudly, to the point
where he was unable at times to get the horn
to sound.

Shelly singled out the horn or wind instrument as
something she looks closely at with assessment:

I find lots of times that children with
difficulty with aggression for some reason
can potentially feel more comfortable doing
it through a horn.

Why?

It's not a word, it's not a scream. It's
all those things that children are told not
to do. It's permissive . . . I think it's a way
to get out (she blows wheewww) all of this
stuff without being aggressive or hurting
things or oneself around other people. It's
safe.

Shelly has noted that children who are very
inhibited and electively mute will often become
attracted to horns. She's noted a pattern in assessing
children who have difficulty with aggression. It is
not unusual for them to get excited about horns.

Ronnie's Transference/Countertransference

Ronnie sees a positive transference indicated by
Bobby's willingness to participate in the activities
that the therapist suggests. Taking risks, seemingly, his feeling good about what he's doing together with the therapist and being comfortable enough to dare to tell the therapist an instrument she had forgotten to introduce in the first few minutes of the session.

Ronnie saw me (the therapist) as being overly structured. She hypothesized that this could be indicative of mother role play. She explored this from a counter-transferential perspective:

That's a good thing to look at. That if you find yourself suddenly doing a lot of things in the session, feel inclined to help him out or, more than you might do so with a normal person that is definitely saying something about the person you are working with. His problems um it says something less about that you were doing a mistake or you are in general this and this and that. I use counter-transference in a positive way.

As stated previously, Ronnie was a discrepant case analysis. Although this is presented as a specialty category, it may have been fuller had she been able to use her own self, in the way she is accustomed to, in order to deal with aspects of counter-transference.

Meta-Analysis

The following meta-analysis provides a general interpretative, synthesis of the underlying processes that could be inferred in music therapy assessment.
Certainly, a study of five clinicians perceptions of a fifty minute assessment video of an emotionally handicapped child could not provide a global reference for studying music therapy assessment in general. Yet, the depth with which the subject of music therapy assessment was investigated, led me to observe some underlying, subtle influences that seemed to have an impact on the way each panelist assessed the video session or made references to assessment in general. These influences were not necessarily reported in the actual written assessments or spoken about in the interviews in a direct way. It was through the analyses of the written texts and verbal discourse transcripts that emerging themes began to unravel. It was exciting to be a part of each panelist's journey. In the challenge of trying to get inside the heads of each one of them, to figure out why they thought what they thought, I noticed some underlying themes that seemed to be influential in how they processed what they saw. This data provided me with some lingering possibilities about what may directly or indirectly influence a music therapist's clinical decision making.
The Therapist's Background

Musical Instrument

In general, all five of the panelists followed and cited the activities that Bobby became engaged in. Yet, in the assessment reports and within the transcripts of the panel interviews, the content of the language and writing became noticeably enriched when various panelist's would offer careful attention to an instrument they had been trained in. Shelly noted the horns and winds several times. She is a wind player by training. Her primary instrument is the flute. An exclusive description from Shelly's assessment report mentioned Bobby's horn playing:

The greatest expression of aggression musically was during the horn playing, where he blew extremely loudly, to the point where he was unable at times to get the horn to sound.

It was only after interviewing Shelly that I became able to see what neither I, nor any other panelist had noticed; Bobby's level of aggression expressed in the way he'd blown the horns. I was surprised that I, myself, had not noticed the level of aggression because I had watched the video tape countless times. In retrospect, I believe that Shelly's training and familiarity with wind instruments
enabled her to be more sensitive and aware of Bobby's level of expressivity at the horns.

There were instruments that were not described or mentioned, and in several cases omitted altogether. It seems that this could reflect the therapist's unfamiliarity with an instrument or perhaps a varying musical orientation. In discussing musical exploration with Ned, it became apparent that his musical training had been on the piano. His rich descriptions of Bobby's piano playing offered a unique perspective on Bobby's ability to work creatively.

Ned talked about the instruments and, in particular, the piano quite often. In discussing Bobby's interest in theme, Ned's awareness of how I developed theme took place at the piano. Although themes had been developed vocally with instruments other than the piano accompanying my voice throughout the session, Ned noticed theme development occurring primarily at the piano. This reminded me of just how strong an impact a music therapist's primary instrument might have on a clinical inference.

Ned's primary instrument is piano. My (the researcher's) primary instrument is the voice:

Joanne: You would have sung as he came in?
Ned: Well the piano would be going when he came in and he'd get sticks to beat. There'd be different instruments and we'd just take it from there. So I would not go at anything like a problematic
concept or an idea or theme or fantasy or symbol. We'd go straight into music making. Now if there is, indeed quite a serious problem aside from the psychological problem, it will manifest in the way he uses the instruments.

Joanne: Did you see it with him? Cause you did say he beat tentatively.

Ned: No, because there wasn't enough exploration. I mean what began to tell me more and it happened at the piano towards the end, he began to show a genuine interest in what could happen tonally and also when he wanted to keep you at the piano - at one point he said go on with the piano. I think he was interested because you were beginning to get theme going. And I think he was musically interested in what you were doing.

Joanne: We're going to look at that excerpt in a moment.

Ned: So then perhaps would be to have the child then sing...

Joanne: You didn't hear him sing in this? He sang "The Wheels on the Bus," right at the start...

Ned: Yeah, I heard that.

Joanne: You know one thing I noticed that you didn't mention that I was disappointed about, was his voice.

Another example of the impact of a therapist's background about musical instrument preference, came from a discussion about control with Joyce, who mentioned voice as one of her primary instruments of choice to use in therapy. She mentioned the impact that she felt my singing had brought to Bobby's ability to go deeper. She compares this in relationship to Bobby's use of other instruments:

He had control but he didn't use it. After a while he was just sitting there holding the beaters. He wasn't even playing he was just in the words. And I think it helped a lot that you were singing and enacting what he was saying. Because he listened to your singing and kept taking it further and deeper as well. So maybe
it worked for him better to have you that way than to have you respond on the piano. You were vocally and actively using your body. So it either was that and the different quality and position of the drum. Between that as compared to sitting behind the piano— you know the size of the piano, the particular tone quality of the piano...

Training and Orientation

The panelists' training and orientation seemed to affect how they understood Bobby. A strong indicator of this was seen in the terminology they used to ascribe what they were seeing. In several cases, the varying terminology was arbitrary. In other cases, the term ascribed to an observation steered me toward an entirely different way of understanding Bobby's emotional make up or developmental frame work.

One example of this was demonstrated in the similar accounts, yet varying terminology that Ronnie and Shelly used to describe my relationship with Bobby.

What Ronnie called counter-transference, Shelly called reliance. Ronnie felt that I was acting more organized than she thought I usually would have been, with a child who had a better esteem. Shelly described this situation as Bobby's need to rely on me. The descriptions of what they perceived that had transpired in the session offer similar accounts of the same experience and yet, the final terminology that directed
the category formation provided me with two quite
different headings. The following are two of Shelly's
descriptions of Bobby's need for structure:

Joanne: What were you looking at here?
Shelly: Throughout the entire session he very much
relied on you. Because of his difficulty in
elaborating in play. I feel that you had to
constantly help him organize and express
himself, or invite him to feel
comfortable in play...

Bobby relied on the therapist for structure
and organization indicating that adults are
viewed as helpful.

Here are two of Ronnie's descriptions of
counter-transference:

Joanne: So how is this counter transference?
Ronnie: When I look on you and the boy, and where he
seems to be in this passive position, or in a
position where he's insecure, then it would be
likely that you would take on the
responsibility of giving him structure,
offering him some security, and perhaps a
little bit more than you would with a child who
is having a good esteem. You were helping him
to feel the healthy, where usually you
might feel you don't need to offer so much
structure. I experience the counter-
transference reactions as the following: The
therapist is being in control of the situation
more than I would expect would be needed. The
offered activities (besides the stories) seem
to be much more structured than needed.

Ronnie placed emphasis on the therapist's
activity; Shelly's was focused on the child's need.
This variance may well be the influence of two
different schools of thought, orientations or kinds of
trainings.
Shelly's training outside of extensive work in music therapy, has involved the study of family systems and relationships. Her focus ranged from the interpersonal theorists, such as Sullivan, to Gestalt psychology. In describing her work, she mentioned Maslow's theory of basic needs. She tied this into the impact of family and history, and how one learns to socialize.

Ronnie was trained in psychoanalytic music therapy by Mary Priestly. She mentioned being in both training and therapy with Ms. Priestly. Musical history, as well as an awareness of the feelings and images that come up in her when she works with a client, and the importance of this on the entire treatment is central to the way Ronnie assesses.

It seems apparent that both the orientation and training of both of these panelists influenced the way they perceived and understood both the therapist and child. In a sense, they were noticing similar behavior about Bobby. Yet, their clinical orientation and training led them to describe the outcome as influenced by varying factors.

Personal Life History

A therapist's orientation, aside from theoretical understanding and music background, involves an ever
changing philosophical stance. Norman Holland (1991) affirms the notion that the personality of a reader shapes the very experience of the text itself. According to Holland, this is how we make sense of a text. We construe events out there so as to act out solutions and satisfactions in here. It is the person that makes the art fit into his/her own personal schemata and vice versa. Holland (1985), Andreski (1977), Polanyi (1958), and others have studied the concepts concerning that which was once perceived to be objective and subjective. They consider these concepts to be interrelated constructs based on "the personal participation of the knower in all acts of understanding" (Polanyi, 1958, p. vii).

At several times during the interviews with the five panelists, I was reminded of this very notion. It was at these moments, at which time a panelist would see something unusual or perhaps something that they had trouble remembering. As we would replay the tape, in search for the event, we found it to have had not really occurred at all. This reminded me of how potent a person's cultural, psychological and social background is to the way he interprets the experiences of others.

A transparent example of this came from asking Joyce about the format she had used in her written
assessment report. Her free thinking about the term domain, which appeared as a general heading in her written assessment report (i.e. musical domain, social/emotional domain, developmental/physical domain) revealed several significant layers about the reasons why she had chosen to use this term. First she accredited the term domain to Edith Boxill (1985) and noted that Boxill's book had helped her formulate and define her assessment format. She wanted to be sure of this point and asked me if she should go look it up. As she thought about it for a little while, she said it was a term that resonated with her. After discussing it a bit more and looking back at her own written assessment report, she said she liked that it was a term that was not being overused.

Joyce eventually had a childhood association with the term. After recalling that in her youth, domain was the term for playground, she expressed how the categories of her assessment were arbitrary, but integrated. For her, the word domain encompassed some of the sense of soft edges. This, for me, crystallized Joyce's holistic way of treating children. She described the soft edges of categories as being areas that were overlapping and very related.

Joanne: Domain is the term you use to break up your categories.
Joyce: I think it's Edith Boxill's word.
Joanne: Oh, she uses that word?
Joyce: I think so, want me to check?
Joanne: No, what does domain mean to you, or how do you use it in your writing or formulating?
Joyce: Huh, hm. It's funny. It just kind of resonates with me and the way I think of these sort of areas.
I like that word, and it's not one of those terms that's being overused to classify. It still has a fresh meaning.
Joanne: Well what does domain mean to you?
Joyce: Hmm. I have this... I hadn't thought about this at all, but I have this childhood association with the domain. It was this place where we went to play. It was like this park and it was called The Domain.
Joanne: Really, that's wild!
Joyce: Yeah. Just this particular domain. I can't even remember what city it was in. I must have been very little. I think it was... Anyway, it's one of those childhood associations I have with the word so...
And I like it because I think in a sense I've said I think of these as sort of arbitrary categories. So to call it domain appeals to me aesthetically.

Initially, Joyce's choice of the heading 'domain' seemed oriented to her present beliefs and associated with what she had read in a text book. Yet, at the core of this term, there seemed to be a personal way of thinking about the word domain and a philosophy that was directly related to an early childhood experience.

This example, and its relevance to the subtle influence of background and culture (domain was specific to her country) reminded me of how illuminating, even the most matter-of-fact text can be.

It seems that the words that we choose to describe life events, embody experiences of the writers' past
reflections, present visions, and future aspirations.

Concrete Examples versus Intuition

Another means of coming to learn about Bobby, that appeared to emerge from the data, was the way that the panelists would substantiate their observations. Two of the panelists seemed to adhere closely to explicit examples that they could easily recall on the video tape. On the other hand, two other panelists tended to have a 'sense' of what had happened and described a lingering feeling about an occurrence in terms of, not so much what they could recall, but what they had intuited. This was fascinating. It is probable that if the study had been designed for the panel to be doing the actual assessment session, perhaps more intuitive data would have emerged. One panelist used both intuition and concrete examples fairly evenly.

It is difficult to make any definite assumptions about the differences between example givers versus intuitors. Perhaps of greater difficulty, would be the task of trying to understand what the differences would imply. Yet, there were linguistic similarities that emerged within each of these two categories.

The concrete examples method offered a great deal of clarity. When these panelists mentioned a thought about Bobby, they would bring in an immediate memory
that verbally clued me directly in to what and how
their thoughts and observations had come about.
Although they referenced the conclusion by describing a
particular behavior of Bobby's, there were times that
in between the conclusion and the panelists' reference
point, an underlying school of psychotherapeutic
understanding was at work.

Often, I understood how the terms assigned were
connected to the observations. There were several
cases in which I was not following the connection. It
became apparent that there was a school of
psychotherapy that had aided the panelist in the
construction of their perception. When I was unfamiliar
with the orientation, I had less understanding of how
meaning was assigned to the experience.

The intuitive method offered the use of feeling
and sensing. I could immediately feel that the
panelists had taken in what they could from Bobby's
experiences with me. In certain circumstances, this
was clear for me to relate to, as a feeling that I
could have inescapably also have felt, or in fact,
really had remembered feeling at the actual time of the
assessment session. On the other hand, at times there
was a sense of mystery about the vagueness that the
descriptive words left me with. The meaning of the
words left me thinking, what was that experience about?
What did it really mean for them? At other times I wondered what made the panelists' sense a particular event in a certain way and then label it as a term that seemed unrelated to what I had understood them to perceive originally?

An illustration of the concrete example versus intuition comes from Tilda's versus Ned's actual assessment reports. The following sentences are introductory statements about Bobby:

Tilda:

Without prompting and coaxing, Bobby lacks the internal resources to deal with conflicts and copes by giving up saying "I don't know" or abruptly switches themes to familiar material such as the "ABC" song, the "Three Little Pigs" story or "The Wheels on the Bus" song. He communicates when he needs help and exhibits a level of trust and fondness for the evaluator. Given support and structure, Bobby is able to take leadership, risks and explore his creativity.

Ned:

Throughout, his composure was impressive. He was quiet and relaxed, but assertive. He was firm without appearing bold. Yet, there was something touching in his self reliance. One felt a loneliness about him, that he was a seriously troubled child, who had, for now, found a way of living with his problems and stress and surviving them.

Other descriptions of concrete examples:

Shelly:

I like to look at how a child refers to himself and how that relates to how they play musically. So I think that might be typical. I think it was
quite striking with him. It's not always so striking. I guess I was very struck by it. That's why I kept repeating it (referring to Bobby's "sloppy" song). I like to use children's own way of describing themselves, expressing themselves, as a back up or a metaphor again of their being in the world.

Tilda:

I think that that was, I think that that's a little much. I think that the counting of the chimes, I've never seen anybody count the chimes—whenever you see somebody get that compulsive, that's that's really saying, I need something more than just a familiar thing. It's a personality trait that he retreats to this compulsive, rigid counting as a way of pulling back from a situation. There may be other ways of coping with the situation besides becoming so compulsive.

Other examples of intuition:

Joyce:

He expressed on a deeper level at this point. It's at a different place in the session. It could be that the screaming lady wasn't directly related to something in his life and that the giants and killing the parents was. If I was working with him, I would be open to any of these possibilities as we went on. When he came up with the screaming lady, I didn't feel that he was particularly talking about a screaming lady that he had seen and heard. Whereas when he was talking about the giant killing the family, I felt that he was seeing his family, or he was seeing something pretty close to his family.

Ronnie:

A person I worked with told me that her brother sexually abused her. She had had a lot of sexual fantasies and in general had problems with sexuality. And I didn't know if it was right or not. So we made an improvisation where we played
through the whole scene where he's raping her. And that felt very real. In the music there was a lot of anxiety. And she used her words, it seemed to be very real. The quality of the music said real to me. Her singing voice was full of fear and anger.

The Music of Affect

In organizing the final category headings that related to the data category findings, I was surprised to notice that only two major categories had emerged that dealt with affect. Perhaps even more surprising to me was that these categories were anxiety and joy. Anxiety, to me was a part of every first time meeting. It was therefore, no surprise. But joy? I had never considered joy to be something I studied or looked for in assessment.

As I synthesized the findings in greater detail and set out to present them as categories of semantic agreement, the contrast of these two categories struck me. The more I read how the panel perceived these two categories, the more I began to recall and reflect on how often I'd seen both joy and anxiety come forth in my own ten years of clinical work with emotionally disturbed children. In this way, anxiety and joy are real findings to me because I am thinking about them in different ways.
In particular, I am drawn to notice how these two categories of affect might be especially significant for music therapists. In general, Bobby's anxiety emerged around playing instruments or developing themes within the music. So, too, did this occur around his feelings of joy. The joy of creating a sound, or in feeling a response that emerged from something he had communicated, came within the context of the music making experience. I noticed that a great deal of anxiety was observed, not only because it was the first session, but because he was afraid to create or sustain sounds.

As music therapists, we often present children with an unknown task. The music environment itself can evoke feelings around issues of mastery; in the 'how do I play this?' experience. The act of making music may feel threatening to a child as his/her root expression or feeling that emerges from a sound is not framed by words.

In the same way, the music and instruments can offer children a new and refreshing alternative. They can enact and 'do' or show they feel, in expressing an important emotion in a new way. Music provides a joyful means of celebrating with someone else. Playing music with the therapist can encourage the healthy

Through the use of music and sound, it may be that music therapists are more prone to gaining insight about a child's source of anxiety and capacity for joy than would be a verbal therapist. It was interesting to think about these categories as polarities. Although the panel did not speak of these two categories as interrelated, anxiety and joy did emerge many times from this one session. The implications of these polarities may be important to the way we assess through music psychotherapy.
CHAPTER V
CONCLUSIONS AND RECOMMENDATIONS

The First Session

In this dissertation, I chose to research five music psychotherapists' ideas of what took place during a first session. I thought the study of an initial assessment experience that reflected music psychotherapy perspectives might expand or even change the way clinicians think and write about some of the terms that traditional music therapy has taken for granted. Motivated by my passion for beginnings and first meetings, and compelled to describe through language and writing, what it is that happens in the music psychotherapeutic process, I set out to learn about what leads music therapists to their initial clinical impressions.

At the onset of this proposed study, professors and colleagues would ask a critical question: Why study the first session? They were skeptical about how and why an initial meeting could serve to answer how meaning was assigned to a music psychotherapy experience.
Although I answered this question formally before beginning any actual data collection, throughout this research process, the significant impact of the first meeting and specifically the importance of how a clinical music impression becomes translated into words is a question that has kept coming back to me. This dissertation has helped me begin to realize the magnitude of all that lies within the music of an initial clinical perception.

This study offered me a remarkably powerful means of learning about a child in a way that even ten years of clinical experience could not surpass. Certainly, clinical impressions have always sparked my attention. I have been impressed with the inferences drawn on the administration of standardized psychological tests and instruments. I have become relatively fluent in the diverse language of my psychiatric cohorts. Still, something has been lacking.

This study has demonstrated to me the richness of a musical overture, the value of an opening theme. The explicit language used by clinicians who practice music psychotherapy was informative. This, coupled with the opportunity to study and define what transpired between myself and a child that we all knew nothing about, provided me with an incredibly enlightening experience. It has prompted me to recognize the power and gift of
our tool; the music and how richly it can be examined both intra and interpersonally, on an initial encounter.

Four out of five of these panelists make it their habit not to read a child's chart before the first meeting. Through investigating the areas they chose to focus on and the significance of what such events implied, I feel the language of music psychotherapy has further advanced and refined its purpose.

Throughout the interviews there were moments in which panelists spoke about the importance of the first session. For instance, Ronnie spontaneously mentioned:

I think the first time, the first meeting with someone is one of the most important sessions because it actually, if you analyze it in a deep way, you will get a feeling for the client, for the treatment process. The first time is less affected by the therapist's possible prejudgments and is more spontaneous from the client's side. The defenses, the fears, and the resources are shown often in a very clear way. Because, this person doesn't know you, doesn't even know the music or the situation they're going into. They will be likely to act in the music therapy situation, in the same way that they would react outside the therapy room in a new situation.

Shelly noted:

I think the beginning of therapy shows you how a child deals with beginnings of relationships in general. It's very important for me to look at how a child will first interact with an unfamiliar world.
The music therapists that were involved in this study offered an assorted range of prognostic implications for Bobby. From one session to six sessions, whether it was called assessment or evaluation, this research provided me with the opportunity to explore how a first impression of a child develops in and out of the music, on a conscious and unconscious level.

The music and the possibilities that a music relationship offers can be so vividly explicit at a first meeting. In this way, validation of the importance of assessment and the suggestion that future studies continue to focus on this dynamic, clinical beginning is perhaps my strongest recommendation.

Music Psychotherapeutic Aspects of Assessment

The focus of this research was aimed at defining what leads music psychotherapists to their impressions of an emotionally disturbed child. I chose to study a panel of five music psychotherapists. Through analysis of their written words and spoken discourse, specific areas of similarities and differences were discovered and presented. Amidst the analyses there were several core issues that were revealed about music psychotherapy assessment.
What music behavior or capacities reveal a child's cognitive capabilities? This is a tough question, and one I feel music therapists are often faced with on assessing a child in music therapy. Although emotionally disturbed children are diagnosed as having primarily emotional problems as opposed to mental retardation, clearly, the impact of an emotional disturbance has often impeded on a child's ability to learn and progress intellectually. Therefore, the music therapist will often present an impression of a child's cognitive presentation as part of an assessment. This study revealed differences associated with music in cognition. If the panel is at all representative of the field, the results suggest that music psychotherapists have differing views about what constitutes cognitive capacity.

Jeanne Bamberger, a developmental psychologist and musician at Massachusetts Institute of Technology tried to tie Piaget's stage oriented approach to understanding and thinking to the stages of musical operations. She found that:

...musical thinking has its own rules and constraints and cannot simply be assimilated to linguistic or logical mathematical thinking (Bamberger, in Gardner [1983] p. 110).

The results of this dissertation lead me to consider what Bamberger is emphasizing. The rules of thinking
and processing in music seem to be part of an exclusive system or, as Gardner suggests a type of intelligence in and of itself (Gardner, 1983). I think that the differences in the way the panel thought about Bobby's cognitive ability stem from defining cognition according to other schools of thought that involve typical educational and psychological tasks such as counting, language, word recall. It seems necessary that we try to study and identify the rules and constraints that are an inherent part of musical intelligence.

Although this was an assessment study, there were, as would be expected, inevitable moments in which the panelists wrote or spoke about the treatment aspects of therapy. This was presented in the music therapy assessment philosophy section in Chapter IV, as probable goals for Bobby. At times, the course of treatment topic arose as panelists developed possible 'hunches.' Such 'hunches' included speculations about the direction they felt the focus of treatment might have taken had they had the opportunity to be involved in future planning for Bobby. For certain, a major aspect of assessment involves the therapist's consideration of future treatment planning. Such planning is based on the child's response to a variety
of experiences and activities created out of the initial session/s.

In Bobby's assessment session, there were moments when he used the music to narrate and enact imaginary, horrific, and violent scenes. There were other times when he veered away from aggressive associations and images. He played instruments and sang familiar children's songs.

Bobby presented himself as a child that could have continued music psychotherapy under either of these conditions. At times, he was imaginative, creative, and able to express a great deal through his powerful imagery. At other times, he was eager to sing and play material that was seemingly free from internal conflict. Being responsive in both of these areas stimulated the panel to speculate about how and why they would or would not have guided Bobby to continue along either of these routes. A major question that developed from such speculation, led me to consider an aspect of music psychotherapy that appeared in the panels' varying recommendations for Bobby. It is a question that was not new to me nor was it an area that I set out to study. Yet, in the genre of music psychotherapy, it is a core question in that, even though there is no clear-cut right or wrong answer, it lends itself to the most serious consideration within
the creative treatment of an emotionally disturbed child. It involves the way music should be used when it evokes horrific, aggressive associations and/or images in children. What is the most therapeutic way to treat this situation; going in through the music or providing alternative musical experiences?

As the assessor, I followed Bobby's lead and sought to learn as much as I could about the basis and origins of his themes. I was not treating Bobby. I was assessing. I was there to learn as much as I could about him. Furthermore, it was clear from the onset of the assessment that I was not venturing into a long term therapeutic relationship with Bobby. Nonetheless, the decision to musically move with a child into their trauma versus moving away or providing alternate activities or experiences is an aspect of music psychotherapy that these clinicians examined and explored carefully during Bobby's assessment. The implications of this are significant.

Who and what distinguishes "music" versus sound in therapy seems associated to the finding of singing in tune or out of tune. These two categories, representative of semantic differences among the panel seem to depict a common question for music psychotherapists. What is music in a music therapy experience and what
kind of impact should the role of aesthetics play in the expression of music in psychotherapy?

This question seemed easier for the panel to consider in terms of singing. Unlike a defined, fixed instrument with exact intervallic perimeters and overtones, the voice carries a unique chamber within its sound; a person. The timbre, resonance, and size of one voice is unparalleled to that of another. Therefore, the measurement of what is perceived as sounding in or out of tune is often controversial for two reasons. First, the sound is unique. It is one of a kind and therefore not open to comparable controversy. Second, there is a human element involved. In hearing a voice, one is instantly reminded of a human spirit creating the sound and therefore more apt to link listening towards the emotive internal processes of the person within the instrument.

The music of music therapy is a seemingly more controversial aspect of music psychotherapy. It is rather ambiguous in that it is not specific to a person's usual mode of expression, the way the voice is. It is more related to a general music philosophy about what might be "pleasing to the ear" (Webster, 1986). In music therapy this is translated into what is considered to be healthy for a patient. Music is a universal language of many multifarious, intricate
dialects. The five varying ideas about what constitutes music in music therapy seems representative of a growing controversy in the field. The panel offers several clearly defined ideas about the music of music therapy. Their diverse opinions prompt me to keep an open mind about what I consider music to mean in my own music therapy practice and in my ability to clearly express my own music therapy stance. I am careful to consider each sound created by my clients as an expression of their music capacities, which might not necessarily be musical as much as it is musically expressive of their needs and where they might need to go.

I have not ever considered how strongly the role of music can be in the assessment of investment and intent. I feel that we, as music therapists, are uniquely illuminated to this area through the very nature of the creative sound process. The depth and intensity with which each panelist defined and redefined this area has had a profound impact on not only the way I assess, but in the way, I, myself play music.

I am looking at the underemphasized role that adult approval seeking behavior takes in the assessment period. There is so little published in this area. In working with children who are disturbed, this is so
often apt to be a given. In music psychotherapy, I have learned that this could emerge in ways I had not before thought possible.

Reflections on the Method

Hermeneutics stresses the preference for studying practices, rather than simply challenging beliefs. The act of interpretation is best shared when it takes place within a commonly understood context.

This research method, as one panelist put it, concretized music psychotherapy assessment. Receiving the panelists' texts in the initial stage provided smooth access into the language of each panelist later on. Through learning and reorganizing the textual data (assessment reports) over and over again, I became familiar with five varying ways of looking at and processing the same assessment session. The interview process then provided a depthful inquiry into the way in which music psychotherapeutic assessment experience became qualified through text. Towards the end of four out of five of the interviews, each panelist mentioned how this style of research helped them to better define and express what they were doing.

By the interview, I was already using their terminology and checking out categories. In this way there was a common ground for qualification. Each
panelist further grounded, expanded or offered new terminology through discussing it with an interested person who had already learned their way of writing, their language. The process of learning their text before approaching them personally, seemed to give the panelists permission to go deeper into describing their experiences. It allowed them to be more spontaneous. This was due to the fact that they sensed that I was interested in learning more about the creative, unique way that they wanted to talk about their understandings, rather than anything in particular that they thought I was looking for. In presenting their terms to them, and how I had understood what they had written, I felt that they were quicker to trust the process and therefore more easily able to creatively go off and flow into the essence of what it was they were trying to define.

Comments that illuminated the value of this method include:

"I have enjoyed this very much because you forced me to define things that I've not been very clear about in my writing."

"I liked the challenge of doing this. It helped me figure out what I'm doing from an epistemological framework. This whole process really helped me articulate what I do."

"I was stimulated by this project. I liked that you weren't searching for things, you wanted to hear how I thought about things and why. There was no
justification involved. You helped me ground and clarify things."

"This kind of research will give music therapy more clout in terms of being a presenting member of a team. When we can say what we're doing—like this is what happened and this is what it indicates . . . ."

The Research Design

The design of this study enabled me to witness how five music psychotherapists formulate clinical understandings. The fact that the panel did this from an observer's perspective made the inquiry easier to investigate than it might have been had the panel themselves been involved in the actual assessing. As one panelist put it, watching the evaluation is much different than doing the evaluation in that there are less "feelings of tugs either way." Because there is less personal involvement, "you have to pick up the stuff by observing it." Through the explanations of what was observed, I gained access to specific, explicit perceptions.

The panel checked in with themselves and were given opportunities to react to the design as part of the study. There were a variety of reactions. Joyce felt as though she was doing the assessment herself as she found our ways of assessing to be so similar.

Ronnie had to approximate on her assessment of countertransference. Shelly, often takes six
assessment sessions and a full family history before writing up her report. For her, assessing with no knowledge of Bobby's history, and through watching only one session, was not always easy. Ned mentioned that he would have assessed in a totally different way, but "may have run into the same problems from another point of view." Although his assessment session would have been carried out differently, he did say that he "would have found out many of the things that you, your [my] assessment evidenced."

It seems apparent that the data were affected by some of the panelists' reaction to the design. This increases the trustworthiness of the findings as it provided assurance that the panelists were taking into account their own awareness of the process.

**Recommendations**

Music is the language of healing, but words are the tools that help us to understand and share what it is we are doing. The more we can offer each other illustrative text that is our own, then the more we can build on a strong, well defined foundation of understanding.

The clinicians (panel) who participated in this study offered explicit ways of thinking, not only about how meaning is established, but about how a music
therapy assessment experience becomes translated into words. It is my sense that on translating Bobby's music therapy assessment experience, five prominent music psychotherapists consolidated and stimulated new ways of thinking and describing assessment. The meta-analysis of this study seems to have some implications for the possible direction of future studies in music therapy assessment. Certainly, an awareness about the kinds of insights the assessor is offering would prove useful. I tend to think a cross of concrete examples and intuition would provide any assessment approach with two levels of coming to know a client in a deeper way.

Another section that could add a level of depth which may or may not be included within an assessment report could be the creation of a self hermeneutic sketch of the therapist. The role that their orientation, background and instrument would play within the treatment of each client seems to be essential to the music psychotherapeutic process.

I recommend that future music therapy assessment studies focus on the text. I think hermeneutic methodology has a great deal to offer music therapy in an effort to gain greater understanding and insight about our clinical experiences.
BIBLIOGRAPHY


APPENDIX A
THE ASSESSMENT PROJECT

Thank you for your willingness to participate in The Assessment Project. Your answers will serve as a basis for Music Therapy Assessment research in fulfillment with Joanne Loewy's doctoral dissertation at New York University. In the event that any of your responses should be referred to specifically within the study, please be assured that you will be contacted for permission.

The need for collaborative music therapy assessment of the emotionally handicapped child and adolescent is great. It is my hope that your thoughts, descriptions and visions of assessment within the field of music therapy can be culminated, viewed and explored in an effort to further consolidate and hopefully expand the way in which we understand our clients.
PERSONAL INFORMATION

NAME: ___________________________ AGE: ______

HOME ADDRESS: _____________________________________________________________

HOME PHONE#: ___________________ WORK PHONE: _____________________________

WORK ADDRESS: _____________________________________________________________

FULL TIME OR PART TIME-Circle (FULL TIME 20-30 hrs. weekly
PART TIME 19 or less hrs. weekly)

HOW LONG HAVE YOU BEEN AT THIS SETTING? ____________________________

YOUR OFFICIAL JOB TITLE IS: ________________________________

POPULATION (primarily): ________________________________________________

AGE OF POPULATION: _____________________________________________

BRIEF DESCRIPTION OF SETTING: ________________________________________

________________________________________________________________________

ARE YOU A CMT or RMT (circle) BC? Yes or No

Year of certification? 19 ______

IS THERE A MUSIC THERAPY ROOM AT WORK OR DO YOU ROAM? _____________

________________________________________________________________________

HOW MANY INDIVIDUAL CLIENTS DO YOU SEE PER WEEK? _________________

WHAT PERCENT OF YOUR CLIENTS DO YOU SEE INDIVIDUALLY? _____________

IN GROUPS? _________________

FOR WHAT PERCENT OF YOUR INDIVIDUAL CASELOAD ARE YOU:

____Primary therapist  ____Adjunct therapist  ____Other (describe) ______

CHECK ONE:  ____I am the only music therapist at my setting

____I am one of ____ music therapists at my setting

My supervisor's job title is: ____________________________________________
1. HOW DO YOU COME TO SEE CLIENTS FOR INDIVIDUAL MUSIC THERAPY?

___ I observe on the ward or in the classroom & make recommendations to ____________________________

___ I am assigned a caseload by the staff ____________________________

___ I see all of the clients

___ I don't see any individual clients

___ I screen all of the clients and weed out those most appropriate for music therapy

___ Other—Describe: ________________________________________________________________

2. HOW MANY CLIENTS MIGHT YOU SCREEN FOR INDIVIDUAL MUSIC THERAPY PER YEAR?

___ 0 ___ 1-10 ___ 10-20 ___ 20-30 ___ 30-40 ___ over 40

3. DO YOU WRITE UP A FORMAL SCREENING FOR EACH CLIENT?

Circle Yes or No

4. UPON SCREENING CLIENTS, HOW DO YOU DETERMINE THOSE INDIVIDUALS WHO ARE APPROPRIATE FOR MUSIC THERAPY?

________________________________________________________________________

________________________________________________________________________

5. HOW DO YOU DETERMINE THOSE INDIVIDUALS WHO ARE NOT APPROPRIATE FOR MUSIC THERAPY?

________________________________________________________________________

________________________________________________________________________

6. HOW IMPORTANT IS A CLIENT'S MUSICAL APTITUDE OR ABILITY IN YOUR DETERMINING THE EFFICACY THAT MUSIC THERAPY WILL OR WON'T SERVE IN THE FUTURE?

________________________________________________________________________

________________________________________________________________________

7. HOW DO YOU COME TO SCREEN A CLIENT?
8. IS ASSESSMENT PART OF YOUR WORK?
   __ Yes    __ No    __ Somewhat   __ Not really

9. DO YOU WRITE UP A FORMAL ASSESSMENT OF EACH CLIENT THAT YOU SEE?
   Yes or No circle HOW OFTEN?

10. DO YOU FEEL THAT THE FIELD OF MUSIC THERAPY HAS A NEED FOR A GENERAL ASSESSMENT TOOL?
    __ Definitely    __ Yes    __ Perhaps    __ Not really    __ Definitely not
    CAN YOU SAY WHY YOU FEEL IT IS OR ISN'T NEEDED:

11. IS YOUR ASSESSMENT PROCESS FORMAL OR INFORMAL?
    DESCRIBE:

12. HOW IS THE FIRST CONTACT MADE?
    __ Client comes to you   __ You pick up client   __ Client is brought
    __ You go to them   __ Other: ____________________________ to you

13. UPON ENTERING THE MUSIC THERAPY RELATIONSHIP, WHAT WOULD BE THE FIRST EXPERIENCE LIKELY TO OCCUR?

14. HOW DO YOU SET UP THE ROOM? WHAT IS OUT, WHAT IS NOT OUT?

15. HOW DO YOU STRUCTURE YOUR ASSESSMENT SESSIONS?

16. HOW ALIKE OR DIFFERENT IS YOUR ASSESSMENT TIME FROM YOUR ONGOING ASSESSMENT OR TREATMENT TIME?

17. HOW MANY SESSIONS DOES IT TAKE YOU TO ASSESS?

18. ARE THERE OTHER PEOPLE AROUND WHEN YOU ASSESS (ASIDE FROM YOU & CLIENT)?
    __ Yes    __ No    If yes, whom ____________________________

(4)
19. Do you have some kind of warm up or contact, hello song within your assessment? Describe

20. How might you end your assessment session(s)?

21. What kinds of verbal comments or questions might you ask during the assessment?

22. Can you describe the instruments that you, the therapist use most often during an assessment?

23. What do you, as the therapist do during the assessment?

24. Are you structured or informal?
   Structured activities 1/2 Structured 1/2 informal Open ended
   & Informal

25. What role do you, the therapist play in the assessment process? Active? Passive? Describe:

26. In what instances would you sing during an assessment?

27. Do you have specific musical tasks that are used to help you assess?
   Describe:

28. What developmental areas can you most often assess through the music?
   Examples:
   Developmental Area: Defined through music:
   1.
   2.

29. Would you say that you view or assess your clients through the elements of their music making or by their developmental needs?
30. WHAT AREAS DOES YOUR MUSIC THERAPY ASSESSMENT COVER?


31. WHAT ONE OR TWO MUSICAL ACTIVITIES OR EXPERIENCES HAVE PROVEN TO BE THE MOST PROJECTIVE WITHIN YOUR ASSESSMENT?


32. WHAT DOES A CLIENT'S CHOICE OF INSTRUMENT SAY ABOUT HIM/HER?
   ___ A great deal ___ Not much ___ At times, it can mean something at other times, nothing ___ I've never thought about this

33. IS MOVEMENT INCLUDED IN YOUR ASSESSMENT? SAY HOW:

34. IS RHYTHMIC RESPONSE ASSESSED? Yes or No circle. If yes, say how:

35. How, if at all, is improvisation used?

CHARTING, WRITE-UPS & DOCUMENTATION

36. IS YOUR ASSESSMENT INCLUDED IN THE CHILD'S CHART? Yes or No circle

37. AT WHAT POINT DO YOU VIEW THE CHILD'S CHART (PERSONAL HISTORY & PRIOR RECORDS)?
   Check one ___ Prior to 1st meeting ___ After 1st meeting ___ After 2nd meeting ___ After 3rd meeting ___ Other

   IN GENERAL, HOW OFTEN DO YOU READ THE CHART?
   ___ Rarely ___ As often as possible ___ Other

38. WHAT IS THE FORMAT OF YOUR ASSESSMENT WRITE-UP?
39. HOW ACCESSIBLE IS YOUR ASSESSMENT WRITE-UP?
   Confidential  Accessible, via me, the therapist  Charted for all clinicians to view

40. THE ASSESSMENT FORMAT I USE IS:
   ___A general assessment form from my setting that all clinicians use
   ___A Creative arts assessment form that all of the CATs use
   ___A music therapy assessment of
       Check one:  ___My own  ___Someone else(s) (say who:_________________)
       ___A non music therapy assessment (Define:_________________________)
       ___Other:_____________________________________________________

41. WHAT FORM DOES YOUR ASSESSMENT TAKE?
   ___Checklist  ___Paragraph form  ___Rating scale  ___No special form or Other:_____________________

42. HOW MANY TIMES DO YOU SEE A CLIENT BEFORE WRITING UP THE ASSESSMENT?

43. DO YOU TAPE OR VIDEO YOUR ASSESSMENTS?
   ___Always  ___Usually  ___Sometimes  ___Rarely  ___Never
      circle- Tape or Video

MUSIC THERAPY ASSESSMENT DEFINITIONS

44. IN DESIGNING A MUSIC THERAPY ASSESSMENT MEASURE OF YOUR OWN FOR EH CHILDREN AND ADOLESCENTS, WHAT AREAS WOULD SEEM MOST IMPORTANT TO INCLUDE?

45. IS YOUR ASSESSMENT PROCESS THE SAME FOR ALL AGES? IF NOT, CAN YOU DESCRIBE SOME OF THE VARIANCES FOR EACH AGE?

   2-5 year olds______________________________

   6-9 year olds______________________________

   10-12 year olds____________________________

   13-18 year olds____________________________

46. HOW OFTEN DO YOU RE-ASSESS YOUR CLIENTS?
   ___Yearly  ___Bi-annually  ___Monthly  ___Weekly  ___I do not re-assess
   ___Other:_________________________________
47. HOW IMPORTANT IS YOUR ASSESSMENT PROCESS TO YOUR OVERALL TREATMENT PLANNING?

_Invaluable_ _Important_ _Necessary, but not that important
_Procedure-"paperwork"_ _A waste of time

48. WHAT LED YOU TO DEVELOP THE ASSESSMENT PROCEDURE THAT YOU PRESENTLY USE?

________________________________________________________________________

49. HOW MANY TIMES MIGHT YOU ASSESS A CLIENT BEFORE FORMULATING GOALS?

_Once_ _Twice_ _Three times_ _Four times_ _Five times
_Other:______________________________

50. WHAT ARE YOUR MOST COMMON (if you had to say) MUSIC THERAPY INDIVIDUAL TREATMENT GOALS- LIST A FEW:

________________________________________________________________________

________________________________________________________________________

51. NOW, CAN YOU TAKE ONE OF THE ABOVE GOALS THAT YOU MENTIONED AND HYPOTHETICALLY DESCRIBE A MUSIC THERAPY MOMENT WITHIN AN INITIAL SESSION THAT MIGHT HAVE LED YOU TO CREATING SUCH A GOAL:

________________________________________________________________________

________________________________________________________________________

52. DO YOU DEVELOP AXIS I-V DIAGNOSES AS PART OF YOUR ASSESSMENT?

Yes or No circle

53. WHAT DIAGNOSIS (Axis 1 or 2) DO THE MAJORITY OF YOUR INDIVIDUAL CLIENTS HOLD- i.e. Autism, Pdd, Conduct Disorder etc........

________________________________________________________________________

54. FROM YOUR EXPERIENCE WITH EH CHILDREN & ADOLESCENTS, WHAT WOULD YOU SAY ARE THE MOST COMMON FEATURES THAT YOU HAVE SEEN WITHIN CLIENTS IN TERMS OF THESE MUSICAL AREAS & ELEMENTS (FEEL FREE TO ADD):

Rhythmically-
Vocally-
Melodically-
Harmonically-
Instrumental-
Improvisation-
Verbally-
Song-
Movement-
Relationship to Therapist-
Other (fill in)-

INFLUENCES & EMPIRICAL VALIDITY

55. HOW DID YOU COME TO DEVELOP YOUR ASSESSMENT TOOL?

56. WHO HAS HELPED OR INFLUENCED YOUR THOUGHTS ABOUT ASSESSMENT?

57. DO YOU USE ANY ASSESSMENTS THAT HAVE BEEN FORMALLY DOCUMENTED?

58. WHAT SOURCES (music therapy & non music therapy) HAVE YOU DRAWN FROM TO DEVELOP YOUR ASSESSMENT?

59. IS THERE ANY RESEARCH OR STATISTICAL VALIDITY TO YOUR ASSESSMENT TOOL?

60. WHAT KIND OF PROOF OR VALIDATION GIVES YOU THE SENSE THAT YOUR ASSESSMENT IS USEFUL OR ACCURATE?
FEEDBACK & SUGGESTIONS

How was this questionnaire?
  _Too long  _Too short  _OK  Other:__________________________

Can you think of any areas or questions that you would have liked to have seen included?

_________________________________________________________________________

What Areas were left out?

_________________________________________________________________________

What Areas were important to you?

_________________________________________________________________________

What Areas were unimportant?

_________________________________________________________________________

THANKS AGAIN!

Joanne V. Loewy
November 1990
Music Therapy Evaluation
Observer: "Tilda"

Name: Bobby  Evaluator: Joanne Loewy
D.O.B. 7 1/2 years old  Date of Evaluation: 8/92

Bobby is a 7 1/2 year old African American boy who was neatly dressed and of a sturdy build. Throughout the evaluation Bobby demonstrated good eye contact, was cooperative, and motivated to relate to the evaluator. As Bobby plays and creates he depends on the evaluator for direction and structure. Without prompting and coaxing Bobby lacks internal resources to deal with conflicts and copes by giving up saying, "I don't know," or abruptly switches themes to familiar material such as the ABC song, the Three Little Pigs story, or the Wheels on the Bus song. He communicates when he needs help and exhibits a level of trust and fondness for the evaluator. Given support and structure Bobby is able to take leadership, risks, and explore his creativity.

As Bobby plays he responds to the cadences in the music without prompting indicating attentiveness to the evaluator. He has difficulty maintaining a basic beat which may indicate some motor or processing problem. His willingness to explore instruments and create a variety of activities is a strength for him. His musical involvement seems half hearted at times as he became more involved in the storytelling which may reflect a problem with integrating both verbal and musical material or distractibility. When asked questions he sometimes has difficulty recalling the proper word as in his response to what color is the bus, "the same color as all the other buses." He was most invested musically at the end of the evaluation as he played the piano with his fists, arms, and elbows in a strong percussive manner. Vocal responses were not in pitch with the melody.

Themes that slowly emerged include anger, aggression, abandonment, safety, need for nurturance, and bodily injury. The anger and aggression emerged little by little and was explored progressively during each
improvisation as Bobby gradually let down his defenses. The first sign of the anger or fear occurred in the first improvisation when asked, "what do you do when you get on the bus." He said, "scream." He quickly denies and moves away from this theme as it may be too threatening since he is referring to himself. In the next improvisation the theme reoccurs symbolically through the lady getting eaten up by a lion. This is too threatening to him and he quickly changes to the Three Little Pig story. With the wood blocks he responds while playing them by saying, "I'm gonna block his head five times." He responds to the chimes by playing and saying, "Now this one's gonna get hurt." This again seems too threatening and he stops developing this theme by compulsively counting each chime. His theme of being victimized is kept a secret by putting the chimes asleep and when they wake up they won't remember they have gotten hurt. Aggression towards him or anger towards others is an area that needs further exploration. Finally, in his story of the building-crushing-giant who pushes his mother, father, and sister into the water where sharks eat them up Bobby is able to fully develop his theme, express his anger and lack of nurturance without avoidance or denial. When asked why the Giant is so mad he responds by saying, "He's hungry." Bobby is able to solve this dilemma by creating a store where food is abundantly available. He takes control and becomes the nurturer providing all food and money that is needed. The abandonment issues appear as he is later looking for the family which have been turned into bones.

In summary, Bobby is a boy who is playful and ready to interact with others. He demonstrates difficulty maintaining rhythms and producing correct words at times which may indicate processing and motor deficits. He is dependent on others but can be a successful leader when given structure and emotional support. He deals with anxiety by using external familiar structures, denial, and concrete, compulsive activities. The aggressive and lack of nurturance themes need further exploration to determine sources of these conflicts.
Recommendations include:

1) A neuropsychiatric evaluation to determine any organic problems.

2) A psychosocial evaluation to determine family dynamics.

3) Individual music therapy to:
   a) improve motor skills
   b) to increase expression of emotions
   c) to deal with issues of nurturance and abandonment.
Bobby: Assessment Session  
"Ned"

In carrying out this task, I find myself in the position of having to arrive at an assessment of a child through studying behaviors and communications generated in response to another therapist's approach. The assessment procedures I would follow to gain the kind of insights into a child that are central to the approach to music therapy I practice were not applied, so that I am unable in this study to arrive at the essentially musically oriented assessment I would normally make. Therefore, I will offer what assessment I can, partially from experiencing the child through another therapist's mode of perception, and partially from a more external observation of the child's reaction to this assessment procedure.

I will first present a narrative of the session to highlight those aspects of the child-therapist interaction I felt most relevant to the process of this assessment. As I studied the session, it became clear to me that, to some extent, I would inevitably become involved in assessing the therapist's assessment technique.

The Session

When the therapist brought Bobby into the room he showed no sign of distress. Instruments of many kinds were arranged around the periphery of the room. The therapist sat him down to face her and conscientiously introduced the situation to him. She then explained the purpose for which they had come together, which was to help her "study about how kids make music." When she began to open up a dialogue through questioning him, he was, as would be expected, a little timid and shy. But he quickly gained confidence and showed an ability to use language in a way that appeared normal and natural for an Afro-American child of seven years of age.

He had an easy, relaxed manner, seemed openly attentive, and smiled pleasantly. The aptness of his verbal responses showed alertness, and it was noticeable how promptly he corrected the therapist when she misunderstood him (he had answered an ambiguous question he believed to be about the room, while she thought he was
referring to the tambourine she had given him); it was obviously important to him that he was accurately understood. He communicated intelligently and socially despite the challenge of being in a strange place with an unfamiliar adult.

The therapist was friendly and unthreatening throughout; she conducted the session with careful maneuvering and met his suggestions with a lively responsiveness. She had a warm strong singing voice which she used with a natural directness. Her overall style of approach was low-key, it had its own personal integrity and an inviting childlike quality.

She began by improvising a "Hello" song for him, accompanying herself on a guitar. His playing of the tambourine was tentative, probably because it was not easy for him to pick up the beat from her style of accompaniment and the irregularly placed accents that came out in her singing as she improvised her words of greeting; he may have tried to tap the tambourine at two to the measure but with only partial success. After the song he tapped the tambourine in a moderately fast tempo she simplified her playing and for several beats there was rhythmic synchrony between them, but this ceased when she returned to her former strum pattern.

From here on, it became clear that closely focused, explorative musical coactivity was not a primary goal of the therapist; she was following another agenda in making her assessment.

She began to work toward getting Bobby to choose from among the instruments; she told him her intention, then maintained control of the session by structuring his choice. He, in turn, capably asserted control of the therapist and delayed leaving the security of his present situation by asking to sing a familiar song: "The wheels on the bus." They sang three verses before the therapist began to question him about his bus ride. She led into the question, "what do you do when you first get on the bus?" Bobby's reply was unexpected: "Scream." Then he went on to deny this: "No, no, I don't scream....I sit down and be quiet....while the others talk....I don't talk to nobody. I just sit there and look out the window." The conversation turned to cars and did not return to the subject of riding on the bus.

Although the therapist said that she would "give him a tour of the room," she left him seated while she moved
around the room and demonstrated a number of instruments. She talked about them and stated that before the end of the session they would make a tape for him to take home. He spoke confidently as he recognized some instruments. The therapist then set up a procedural structure by suggesting they throw a ball from one to the other and after five throws he would tell her which instrument he would start with. Bobby responded with his own control gambit by reciting "eenie, meenie, minie, mo" to determine who should throw first. After five throws he chose a number of reedhorns on a small table.

Rather than let him go independently to the reed horns, the therapist moved his chair nearer to them, then brought the table of horns to him. When she sat at the table, he offered her a horn to play with him. He tried different horns and they exchanged a few tones. Again it was apparent that she was not concerned with any intrinsically musical outcome of this activity. He found three wooden bird whistles on the table and blew them with interest and some amusement. One reminded him of "Popeye, the sailor man," and when she sang the first phrase he put in the "toot toot" accurately. Another bird call with a high-pitched piercing tone, caused him to say, "A lady was screaming!" The therapist pursued the subject; in response to her eager questioning he volunteered that the lady was screaming "Help!" The therapist went to the piano and encouraged him to make a story about the lady. He blew the bird whistle again, and the sound he made--sustained and falling away at the end--was remarkably like the scream effects heard in children's television cartoons. In response to further questions, he said, "A lady screamed 'cause a lion got her....and ate her up, after that, the bones...were on the ground, and he was sucking the blood on the bones." The therapist played the piano for the lion, playing in an indefinite tonality, at times percussively, and echoing his words in her singing. To the sung question, "Where was the lady coming from?" he replied, "The lady was coming from her house, and that's the end."

Although the therapist tried to elicit more of the story and get Bobby to act it out with her, he did not want to continue with it. He was not willing to play an instrument himself for the lion, but effectively got the therapist back to the piano by saying it was the best for playing the lion. He added, "The lion was in the lady's house....and then....I don't know, that's the end." He subtly avoided blowing the "scream" whistle again.
He changed the direction of the session by suggesting the story of "The Three Little Pigs," which he told in outline and accurately. He turned aside the therapist's suggestion to use instruments in the story. My impression, at this time, was that he was feeling pressured by the therapist's repeated direct attempts to involve him in using instruments in a story; he was probably interested in playing instruments, and also feeling the need to fulfill her expectations, yet was confused as to how to set about it.

He moved to the instruments and chose the temple blocks. As he took the beaters he said, "Well, you gonna, someone's gonna bop 'em on the head" (the temple blocks can resemble grinning heads, as other children have suggested). He played each of the five temple blocks once, then counted them, his playing was controlled and in a moderate dynamic. He added, "So, I'm gonna...block his head five times," and played each once again. He reached out to the windchimes: "Now this one is gonna get hurt." He played along the chimes once, then counted them. As he counted, he carefully touched each chime in turn with a small mallet, an impressive act of eye-hand coordination, which he performed perfectly for all twenty-one chimes.

Obviously, he felt more secure in counting the instruments than in playing them. All this was done in a conversational voice and with a pleasant smile.

He ignored the therapist's question about how the chimes sounded, and spoke about knocking some out, then "I'm gonna spray them with a sleepy spray...and when I get ready for them to wake up, they not gonna remember what happened." While the therapist improved at the piano in the hope of initiating musically supported storytelling, Bobby twice put the windchimes to sleep and awakened them, then abruptly turned his attention to how the beater he was using was made. He tapped the cymbal once, then looked at the drum. He accepted the offer to play it: "I want to make a giant noise...I want to pretend a giant came...and crushed all the buildings;" he made cracking, crushing sounds with his voice.

The therapist entered into this fantasy by taking the role of the giant. Bobby beat the drum and directed her. He used a large tom for the giant walking, a snare drum for the crushing of the buildings, the cymbal for the giant falling and going to sleep, and the windchimes to awaken the giant. He did not play with much conviction. He was smiling less. The
therapist continued acting the part of the giant. When the giant awoke and found that he had crushed the buildings, he asked Bobby to tell him why. Bobby's answer extended the fantasy: "Because you was made, because you lost your family...Remember you pushed them in the water and the sharks ate them up?...But you didn't push your...two brothers in the water." When the giant asked who he had pushed into the water, Bobby replied, "Your mother and daddy and sister...because you was mad at them, because you didn't get nothing to eat." He added that the giant had saved his brothers because, "You wanted your two brothers to come down with you."

The therapist focused on the theme of being hungry. Bobby took charge and evolved a situation in which he was at cash register and she was buying food in his store. He told her what she should buy. Still trying to dramatize the story with instruments, she picked up a number of resonator bells as items of food, played them and placed them by him. But he ignored them and rang up the purchase with a few taps on the temple blocks. At first his price was high, higher than he judged she could afford. At first his price was high, higher than he judged she could afford. Then he became generous and rang up change to give her. The therapist, now at the piano and improvising as Bobby used the temple blocks as a cash register, tried to get him to prolong his playing--without success. He reduced his price to one dollar and told her to take more food: "Cause you been nice!" There was a pleasant mood between them as he helped her carry her groceries home.

After a brief interlude in her kitchen he directed her to go and see if her family were still there. When asked where, he replied, "Under water. You went to swim and you sawed the shark, then you sawed the big giant bones, and then you started swimming fast, and then the shark started to get you, and then you jumped out of the water!" The therapist encouraged him to repeat his story and play instruments with it. She also wanted to take his name and take the role of being Bobby, but he countered by referring to a lollipop television commercial and suggested she be "Mr. Owl."

Under his direction, and with him playing a drum for her walking, the therapist enacted the fantasy. He chose the small pentatonic xylophone for her swimming, she added swimming music on the piano. When she screamed because the shark was chasing her, he told her she was now not in the water; later, he structured this
situation with a cymbal beat that meant she was out of the water. He encouraged her to keep on playing the piano (I wondered if this was because her music was dramatic and had more thematic coherence than before, or was it because this was an effective way of controlling her?).

Abruptly, he crossed the room and picked up a turtle puppet: "The turtle...gonna get you...." Engrossed in the turtle, he disregarded the therapist's attempts to lure him back to playing the instruments: "Look, look in his mouth! He sawed you and he was hungry." As she ran screaming around the room, he pursued her on his hands and knees, moving the turtle along the floor. When she stopped, he put the turtle against her feet: "He's eating. You're gone and now you, now you, now you're turned into bones." She set out three resonator bells for sound effects for bones and played them on the floor. He put the turtle on the bells: "Now, I'm going to suck the bones..." He tucked the turtle's head inside its body: "Now he's gonna eat himself up... Now there's nothing there, he's just bones."

He played the bells for some moments using a wood mallet, the sound was harsh and his playing did not express any musical intent.

The therapist then invited him to make a tape with her, using this as another ploy to get him into playing instruments. Bobby accepted this but was not enthusiastic. She worked to involve him in reviewing the session. He accurately recalled several of their activities. Twice, he interjected that he wanted to count to a hundred. In respond to her questioning, he said he liked all the instruments, including those he had not played. Of all their activities, he liked the giant's part most. When asked what he liked about the giant, he replied, "When he wh, wh, wh, wh, when he pushed his mother into the water." He went on to affirm that he liked everything in the room.

He wanted the "ABC Song." She gave him five resonator bells which he played while she sang the song. The melodic-harmonic concurrence between his playing and her singing were random, but he played in the melodic rhythm after the first phrase.

He wanted to count to a hundred, but she bargained him into singing the "ABC Song" first. This time, she played the resonator bells. She prompted him at one point and they finished singing the song together. They listened as part of the tape was played back.
Then she invited him--before he counted to a hundred and they ended the session--to play any instrument that he wanted to try again or had not tried. He chose "the one that I didn't try was the one that you were playing," the piano. She told him to "go try it."

He went willingly to the piano, saying that he was going to make a "Sloppy sound." (From the way he said this, I felt he was explaining that as he did not know how to play the piano, he would make a "sloppy job" of playing it. The therapist seemed to interpret it as Bobby wanting to make a "sloppy sound." ) He began briefly with a single finger, but soon was playing with both forearms spread along the keys. The therapist strummed her guitar to his playing. He began to speak, "That's um...how I play, what I feel like....I like doing this." He played briefly with an elbow, then clusters with the palms of both hands. His playing became more deliberate and careful: "I like using these and then going here." The guitar was obviously ineffective in balance and timbre with the piano, so the therapist suggested she join him. He agreed and she began playing clusters in the bass. She imitated his playing and began to improvise: "I'd love to play a sloppy song." Bobby played with his elbows, adding: "Now that's real sloppy!" Then he became more explorative and began to play single tones with the index finger of his right hand, ascending from the bass to the top of the treble. He played a glissando, then descended by single tones into the bass. Finally, he played with two fingers of his right hand "walking" down the keys. She began to sing a Good-bye phrase; briefly he played with musical interest.

Still seated at the piano, he reminded her that he was going to count to a hundred. As he began to do this, she played single octaves in the middle register, apparently trying to develop an accomplishment to his counting. He faltered a number of times, so his rhythm was uneven. Her rhythm was also uneven, and lacked any feeling of supportive continuity. She prompted him whenever he lost the sequence of numbers, and I wondered how much her repeated unsuccessful attempts to arrive at a musical coactivity were, in fact, distracting him. He reached one hundred, she complimented him, they exchanged a high five and he left.

The session was fifty-five minutes in length.
Assessment: Factors and Considerations

I was grateful to the candidate for the well-made video of the session and the transcript she provided. There was a gap in the transcript (page 24) but it was not at a critical juncture in the session.

I began viewing the tape feeling the need to know why Bobby had been referred for evaluation. Was it because of social or behavioral problems? Was he some kind of "special needs" child, or were we, in fact, being presented with a child with no serious abnormalities, chosen at random for the purposes of this study? But knowing the candidate's area of specialty, and the kinds of children that would be accessible to her, I assumed that there was the probability that Bobby was, in some way, emotionally disabled or disturbed. This was partially confirmed as the session progressed.

Throughout, his composure was impressive. He was quiet and relaxed, but assertive. He was firm without appearing bold. Yet there was something touching in his self-reliance. One felt a loneliness about him, that he was a seriously troubled child, who had, for now, found a way of living with his problems and stress and surviving them.

The themes of violence which emerged early and continued through the session definitely suggested problems in the family, particularly centering on the mother and possibly on the relationship that bonded her to her husband and daughter. Yet it remained a question throughout the assessment how much his images of violence and the energy they carried were reflections of the violence in children's movies and television cartoons, or were nurtured by the folkways of violence belonging to his neighborhood and school, or were reactions to violence in his home. I wanted to know more about the family situation and the ages of his siblings.

As the session proceeded, I found myself wondering if Bobby had been in therapy before. He obviously felt comfortable with a therapist, and the easy spontaneity with which he delivered his litany of violence gave me the impression of watching an old hand at the clinical game. I began to suspect that he knew just what themes to suggest to excite a therapist's interest and ensure his or her responsive attention. Because no history was given to the panel members I have no way of knowing if my assumptions have any validity, and of course they
do not diminish the underlying significance of his imagery. But the confidence and skill with which he controlled the session lent support to my suspicion that I was watching a boy who knew how to handle a therapist. If indeed, in therapy, this guaranteed a caring attention to his needs in a one-to-one situation, a circumstance that probably existed nowhere else in his life, then what we were seeing was, to some extent, clinically learned behavior.

The therapist's technique of assessment involved engaging Bobby in a blend of play therapy and drama therapy supported by a style of imaging musical improvisation which included singing and the use of musical instruments. Her interest in the musical content of any activity that developed appeared to be secondary and subservient to her intention to elicit verbally expressed imagery from him and exploratively develop it.

The approach that would normally have been taken in the music therapy clinic I co-direct would have been almost completely the opposite. The aim would not have been to draw out such imagery, but rather by-pass it in order to stimulate and explore his inherent musicality directly. This would have involved him in new and mobile experiences and probably have been approached by giving him a drum to beat with piano and vocal improvisations, or by inviting him to play the piano with the therapist. I was therefore interested to see how his musicality might come to expression in this different approach to assessment.

It was apparent early in the session that he was uncomfortable when confronted by an activity he could not structure or control. He appeared caught up in what was securely fixed, and inexperienced in handling the mobile and changeable. This applied to his musical responses, for he did not stay with any unstructured situation for long. I had the feeling that despite the therapist's repeated efforts to involve him in playing instruments, the engagement of his musical sensitivities was in fact impeded by the continuous focusing on his images. However, late in the session, as he was beginning to acclimate to the freer possibilities of the situation, he independently showed some moments of musical initiative: he expressed an interest in the piano and explored ways of playing it. Noticeably, this was not related to any image. This venture into the actively new and unknown could not last long and was soon overruled by his preoccupation with counting to a hundred.
Assessment

Bobby presents as an emotionally disturbed boy. No psychosis is evident. The severity of his condition cannot be determined from this evaluation alone. A complete history and further exploration are needed. He could possibly benefit from a special program for emotionally disabled children, although more needs to be known about him, his family, and his behavior and performance in school before this can be recommended. He seems to be of normal intelligence and language capability. The need for family counseling and/or therapy should be investigated.

He will probably benefit from music therapy, and I would recommend that for an appreciable part of every session the attempt be made to work on musical explorations and the development of communicative musical skills that are free from associations with habitual fantasies. His demonstrated intelligence and sensitivity warrant a music therapy approach that, for at least part of the time, is developmental and enriching rather than psychotherapeutic. Then, if and when he needs to communicate traumatically generated material through musical expression, he will be better able to communicate it competently and at a more significant emotional depth.
Music Therapy Assessment  
"Joyce"

Name: .. Bobby ....................... Age: .. 7 .....  
DOB ..................... DOA ..................... DOE ...........  
Program ........................................

History, reasons for admission, current strengths and problems:

Assessment:

A. Musical Domain

Activity preference

Most engaged in storytelling and enactment. He also verbalizes this (the "Giant" story) as his favorite activity. Also enjoyed exploring a range of instruments. Verbally expressed interest in the drums.

Vocal behaviors

Initiated singing songs 2X during the session. Spontaneously sang a line once or twice in context of story enactment with the therapist.

Vocal quality

Voice quiet, slightly hoarse. Narrow pitch range. Good sense of pitch--he substituted harmonically related notes for notes in the melody that were above his range.

Use of and relationship to equipment

Increasingly confident, explorative and expressive. Age-appropriate--he used them to make the sounds they're designed for.

Rhythmic profile

His rhythmic playing throughout tended to be irregular and slow. Occasional moments of increased relatedness to the beat of the music.
Name:...Bobby

Creativity

Particularly creative in verbal and musical storytelling. His imagination was stimulated by some of the sounds of the instruments. The images and scenarios he described were notably violent and gruesome with a sense of hostility and anger.

Motivation

Moderate. More readily motivated in storytelling activities than in music though he became increasingly enthusiastic about playing instruments as the sessions progressed.

Special skills/abilities

B. Social/Emotional Domain

Interactions with therapist (musical, verbal, physical)

Tended to be friendly and trusting though somewhat contained. Musical interactions were increasingly interactive and co-creative. He tolerated but did not seek physical closeness or contact.

Interactions with peers

N/A

Affect and dynamics

Generally rather subdued. Able to indicate pleasure in activities. Seemed rather anxious when sitting on the piano bench telling "3 little pigs." Because somber and quite intense during "Giant" story--this congruent affect in contrast to casualness and smiling at other moments, e.g., when describing the lady screaming for help etc.
Name: ... Bobby

Spontaneity

Bobby was able to respond creatively and flexibly and to initiate new activities and directions. However, there was still a sense of restrictedness.

Capacity for play and pleasure

Playful and able to experience and express pleasure, verbally and in his gestures and facial expressions.

C. Developmental/Physical Domain

Impulse control

Unusual degree of impulse control for a child his age, e.g., remaining seated while the instruments were pointed out to him, including some that he said he was especially interested in.

Response to limit setting

Responsive to and accepting of limits set by the therapist.

Verbal and nonverbal communication

Articulate but at times absorbed in his own world and inattentive to therapist's question.

Cognitive skills

Very bright. Well-organized thought processes.

Fine/gross motor skills

He handled instruments carefully and appropriately. Gross motor seemed normal.

Attention span/focusing ability

Good attention span—sometimes needed support in becoming focused on the activity at hand.
Name:...Bobby

Activity level

Rather low. He seemed less energetic and active than normal.

Summary

My impression of Bobby is of a very bright, creative, appealing seven-year-old who is struggling with feelings of anger and hostility, perhaps also fear and considerable stress. These feelings emerged at sometimes unexpected moments, and most strongly in the sustained musical enactment of the "Giant" story. It was at this time that he seemed the most absorbed and that his affect was most congruent with the content of his creative play.

Bobby seemed unfamiliar with music as a means of expressing his feelings, though he enjoyed trying out many instruments. He was particularly drawn to storytelling as a means of expression and communication. He was attentive and trusting toward the therapist although sometimes absorbed in his own agenda. He was willing to try her suggestions and follow her guidelines. There seemed to be an element of compulsiveness in Bobby's personality, which showed up in his insistence on counting and his concern about mistakes in the songs he sang.

Strengths:

Creativity, cognitive skills, imaginativeness, ability to relate to the therapist.

Needs:

Full and safe expression of his strong feelings.

Recommendations:

One-to-one music therapy with ample scope for verbal and dramatic expression.
Name:...Bobby

Treatment goals and objectives:

Goal: To help Bobby develop effective ways of fully expressing and processing his emotions.

Objectives: 1) Bobby will become familiar with the expressive possibilities of vocal and instrumental activities.
           2) He will use voice, instruments, and dramatic play with increased freedom and commitment.

Signature........................................ Date ........
Bobby is a 7 1/2 year old black child who I observed on videotape being given an initial music therapy assessment session by Joanne Loewy. Obviously Bobby and Joanne had not met previously. I do not know how much background information, if any, Joanne had about this child. I was given no information except for his age, therefore I have no information for the following categories that normally would be included in an assessment: Reason for referral and presenting problems; current living and school information; family and developmental history; no reports or information from other evaluation and treatment sources.

I. Overall Behavior/Presentation

Physically appeared neatly dressed and groomed. Able to make eye contact, attentive, cooperative and responsive to interviewer. Posture appeared unremarkable; he was physically contained without mannerisms or extra motoric movements. His activity level was also contained, with little spontaneous actions, words or musical productions. Themes of aggression, danger and neediness were evoked and expressed verbally from the exploration of instruments. Most participation, especially musical participation, was in response to Joanne's prompting, structure and invitation.

Affect exhibited was narrow in range (as best as could be seen on the tape) consisting of flat expressions or sweet smiles in response to pleasure during play or during interpersonal interactions with Joanne. No free or spontaneous laughter. Affect did not reflect the emotionally loaded themes expressed.

Moods seemed to include anxiety, depression and anger. A capacity for joy was also exhibited in his musical play and interactions, though quite muted in this first session.

Though there was clear indication of preoccupation with themes expressing danger and aggression, he was able to stay oriented in reality and maintain awareness that their play was "pretend" and not real. Whether his hold on reality/fantasy boundaries is firmly established would need to be further evaluated.
II. Communication/Self-Expression

Bobby's most comfortable mode of expression was verbal. There was little reliance on nonverbal expression which was, overall quite contained. His musical expression, except for brief periods, was less expressive than verbal expression. There was no spontaneous movement to the music throughout the session. He did maintain eye contact throughout the session communicating his desire to relate to Joanne as well as his reliance upon her.

Verbal expression seemed immature, but variable. The variability seemed to be in response to stress. At one time he stuttered and at other times he would forget the words to songs that he was trying to sing. The stress seemed potentially related to the emotionally loaded content of his thoughts and at other times to the stress of remembering. Whether his word finding difficulties were due to organic or emotional causes would have to be further assessed.

His greatest verbal expression occurred when he was telling stories to the music structured by Joanne. These stories seemed to communicate his preoccupation with aggression that appeared related to feelings about his family. Whether he is fearful of his own feelings of aggression toward his family, or fearful of their aggression, would have to be further explored. In addition themes of danger and fear of less, feelings of deprivation, neediness and desire for nurturance were also expressed and would need to be further explored.

What was striking was the inhibited musical expression, given the level of aggression expressed. The musical inhibition seems to match his lack of emotional expression in general. The greatest expression of aggression musically was during the horn playing where he blew extremely loudly, to the point where he was unable at times to get the horn to sound. Another time was when Joanne modeled playing rapidly on the resonator bells, which might have given him the permission to play fully. When he did play he was not able to maintain any organized play. Another time was when playing his "sloppy song" on the piano he played clusters with his whole hand or arms. As he would play instruments, themes of aggression would surface every time (unless they were singing familiar children's tunes or his thoughts were being contained by counting games). This might explain the overall inhibition in his playing (i.e., his associations and fantasies are frightening and needed to be contained in order to feel
safe). What might occur with continued exposure to music therapy and feelings of safety in this environment would be important to explore.

Singing and verbal voice expressions were also similar. His speaking tone and singing quality were muted and narrow in range, not matching the content of his words. His singing was off pitch when he sang alone, but phrased according to the movement of the melody. When he sang with Joanne he was able to sing on pitch with greater security. He did not seem to be comfortable singing unless it was a familiar song and there was little to no joy in his singing.

Rhythm while playing the instruments was often "sloppy" (the word he used to describe his piano song), that is he did not have a basic beat or great intent in its expression. He did at times though, play the basic beat and maintain it during familiar songs that structured him and kept him away from emotionally loaded material. During the "ABC" song he was even able to play the melodic rhythm spontaneously as Joanne sang it. This implies that his inhibited musical responsiveness is probably not due to lack of ability, but due to the anxiety that is evoked when playing music that is not safely structured for him (so that thoughts and feelings and not overwhelming). On the other hand, his most invested musical play occurred when these themes were structured by Joanne so that they were at least in a manageable form to begin to explore expressing. Preferred instruments were the horns and whistles, temple blocks, drums and cymbal and the higher pitched resonator bells, chimes and the piano.

III. Socialization

Bobby relied upon the therapist for structure and organization indicating that adults are viewed as helpful. He was wary, and was quick to modify any responses that might indicate misbehavior (i.e., quickly saying that he looks out the window rather than scream when on the bus). This indicates the presence of both an observing ego as well as superego. He seemed to want to please, enjoyed approval and tried his best to be cooperative. He was able to share space and musical instruments and maintain some call and response musical participation (alternating bests while playing the horn). He not only maintained eye contact, but seemed reliant upon it for support or feedback about how he was doing throughout the session. At
first he was not at all able to be playful with Joanne (seeing her as a stern authority?) but as the session progressed he exhibited more pleasure in their interactions and was able to give her directions that he enjoyed seeing her carry out. Musically he could maintain participation in musical play (i.e., with him participating musically) for significantly briefer duration than he would verbally. She needed to constantly invite further participation and structure. When they did play together musically he relied upon her for rhythmic structure and tonal accuracy.

IV. Cognitive Functioning

Overall, Bobby seemed to be functioning at a younger age than his chronological age. Whether this was due to anxiety, emotional problems or cognitive impairment would need to be further explored. His attention would wander either due to anxiety, distractibility or avoidance. He had difficulty elaborating in play without a great deal of support.

His musical play was not at age level, though there was indication that he might not have exhibited his greatest potential due to inhibitions anxiety and lack of familiarity with the materials. Because of his lack of spontaneity and joyful exploration that is more characteristic of this age group, it was difficult to determine his capabilities. He was unable to play music purely for the joy of music making. Either aggressive themes interrupted or he needed to rely on simple children's songs to organize himself.

V. Sense of Self

My impression is that he has a low sense of self-esteem. He becomes anxious about making mistakes and remembering correctly, though he seems to be able to be somewhat reassured or soothed by the therapist. He characterized himself as "sloppy" feeling in the music, and it is my impression that he has this expectation of himself when undertaking tasks. (This also might have been one way for him to release some aggression in play in such a way that he could tolerate, since it was "sloppy" rather than angry.) Surprisingly this does not stop him from making some effort, which is facilitated by his reliance upon adults for approval. His musical play did have an undifferentiated or
uninvested quality that might mirror how he functions in the world and how he sees himself. His poor sense of self and dependence is demonstrated by his lack of spontaneous exploration and need for an adult to model. Joy in "doing" was not exhibited independently.

VI. Summary

As has already been described, Bobby presents as quite "muted" in his participation and expressiveness, except for consistent eruptions of aggressive themes. These themes primarily emerged in free musical play, and were less evident when he was contained by counting or the structure of familiar children's songs.

Bobby does exhibit a capacity for joy, which was elicited in his music making. With increasing familiarity as the session progressed, he showed significant potential to further benefit from music therapy. He was becoming more motivated by the opportunity to play and explore the instruments, showing more initiative in presenting content that could be processed and explored musically. He appears to be functioning at younger than age level cognitively, as evidenced by his musical expression and verbal output. As yet, though, how much might be due to emotional versus organic factors would have to be further assessed. Diagnostic impressions are deferred due to the limited information available.
New York d. 11/7/92
Client: Bobby
Age: 7 years old

APPEARANCE IN THE MUSIC:

SENSE OF RHYTHM:

B. does not have a sense of a basic beat or a steady pulse. The rhythm that he has, when he accompanies the music of the therapist, is much more slow than the rhythm of the music of the therapist. What does that mean psychologically? When I look at the rhythm as a symbolic expression of the Self or Ego, I would interpret this fact as indicating, that the boy has a low self-esteem and not a very strong sense of Self or Ego. He has difficulties in believing that what he is doing is good enough, and he has a picture of himself as not being "good enough" in general. This theory can be supported by his verbal and bodily response during the session every time he forgets a line of a song, where he seems to blame himself that he cannot remember well. It can also be supported by the fact that the therapist is praising B. whenever he succeeds in his activities. This could give him a better self-esteem.

I would also relate the sense of structure to the sense of rhythm. That means here that B. misses a sense of structure in himself as his rhythm is pretty unstructured. This theory can be supported by the fact, that the therapist all the way through session in and outside the music offers an extremely high amount of structure and control.

As I hear through the session that it is possible to get B. to play a steady rhythm for a short while and in the same rhythm as the therapist, it tells me, that B. has the possibility of progression in this area.
QUALITY OF BEAT:

It sounds as if there is no direction or intentionality in the best of B. when he plays together with the therapist. That could mean, that in a relationship B. has a hard time focusing or expressing his intentions, needs, wishes, emotions, etc. It could also mean that he is used to being lead by a very strong authority (mother? father?), and has given up expressing his needs, intentions, etc.

SENSE OF MELODY:

B. is singing out of tune, when he is singing a song. That can mean many things. He might not have been enough stimulated to sing in his early childhood. It could also be a result of not supporting his voice enough with the rest of the body. It could be a problem with his hearing. I would explore a lot before I could be sure about my interpretation. The range of his melodies is not very big. That could also be a result of the previously mentioned possibilities. But it could also indicate, that B.'s "range of life" is limited at the moment. That he is not using his full potentials in life.

VOCAL EXPRESSION:

It sounds as if the voice of the client is under supported. With this expression I mean, that his body is not giving enough support to the voice, so that it can be expressed in it's full volume and register. I would work with the client to make him able to use his voice as an instrument. It would also enhance his self-esteem if he becomes able to "own" his own voice.

MUSICAL IMAGINATION:

B. is very good in using music to illustrate his fantasies and stories. He is able to use the instruments on a symbolic level (ex: tambourine = bus wheel, piano = lion). He varies his way of playing different instruments. From listening to the different stories that gets illustrated in the music in the session, I should think, that this activity would be excellent for B. to work out psychological problems. It offers him transformation possibilities.

What is characteristic for many of his stories is that they get interrupted and lack a conclusion or ending. He jumps from one story to another. That could be an indication for B. of having a problem with continuity
and closure. It could also be that his life situation is problematic or was problematic in those two areas. Another characteristic is that all his stories are extremely dramatic and a common theme for most of the stories is that somebody is getting eaten up and much violence is present. What does that refer to in B.'s life situation or history?

My interpretation is that B. might have experienced abuse, either he himself has been abused or he has seen people in his family getting abused. B. could also have experienced a sudden loss of family members and experienced the loss as traumatic. I would have my eyes open for both possibilities.

DYNAMICS IN THE THERAPIST--CLIENT RELATIONSHIP IN AND OUTSIDE THE MUSIC

B.'s behavior in and outside the music is showing that he is having a positive transference to the therapist. He has confidence in the therapist and in the activities and is not very defensive, in my opinion he is too little defensive, as if he is afraid of not leasing the therapist. He is smiling a lot. That could mean that he is very happy being in music therapy and it could also be a smile that is a result of fear of conflicts. I would explore to find out about that.

B. shows that he is able to take an initiative in a relationship in that way that he says: "I want to play some more," or I'll sing "The Wheels on the Bus." He is also confident enough to challenge the therapist: "You didn't do that. that (pointing to piano).. Show that..

There is a quality about the therapist-client relationship in and outside the music, which I can describe like this: There is a wish and a willingness from the client to make a relationship but it is too frightening to come close to the therapist for some reason.

I see counter transference reactions in the therapist which affects her behavior and dynamic with the client. I see the counter transference reactions as important tools in the working process as these reactions have to be seen in the light of the client's problems. I experience the counter transference reactions as follows:

1) The therapist is being in control of the situation more than I would expect would be needed. The offered
activities (besides the stories) seem to be much more structured than needed.

There seem to be a tendency from the therapist to be dominating in the music--taking up too much space.

2) The therapist seems to be under time pressure and stressed. As an example I can mention the situation where the therapist is demonstrating the different instruments in the room. She rushes through the instruments, and when B. makes a comment in connection with an instrument, it seems as if the therapist is not hearing his comment or allowing herself to listen to his comment. The therapist is in general speaking very quickly as if she has to rush.

3) The therapist does not try to get the client to stay and dwell in an activity but allows him to run away to another activity. The therapist is perhaps avoiding the very intimate relationship, which could arise, if she kept the client in the same activity for a longer time period. It might not be counter transference in case the therapist has taken a conscious decision about not getting too deep into emotional issues in the first session.

COGNITIVE SKILLS

B.'s cognitive skills are age appropriate.

MUSICAL EXPLORATIVENESS:

B. is not afraid to explore the different sounds of the different instruments. He has an openness to try out new things and situations. This makes his prognosis good in that way that he is willing to change.

IN GENERAL

I understand that the purpose of your dissertation is to develop understanding of the music therapy assessment process with emotionally handicapped children and adolescents.

I would suggest that you in your research included the following procedure: Ask some music therapy clinicians in that particular field to videotape an assessment session where they are the therapist themselves. After that ask them to write about the assessment process in that session. Then you can compare and find out about
the essence of every person's specific assessment process and compare it to your own. And then you would be able to write something in general about the music therapy assessment process.

I felt that it was a little difficult to do the job because I often found myself thinking that if I was the therapist I would do it differently, and what is the reason for doing the assessment in this particular way? In other words and to be very honest: My attention was drawn to the therapist more than to the client.

I look forward to the interview.
## APPENDIX C
MUSIC THERAPY AREAS OF INQUIRY
Joanne Loewy

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APPENDIX D
SAMPLE CONSENT FORM

New York University
School of Education
Music Therapy Program
35 West 4th Street
New York, NY 10003

I agree to have my child participate in the study seeking to advance music therapy assessment with children. I hereby give consent and approve of my child's participation as a subject.

The researcher, Joanne V. Loewy, a New York University graduate student, has explained that my child's participation in the study is based upon my child's school based support team recommendations and involves the following:

1. Participation in a music therapy assessment session with the researchers which will be approximately fifth minutes in length.

2. The session will be videotaped.

3. A panel of five music therapists in the N.Y.C. vicinity will watch the videotape in order to define the music therapy assessment process.

4. I may choose to withdraw my child from the study at any time. If I so choose, the researcher will destroy the videotape.

5. I am free to contact the researcher at any time should I have any questions.

Parent/Guardian Signature ___________________________ Date __________

Parent/Guardian Printed

Joanne V. Loewy, MA, CMT/BC ___________________________ Date __________

Researcher (212) 675-1682
APPENDIX E
PANEL SAMPLE CONSENT FORM

New York University
School of Education
Music Therapy Program
35 West 4th Street
New York, NY 10003

I fully understand that the purpose of this dissertation is to develop understanding of the music therapy assessment process with emotionally handicapped children and adolescents.

I agree to participate in Joanne Loewy's doctoral study research project. I understand that this will involve the following:

1. Viewing a fifty minute video tape of a music therapy assessment session.
2. Compiling an assessment report based upon my impressions of the videotape.
3. Participation in a follow-up audiotaped interview conducted by the researcher.
4. I may choose to withdraw from the study at anytime. If so choose, the researcher will destroy my assessment report as well as the follow-up audiotaped interview information.
5. I am free to contact the researcher at any time should I have any questions.

Panelist Signature _____________________________ Date __________

Panelist Printed ________________________________

Joanne V. Loewy, MA, CMT/BC ___________________________ Date __________
Researcher (212) 675-1682
APPENDIX F
BOBBY'S VIDEO TRANSCRIPT

JOANNE: This is the music room—and you can take a seat right here. And we can just warm up and talk a little. You've got your ball. And I put out like a tambourine and I thought we could warm up and then play music. This is, I'm doing a study. I'm studying here and you're helping me study about how kids play music. Especially in one time, cause I think you're only going to be here one time... I think. So, if you want you could put your ball down on the rug. Have you ever seen this before? (Bobby nodding no.) No?... It's called a tambourine.

BOBBY: Oh. Yeah...

J: Yeah?

B: thought you was talking about the room...

J: What?

B: I thought you was talking about the room.

J: Oh, Okay. (Chuckles) No, I know you've never been here before. And I'm not here too much myself so it's kind of new to me too (beginning to play guitar). But I thought we could just warm up a little and then look around, there's a whole bunch of instruments and you could play whatever you want to play and we could like have jams, ya know? (playing...) You could shake it or whatever you want to do with it...And your name's Bobby, right? I want to sing hello to you...

(Bobby and Joanne playing)

J: (Singing) Hello Bobby, hello Bobby. Hello Bobby, welcome to music. I'm glad you could come. I know it was a long trip. I'm glad you could come, I know you were in the car a long time. Hello Bobby, hello Bobby. My name is Joanne and we're gonna play music today. My name is Joanne and we've got some time to play music today. (Musical interlude, pause) (Talking) You checking it out? How's it look?
B: Nice...

J: Yeah? It's a lot of stuff, right? (Closing guitar). Well, I thought like that we'd start here, and then if you just sit there for a second, I'll give you a tour of the room. And then, I want you to pretend like for the next forty-five minutes, after I give you the tour, that the room is yours and um, we'll play music together and stuff and you can try playing things alone. Want me to just show you around real quick? And then it will be your room to do what you want... Yeah? Are you done here or, do you want to play some more here, before we look around? (B. nodding yes) Which?

B: I want to play some more.

J: You want to play more? Here? You want to play this or do you want to look around?

B: Right here.

J: Play this some more? Okay. This time--I just sang you like a song.

B: I'll sing.

J: You want to sing?

B: I'll sing The Wheels On The Bus.

J: (Strumming and repeating) The Wheels On The Bus. Okay... (pause) The Wheels On The Bus. (singing) The...

B: (Singing and playing) wheels on the bus go round and round, round and round, round and round the wheels on the bus go round and round... (pause) (speaking) I forgot that other part...

J: What?

B: I forgot that other part...

J: (Singing) All through the

B&J: town.

J: (Speaking) Do it again, that sounds great.

B: (Singing and playing) The wheels on the bus go round and round, round and round, round and round, the
wheels on the bus go round and round all through the town. (speaking) There goes that part I keep forgetting!

J: What part did you forget, you did the whole thing.

B: Um, the wipers.

J: Wipers! What do the wipers do?

B: The wipers on the bus go (motioning) swish swish swish, swish swish swish, swish swish swish, the wipers on the bus go swish swish swish, all across, (speaking) I mean (singing) all...

J&B: across the town.

J: What else is on the bus?

B: The money.

J: The money, what's it go?

B: Clink, clink, clink.

J&B: (Singing) The money of the bus goes clink clink clink clink, clink clink clink, clink clink clink, the money on the bus goes clink clink clink all through the town.

J: (Speaking) What else is on the bus? One more thing...

B: The kids on the bus go... Oh I forgot!

J: The who?

B: The kids on the bus go...

J: The kids. What do the kids do?

B: Aw, I forgot.

J: Well the babies go waa waa waa... What do the kids do?

B: Umm...

J: Do you take a bus?

B: Yeah.

J: Yeah?
B: I forgot.

J: What color is your bus?

B: Um... the color that all the other buses are, it's like the big buses...

J: Yellow (B. nodding yes) Yeah?

J: And um, do you have a long bus ride?

B: Mmm, umm, short...

J: Yeah? Can you sing me about your bus ride?

B: (Chuckling) I don't know one...

J: (Singing) When Bobby gets on the bus he... (speaking) What do you do when you first get on the bus?

B: Scream.

J: Yeah? Show me...

B: No, no, I don't scream.

J: What do you scream? What do you do?

B: Um, I sit down and be quiet.

J: You do?

B: While the others talk.

J: Who do you talk to?

B: I don't talk to nobody. I just sit there and look out the window...

J: (Singing) When Bobby gets on the bus he sits down quietly and looks out the window, looks out the window (speaking) What do you see?

B: I, I, I, I see cars.

J: Yeah? What else?

B: That's what I like, cars.

J: Yeah? You look like you're driving now. Are you driving a car? You look like you're driving a car.
B: (Nodding no) They gonna get the power wheels, those car wheels, um, they're for little kids.

J: Yeah.

B: My -------, but I'm too big for them...

J: You're too big what what?

B: A power wheel.

J: A power wheel...

B: Yeah, they're too small, they're big like (motioning the size).

J: Did you drive one when you were little?

B: Mn, Mn, I never had one before...And they're big like this.

J: Yeah?

B: They'll sit like this (motioning the size). The other cars, the white ones--(motioning)--they have other cars...

J: Yeah? All right... I'm gonna get you...

B: And the other car goes,

J: Do you like cars and trucks and stuff, is that your hobby? Is that what you like to think about? (B. nodding yes) Yeah? Well, I'm gonna give you a tour, you're gonna sit there right? And you're going to watch me while I give you a quick tour of all the instruments. And then I'm gonna come back and we're gonna use a little ball game and you're going to pick what you want to play. All right? So watch, I'm gonna put my guitar right down here... Check me out...while I go around. There's two guitars here, these are horns that you can blow (motioning a blow-roo, roo), this is like a kunga drum (pat, pat, pat, pat, pat), here are some bells...

B: How do you blow the horns?

J: Here are some other bells.

B: How do you blow the horns?
J: We're gonna try them in a minute, first I'm gonna give you the grand tour, some cool drums up here (pat, pat), over here are some other drums, and in this cabinet, I have like wooden xylophones, a gato drum, a whole bunch of hand instruments that you could shake, we've got the piano (motioning to the cabinet). Should I leave this open? I'll leave this open, cause you're gonna get in there right? (B. nods yet) Then I have stuff here, (playing temple blocks) cool sounding stuff, I have chimes, I got drum the set over here... and then we'll probably end up over here and um, we're gonna make a tape for you to take with you but we'll talk about that later, okay? So, I didn't play all of them for you but, you know (drumming bum, bum, bum, bum) the drums are self explanatory. in here are the wooden xylophones, (playing three notes) the gato drum, and a whole bunch of hand instruments like this (shaking the kabasa).

B: Oh, I've seen them before...

J: Bells?

B: I seen that before and that thing you were just holding...

J: Wood blocks (playing) like the zither, like the sand block, the claves, and a whole bunch of things. All right? So, we had a tour, and I'm gonna put this away, (taking the xylophone) are you done with this or do you want to hold on to it?

B: I'm done with it.

J: You're done? Let me put it back, and um, let's play a game and you can look around a little.

B: This is the game that me and that man was playing.

J: Oh yeah? In the waiting room? (B: Mm, nodding yes) All right, we're gonna throw the ball five times and on the fifth time you're gonna tell me which instrument you want to start with...Ready?

B: You didn't do that...that (pointing to piano)...Show that...

J: Oh, and you can play the piano (tinkling the keys) Okay, ready? Should I move back or what?

B: Um...I'll see who goes first?
J: What?
B: I'll do who goes first.
J: Okay.
B: I'll do eenie meenie.
J: Okay.
B: Eenie, meenie, minie, moe. Catch a tiger by the toe. If he hollers let him go. Eenie, meenie, minie (pause) Ut-oh, Moe. It's you then.
J: Okay, I gotta throw first? All right, we'll throw five times and then...
B: Ah, no... Me.
J: Oh, it's you, all right, okay, throw five times and then count to five and then pick an instrument you want to do, your choice. One...(tossing) You count.
B: (Throwing and catching) Two, three, four, five, I was the last one. Five.
J: All right, pick an instrument, which one do you want to start with?
B: (Pointing to the horns) The horns.
J: The horns
B: Yup.
J: All right. You know what? Let's move our chair over here, move the chairs over here and we can start with the horns.
B: Big ones.
J: Here, sit right here and I'll set you up. (B. sitting). No, no right here. I'll set you right up. I gotta get the guitars out of the way so they don't break.
B: Do they break easy?
J: Well, yeah...
B: Some?
J: Yeah... So where did you see those instruments before that you talked about? You said, "I saw that." Where did you see it?
B: That thing (pointing) over there? At my school, Jamie has them.
B: (sorting the horns) This one's better...
J: There all for you to play.
B: Hmmm, no, you take this one cause, oh this one's the same size.
J: You want me to take one and play with you or do you want me to just listen?
B: Take one and play with me.
J: Okay. (B. blows one note. J. blows one note)
B: You Popeye.
J: (Sings) I'm Popeye the sailor man (toot, toot).
B: (Toot, toot) (exchanging) You take this one cause it sounds like Popeye.
J: All right.
B: I wanna see who makes the loudest, you first.
J: All right. (blows)
B: Okay, (blows) a lady was screaming...
J: Oh, yeah. What's she saying?
B: He-e-1p.
J: Make the lady scream.
B: (Blows)
J: Why's she screaming for help?
B: Mmm. I don't know...
J: (Getting up) What happened, make a story and I'll go to the piano and you make us story about a lady, a lady screaming for help.
B: A lady, a lady screamed cause a lion got her...
J: Lightening got her?
B: A lion got her.
J: A lion got her (piano).
B: A lion got her and ate her up. A lion, a lion ate her up. After that, the bones, the bones were on the ground, and he was sucking the blood on the bones.
J: Who was?
B: The lion.
J: (Singing and playing) Sucking the blood, the lion ate up the lady. Where was the lady coming from?
B: The lady was coming from her house and that's the end.
J: Where was she going when she got caught by a lion?
B: I don't know.
J: Who knows? But he ate her up. Let me hear you make a scream.
B: Which one did I have? I forgot which one I had?
J: I think the long one.
B: Was it this one? Hmm. Wait. I want to do this one, eenie, meenie--okay, this one. All right, this one.
J: Okay.
B: No, I gotta check this one.
J: I'll be the lady coming from the house. Check them out.
B: (Blows) Nope. (Chooses another whistle, blows again)
J: Is that it? (B. blows and nods yes) Okay. So I'll take a walk. Why don't you play the other things to make the lady taking her walk, and then when the lion comes, make her scream. You need an instrument
for the lion. What instrument is good for a lion? (B. blowing)

B: Hmm... no.

J: What instrument is good for a lion?

B: (Testing and blowing) Naw... What, for a lion?

J: Look around, look for a lion instrument, what would sound like a lion?

B: That—that (motioning to piano).

J: Which one? The piano?

B: Yeah.

J: Okay, you come play. Why don't we bring these over here (moving the horns). Want to? I'll bring these over here.

B: Watch it that they don't fall.

J: No way. All right. So, how shall we do this? We have a lion, we've got a lady. Right? Tell the story. You be the story teller. All right.

B: A lion was in this lady's house and um, and then he ate her up and then, and then he sucked the blood off her bones (J. playing piano), and then... I don't know, that's the end.

J: (Singing) Once upon a time, there was a lady...

B: And (getting the whistle) and now comes the screaming part.

J: Well tell me, before the lady goes on her walk, make up a place where she may be going.

B: I'll play this one (blows). Well, uh, let's make up another song, I mean another story.

J: Okay.

B: I want to make one up, I know, I know a story I like... Umm... The Three Little Pigs.

J: The Three Little Pigs?

B: Uh-huh.
J: All right. Let's do The Three Little Pigs...

B: Once upon a time there come...Well one pig, one pig made a house out of hay.

J: Well, do you want instruments for the pigs?

B: Mnn, mnn (nodding no)

J: No? You just want to...well you can use these.

B: That's (pointing to piano) the teller.

J: Well, do you want to play do you want to come play with me?

B: Once there's a pig who made a house um, um, out of hay. (J. plays piano) and then, and then when he went to his house the second pig made a house out of wood. When they were in his house, they were down wondering if it was gonna be safe. And then, umm, when he, was done, the third one was made out of bricks and um,

J: What happened?

B: Uh, the wolf came and blew the first ones house, and the wolf and the pig ran to the other house and then he blew the second one down and then the pig and the wolf ran to the other pig's house and he was safe with them. And then he tried to blow it down, but he couldn't and he got tired and he fell down on the ground

J: Mnn, hmm.

B: And that's the end.

J: Do you want to, which do, which character do you want to play, a pig or the wolf?

B: Um, I don't (getting up) nothing, let's do another instrument...

J: No? You had enough of this? Let's try another instrument, let's move around.

B: Let's try this.

J: Okay, you wanna try this? (temple blocks) Let me move a chair over.
B: And these (playing chimes) I'll do this one, and use this (stick) for this...

J: Let's see...

B: (B. plays temple blocks) Well you gonna, someone's gonna bop 'em on the head.

J: You know what? I should turn them around this way...

B: (B. counts and points) One, two, three, four, five. No wait, one, two, three, four, five.

J: Wow, you're a good counter.

B: So I'm gonna, I'm gonna block his head five times...One (J & B playing together) One--two--three--our--five--. Now this one (stretching to the chimes) is gonna get hurt. (plays chimes) Wait, I'll do it again--first count, that's one, that's two, that's three, that's four, that's five, that's six, that's seven, that's eight, that's nine, that's ten, that's eleven, that's twelve, oh (turning around) I skipped some numbers.

J: Those are hard to count, huh?

B: One, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen, fifteen, sixteen, seventeen, eighteen, nineteen, twenty, twenty one...twenty-one.

J: There's twenty-one, good counting.

B: There's twenty-one.

J: What does it sound like when you play that?

B: One, two, three, I knocked three out--(strumming the rest) one, two, three, I got the rest.

J: Are you knocking them out?

B: Now they're all, now they're all, I'm gonna spray them with sleepy spray and they'll be..


B: I'm gonna spray them with sleepy spray and then they're gonna come back up.
J: Are they gonna go to sleep when you spray them?
B: Yup, and um, when I ready for them to wake up, they not gonna remember what happened.
J: They're not?
B: (Spraying the chimes) Sh-sh-sh-sh.
J: Goodnight bells. Go to sleep bells.
B: Go to sleep...
J: Do you want to be put to sleep then? (Playing piano)
B: Well, now, I'm gonna, I'm gonna I'm gonna go like this--(sprays short and plays chimes).
J: (singing) Goodnight chimes.
B: Now they're all awake...They woke up (J & B continue playing).
J: Now they're awake!
B: But guess what happened...
J: What happened while they were sleeping?
B: (Playing and pausing) Now they're asleep.
J: (Singing) Goodnight chimes, goodnight...What shall we do while they're sleeping?
B: Are these made out of balls (motioning to the sticks).
J: Yeah, balls and glue.
B: You could make one with glue. You can beat the balls.
J: What shall we do while they're asleep?
B: (Moving, plays cymbal, looking towards the drums)
J: You wanna try the drums?
B: I always wanted to play the drums.
J: Let me set you up.
B: Move this one...
J: Sit down, I'll help you...
B: Like this...
J: Where shall we put this?
B: Over here.
J: Okay.
B: And then put that one (motioning to cymbal) like this.
J: You know what? I'm gonna turn you this way so I can see you at the piano, how's that?
B: Yeah...
J: Turn around a little bit, like this okay--and now I'll move this. Have you ever played the drums before?
B: No...
J: Here's the right sticks. I got it.
B: And there go one there. What about that one there?
J: You wanna play what?
B: I want to make a giant noise.
J: Make a giant noise...
B: I want to pretend a giant came and, and crushed all the buildings.
J: He crushed all the buildings?
B: He goes like this...KKK.
J: Can I be the giant?
B: When I keep going like this KKK--KKK--KKK, that means he crushed the buildings.
J: All right.
B: And he was walking first.
J: All right, I'll be the giant.
B: (Plays drums and stops) No, let's crush them...and (plays cymbal) this is for when he fell down.
J: Okay, hit it... (B. beats drum).
B: Now you almost crush the buildings...
B: You're gonna fall down in a second.
J: Not until you do that, right?
B: In um, (pause) ten seconds...
J: Okay.
B: One, two, three, four, five, six, seven, eight, nine...(Hits cymbal) And he fell down, because he's sleepy.
J: The giant's sleepy, now I'm the giant and I'm asleep. Sh.
B: Now when I go like, well um, when I go like this (chimes), that means you woke up.
J: Ugh...What happened to all the buildings, what did I do? Excuse me, what happened?
B: Um, I think you crushed them.
J: How'd I do that?
B: You walked all over them.
J: Really? Why'd I do that? Refresh my memory, why would I do that?
B: I don't know.
J: Help me figure it out. (Drumming and singing) Why did I crush the buildings? Why did I crush the buildings, Bobby?
B: Ugh...
J: Help me figure out why... I fell asleep and I forgot.
B: Ah... Because you was mad, because you lost your family.

J: I lost my what?

J: Family? (B. nods yes) Who's my family, what happened to them, I forgot?

B: Remember you pushed them in the water and sharks ate them up?

J: (Singing) Why did I push them in the water? Why did I push my family in the water?

B: But you didn't push your, mm, two brothers in the water.

J: (Singing) Who did I push in the water?

B: Your mother and daddy and sister.

J: Mom, dad, and sis. How come I pushed them in?

B: Because you was mad at them, because you didn't get nothing to eat.

J: I was mad cause I was hungry, that's right! And, why did I save my brothers?

B: Because, um, because you wanted them to come, you wanted your two brothers to come down with you...

J: (Singing) I was hungry... that's right, I was hungry.

B: And (moving and singing) there goes food.

J: Where?

B: I'll show you.

J: Go out and get me some food.

B: I'm in the store.

J: Please, go out and get me some food.

B: I'm gonna play these...

J: (Beating drum)

B: (Stops) Um.. pretend you was paying for them...
J: Paying for it? What do I want to eat?

B: Yeah, you pick those out and...

J: Oh, you're at the cash register here? (B. nods yet) Let's see, what shall I get to eat?

B: Umm, you should get hot dogs, hamburgers, cheeses, ketchup and mustard, scrambled eggs for breakfast and um, bread, and um, bacon.

J: All right, a big breakfast.

B: Yeah...

J: And I bring this over, and from what I play, you know what I got here.

B: You put it right here and pretend this is the counter.

J: Okay. (Plays bells and sings) I'm gonna eat, eggs and bacon...

B: And then you came back, you came back and said your family that I knew was all gone, they're just bones...big giant bones.

J: Well here's the food first. Ring it up sir please.

B: (B. plays temple blocks) That costs a hundred and thirty five dollars please.

J: Yo, man, this is one expensive grocer!

B: But you don't got that much.

J: You're right. (Sings) I'm sorry, I don't got that much money.

B: Why don't...

J: But I'm hungry.

B: Well give me and you still could keep all of that...

J: Thank you.

B: Now I'm gonna ring some change (plays temple blocks) And I gave you a hundred dollars back.
J: Yeah? How come?
B: Cause you been nice.
J: Thanks man. Wow I gotta come to this store more often.
B: I'll give you more.
J: But I'm hungry right? Where am I gonna eat this?
B: Yeah. Buy some more food...
J: Where am I taking this? Ring it up first.
B: Yeah, now give me the food, and I'll put it in the bag...
J: Wait, let me go get some more.
B: Yeah, go get some more, bye. Oh, (points) there's lots of eggs, buy two eggs...
J: (Plays) Here.
B: (Plays temple blocks) Ummm... that's...
J: Ring it up, ring it up a little, let me play with you while you ring it up. (B & J play, B. stops)
J: Bobby, I like the way you sound when you ring it up. Will you ring it up some more, I like the way you play those blocks. Yeah, let's get into it...
B: Hmm, how much it costs... Yeah I got five dollars, five dollars I owed and five dollars left and you only gave me one dollar, cause that's how much it costs, one dollar... (Gives J. money)
J: (Sings) Thank you. But I really like the way it sounds when you ring up.
B: I'm gonna give you more money tomorrow.
J: Okay... (Plays piano, B packs bells).
B: Are you gonna come and get your food? You gotta come here and get your food.
J: Okay, and where am I gonna take it to?
B: Back home to eat.
J: Oh, right. Are you gonna help me carry it home?
B: Mmm, hm.
J: Cool, but I can take some...
B: Somebody's waiting outside for you. (Walking out) You'll take all your food. And the man said "bye."
J: Thanks a lot, thanks.
B: Somebody's waiting outside for you.
J: Oh, yeah? Who? (B. drops sticks) That's all right, I'll deal with it, I'll get it later, who is it?
B: Me!
J: Hi! Wow we got all of this food.
B: Yes!
B: Now let me just see, we can be it all away in the kitchen.
J: Oh great... a lot of shopping done today. Look at this, this really nice man gave me money and food...
B: (Pointing to sound proofing) What is this?
J: This is a, this is a cabinet! We gotta put the food away.
B: (Chuckle) You is playing. I thought it was real. Eggs and ketchup, well that is the right place for that. Okay, now for now in ten minutes we gonna eat.
J: Oh great.
B: Go and play ah, see if your family is still there.
J: Who am I looking for again?
B: Your family.
J: Where would they be?
B: Under water, you went to swim, and you sawed the shark, then you sawed the big giant bones, and then you, you started swimming fast, and then the shark started to get you, and then you jumped out of the water.
J: So, what happened? I went to the beach with my family, then what happened?

B: To see if they were all right, so...

J: But wait, wait, but what happened again with the shark, tell me the whole story. There was my mom, my dad, my sister, and my two brothers.

B: Mm, hmm (nodding yes).

J: And what happened? Make it with music and I'll do it. Let me get you all the instruments and you're gonna make this a full-fledged story. All right? You're gonna tell me what instrument says what, and what I'm gonna do. All right? You're like the director of a movie. Anything else you need?

B: Yeah, I'm gonna need...

J: Huh?

B: I'm gonna need a chair to put that on.

J: All right, here I go, my name is...

B: I know your name is...This is the cash register and um...

J: Oh right. I'll put this over here.

B: That's the store over there, all right?

J: Well what about this going to the beach? Who am I? And I'm going to the beach right? What's my name?

B: Well, ah, umm, who you want, what name, your name?

J: I don't know, you tell me.

B: Ah, how about, mmm.

J: What's your favorite name? Or should I be Bobby, I like the name Bobby? Can I be you?

B: I want you to be, you know all that lollipop commercial when the boy asks the turtle, um, whether he'd like a lollipop, then he asks the owl and then, and then he...ss, why don't you be Mr. Owl?

J: All right, I'm Mr. Owl and I'm going to the beach, here's the beach, see the water?
B: Yeah, you're going for a walk, the water's right there.

J: Right here?

B: Yeah.

J: These things?

B: Yeah, but you start right from there walking.

J: Okay, and you're gonna tell me with the instruments like what to do. This will be me walking to the beach...

B: And this, this is you swimming.

J: Okay.

J: (Singing, B. playing) I think I'll go to the beach. I feel like swimming today. Yes, I think I'll go to the beach. Mr. Owl loves the beach.

B: Now, you're going swimming (plays wooden xylophone).

J: (Singing) Nothing like a little water...

B: Now, you see the shark and the bones...

J: (Sings) Oh no! Oh no, a shark!

B: And your mother and father are just the bones and you keep swimming back like this (motions).

J: My mother and father are just bones? (B. nods yes) Oh my, there's my mother and father and they're just bones, I better swim away, swim away...

B: Yeah, and the shark is gonna catch you.

J: (Playing piano) I better swim fast. (Screams)

B: You're not in the water.

J: What?

B: You're not in the water.

J: No. I'm in the water now.
B: All right, you only got one more to go and then you're out.

J: I'm swimming and the water goes all over here and I'm swimming away. Do you think I should stay over there? You don't want me to play the piano?

B: Yeah.

J: What?

B: Play the piano.

J: Okay, this is my swimming really fast (plays and sings). I'm afraid of sharks.

B: Keep on.


B: ?

J: What?

B: You're almost there.

J: I'm almost there, but my mother and father are bones and I can't let the shark get me.

B: When I go, when I go like this, that means you're out of the water.

J: What?

B: When I go like this (plays cymbal) that means you're out of the water.

J: I'm gonna make it? Safe? (B. nods yes) I'm swimming very fast. (B. plays cymbal) Yay! I made it out of the water. Yes! But what about my parents? All bones...

B: The turtle...gonna get you.

J: All bones, I saw my parents, all bones...

B: The turtle's gonna get some.

J: The turtle's on the shore?

B: He's gonna get you.
J: He's on the shore?
B: He's gonna, he's gonna get some--he's where you at...
J: He's on, I got out of the water...
B: Yeah, but, now he's out of the water.
J: Is he gonna chase me?
B: Yup.
J: Oh boy, I better get my walking drum very, very quickly (finds drum). Now I have my walking drum cause I (sings) see the turtle. Mr. Owl sees the turtle. Getting ready to come, getting ready to come.
B: ???
J: And if the sharks are that mean maybe the turtles are mean too. Mr. Turtle's coming. I'll just tip-toe. I'll just tiptoe away from the turtle, away from the turtle. I'll just tiptoe, maybe he won't hear me.
B: Look, look in his mouth, he sawed you and he was hungry.
J: On no, he's hungry, I'm in trouble...
B: Ahhh (coming out with the turtle).
J: I'll (sings) just run. I'll just (screams) Ehnhhh... Oh no, what's happening?
B: He's eating. You're gone and now you, now you, now you're turned into bones.
J: Bones...what would sound like bones. Three bones. You ate me and not let's pretend, let's pretend that you turned me into three bones (plays bells). Three bones. Make the turtle say something, you know, what's he thinking when he looks over at the bones? How's he feeling?
B: Now, I'm going to suck the bones (rattles bells). Now, you know what I'm doing? Now he's gonna eat himself up.
J: He's gonna eat himself up? How do you eat yourself up? How do ya, and then what's he gonna do?
Ugh...he's eating himself up--but wait, if he's eating himself how does he eat himself up?

B: Now there's nothing there, he's just bones.

B: It does?

J: Mmm hmm, let's see, try to figure it out.

B: It's in there right?

J: Actually, we better keep these on the floor, okay, good, ready? I'm gonna keep these like that, let me turn them around this way for you...

B: I'm gonna play A, B, C.

J: Okay.

B: It's gonna be a short one.

J: Well, why don't you.

B: It's gonna be one, two, three, and that's it.

J: All right, let's see if...

B: No, no, then I'm gonna count to a hundred.

J: Wait, wait, wait... (turning on the tape recorder). This is Bobby and Joanne and we're gonna play music today, it's Monday, and um Bobby's gonna take this tape home...And, um, before you start Bobby, can you tell us what we did today again? What did we do today in here?

B: We, we, we played the giant.

J: We played the giant. What else?

B: Um...

J: What did we do today?

B: We sang and then we played a ball game.

J: We played a ball game and then what did we do? What song did we sing again?

B: A, B, C, no, um, Wheels on The Bus.
J: Right. And then we played a ball game and then what did we do?

B: Well, now we gonna do one more thing and that's it and then we're gonna count to a hundred.

J: Well, before we do that, I want you to tell me what you liked the best in here today and what you didn't like the best. What did you like about...

B: I like all of these.

J: You like all of these what, you mean the instruments?

B: Yeah, I like that, that, and that, and that (pointing).

J: What did you like doing with me today the best?

B: Um, the giant's part.

J: Uh huh. And what did you like about that?

B: It was fun.

J: So you like playing giant? Tell me what happened again...Which game was that?

B: Um.

J: Which game was that? That was when...

B: The giant?

J: Yeah.

B: It was called giant.

J: It was called giant and what do you like about the giant?

B: When he, wh, wh, wh, wh, when he pushed the mother into the water.

J: When he pushed the mother into the water? (B. nods yes) Okay, and what didn't you like about there today?

B: I like all of them.
J: Is there anything you didn't like? You can say, it's okay. What didn't you like, really?

B: (Motions) I didn't, I like everybody, I didn't like, Yeah, I like them but, but.

J: What? What's over there that you didn't like?

B: Nothing.

J: You liked everything in here? (B. nodding yes) Really? (Still nods yes) All right, well um, why don't you play some music and then we'll listen to it.

B: And then we'll count to a hundred?

J: And then we'll count to a hundred, but that'll be at the very end. Here's what, here's what I want you to do... I want you to close your eyes, right, and then I want you to play, right? And I want you to think about a song while you're playing it, and put it here, and then tell me what it was, after. And then, can I sit here, while...

B: It's gonna be A, B, C...

J: Okay, you can do A, B, C.

B: (Playing) I can memorize these, the other ones are better.

J: Yeah, go get the ones you want. Do you want me to play with you or listen?

B: Listen.

J: Okay.

B: (Plays and stops) Wait! (quickly continues)

J: Can I sing it while you play?

B: Yeah.

J: Can you play over here? (B. moves) Cause this way you'll have them all set. Okay? You look up at me when you want me to start singing.

B: ?

J: If you hit it like this, it easier. Hit it like that. (B. playing, J. singing) A B C D E F G H I J K L
M N O P Q R S T U V W X Y Z. Now I know my A B C's, next time won't you sing with me? Yes... (J. claps) Wanna hear it? (B. nods yes) Will you sing it now and I'll play it and then we'll listen...

B: And then I'm gonna do my counting to a hundred.

J: Wait, no, no, at the end, we'll do it at the end. Let's trade, you sing it now and I'll play it. Go ahead.

B: (Sings) A B C D E F G H I J K L M N O R wait M N I forgot... A B

J: Q R S (B & J) T U V W X Y and Z.

J: Okay, let's listen. Wanna hear a little bit? (B. nods yes)

(B. and J. listen back)

J: Listen how's it sound?

B: I messed up on that part.

J: You what?

B: I messed up on that part.

J: A little. (Tape ended) How's it sound?

B: Now can we count to a hundred?

J: Yeah, but wait, tell me, how's it sound?

B: Nice.

J: Tell me what's it like to hear yourself sing?

B: Funny.

J: Yeah? What's funny?

B: When I messed up on a couple parts.

J: Does that make you laugh when you mess up?

B: Yeah.

J: Yeah?

B: Sometimes. Can I play?
J: We're gonna end in a minute, I was wondering before we count to a hundred, before we count to a hundred I'm really psyched to hear you count to one hundred, that's really cool...

B: And it's all by myself.

J: That's really cool and I want to hear that, but before we end, look around, is there any other instrument that you wanna try once again or that you didn't try?

B: The one that I didn't try was the one that you was playing...

J: Go ahead, go try it.

B: I wanna, well I'm gonna make a sloppy sound I hope...

J: You wanna make a sloppy sound?

B: Yeah.

J: Okay.

B: (Plays piano) That's, that's um...

J: That's what?

B: Um, how, how um, that's how I play, what I feel like...I play what I...

J: Yeah, (guitar) play what you feel.

B: I, I like doing this.

J: You like doing this.

B: I like using these and then going here.

J: I like the way you do it. Can I do it with you?

B: Yeah.

J: Can I come sit with you. Yeah? I'm gonna come over there and play with you?

B: Yeah, as this, I'm doing my sloppy song...

J: I'll play a sloppy song with you. I'd love to play a sloppy song. (J. & B. play piano)
B: My elbows.
J: The elbows.
B: Now that's really sloppy...
J: (Sings) Sloppy song...It's time to say...
B: Good-bye.
J: Good-bye. It's time to say good-bye. Thank you for the giant stories. Thank you for making up stories.
B: I can press this one again...
J: Can we um, sing good-bye once more and then you'll give me a high five and then you'll count to a hundred, ready? It's time to say good-bye, it's time--(speaking) you can play with me...to say--(speaking) play with me--good-bye. Thank you for the music...
B: I'm gonna go over here.
J: Thank you, for all the giant stories...(speaking) Play sloppy music. Play some more sloppy music before we go.
B: I'm gonna count to a hundred real fast.
J: Okay. Go!
B: One, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen, fifteen...Oh, I skipped ten... 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29...
J: Thirty.
B: Thirty, 31 32 33 34 35 36, 35 36 37 38 39 40. 41 42 43 44...
J: Forty-five.
B: 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60. 60. 61 62 63 64 65 6-, 66 67 68 6-, 6-
J: Nine?
B: 69, 70 71 72 73 74 75 76 77 78 79 um...
J: Eight.

B: 80, 81, uh-oh, almost there! 81 82 83 84 85 86 87 88, 87 88, 89...

J: Ninety.

B: 90, 91 92 93 94 94 9-...

J: Five.

B: 5, 96 97 98 99 one hundred. 101, 102, 103, 104...

J: Give me a high five you said a hundred, you're a good counter. Yes. I'm really glad you came today. Thanks. Do you think your momma's back? Let's check... Do you want to show her the room a little?