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PRESENTING CARLY AND ELLIOT: EXPLORING ROLES AND
RELATIONSHIPS IN A MOTHER-SON DYAD
IN NORDOFF-ROBBINS MUSIC THERAPY

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CHAPTER I
INTRODUCING THE RESEARCH STUDY

Words and music intertwine
The stage is set
The first notes are played
The first songs are sung
With rawness and angst
Warmth and love
Newfound awareness
Let the music of their lives tell
In voices many
Spoken and sung
We understand.

Four Voices

Carly, the mother of Elliot, an 11 year-old boy with autism, ironically shared her original vision and plan for music therapy sessions with her family, a la the “Sound of Music”:

“So I figured in one year, we’ll be the Von Trapp family. We’ll have the marionettes, in costume, we’ll do it like that.”

Elliot, in a moment of expressive clarity in session 20, expressed his feelings to his mom about his need to create “versions,” altering lyrics or words of songs and stories that he knows:

“Sometimes versions make you tired, but in my life, versions make me happy.”
Peter, a music therapist working with Carly and Elliot imagines Carly’s experience as a mother of a disabled child:

“To have a disabled child, what is that like? To have a child is so hard, and then to have a disabled child. Your mind is racing.”

Connor, Peter’s co-therapist, reflects upon Carly as a mother of a child with autism in music therapy:

“I think Peter and I both had a sense of her tremendous personal strength because I think we both felt that most, if not all other people in this situation wouldn’t even be dealing with this.”

Source of the Study

I was first introduced to the case of Carly and Elliot in a staff meeting at the Nordoff-Robbins Center for Music Therapy where I was employed from September 1990 to September 2003. The center’s research director thought that this might be an important dyad to study since this was the first time a parent and child had participated in therapy together over a period of 13 months. The team of therapists seemed excited about the rich nature of the work, noting that mother and child seemed to benefit in unanticipated ways from their involvement together. In this dyad, there was a feeling that new ground was being broken, and that the previously established view of how parents are treated in relation to the therapy of their children was changing.
Children diagnosed with autistic spectrum disorder present a wide array of developmental and expressive challenges that affect their ability to communicate, express emotions, and relate with others. A parent’s response to having a child with autism may express itself in a variety of ways, some which may be empowering and productive while others may be debilitating and limiting. This study revealed ways in which music therapy functioned within a mother-son dyad. Although the increasing prevalence of autism has been attributed to a variety of possible causes (environmental, neurological, genetic), doctors still remain at a loss to explain this increase. Many more families each year are finding themselves part of this national trend (National Center for Birth Defects and Developmental Disabilities, 2001, on-line source).

Elliot’s and Carly’s case presents a unique opportunity to explore the interpersonal and emotional issues that present themselves in families when one member has this disorder. The special interest in this study is the mother-son dyad, a unique occurrence in Nordoff-Robbins music therapy.

Elliot and Carly had a total of 22 sessions from September 2001 to June 2002 as well as two additional sessions in September 2002. They were seen by a team of two music therapists (primary therapist and co-therapist), as is customary in the Nordoff-Robbins Music Therapy treatment model. The primary therapist creates musical themes on a harmonic instrument, such as the piano, and the co-therapist facilitates the client’s involvement in musical activity through modeling, parallel play, singing out ideas, prompting, and movement.
Each session was approximately 35-45 minutes in length and was recorded. The videotapes and CD versions of these sessions exist as part of the official archives of the Nordoff-Robbins Center for Music Therapy. During the course of treatment, the team of therapists met twice with Carly outside of the therapy sessions and had two phone meetings to discuss clinical issues. The therapists documented the meetings and clinical progress in notes, parent conference reports, and treatment summaries.

Research Questions

Although I remained open to expanding or limiting my focus as I engaged in the research process, with the exception of sub-question number six, my initial research questions held firm as I sifted through the data, conducted the interviews, wrote analytic memos, and began writing my findings.

The research question that guided my study was:

What occurs in a mother-son dyad in Nordoff-Robbins music therapy?

Sub-questions that were related to this main focus included:

1. What are the goals of this process?
2. How are songs employed in the process?
3. How are instrumental improvisations employed?
4. How did Carly and Elliot experience the music therapy sessions?
5. What are the therapists’ roles and experiences in this setting?
6. In what ways does this therapy compare to other Nordoff-Robbins work or to other types of parent-child therapy situations?

With research question six, I did not necessarily relate my findings to other types of Nordoff-Robbins practice or other parent-child dyads, but instead delved into the influence of psychodynamic philosophy and training on current trends in Nordoff-Robbins practice. This new focus was based upon my initial analysis of the data. Thus, the sixth research question may be restated in the following way:

What are the influences of psychodynamic philosophy and training in a parent-child dyad in Nordoff-Robbins music therapy sessions for each participant?

The following areas provide context for the study in terms of Nordoff-Robbins practice as well as the family therapy literature.

Background for the Study

Nordoff-Robbins Music Therapy

The therapists in this study practice a specific form of music therapy known as Nordoff-Robins Music Therapy. Nordoff-Robbins music therapy is a music-centered approach first developed by pioneers Drs. Paul Nordoff and Clive Robbins in the late 1950s. The approach involves the improvisational use of music to evoke responses, develop relationships, and address emotional, cognitive, social, and musical goal areas (Nordoff & Robbins, 1977). The original
Nordoff-Robbins team worked primarily with children in individual music therapy settings and groups of the children’s peers, although in the past decade there has been an increasing amount of work documented with adults as well (Ansdell, 1995; Turry, 1998).

While Nordoff-Robbins music therapy has been in development internationally for the past 45 years, parents are typically not treated together with children. Previously, parents have only been included in sessions if children have difficulty with separation. In most instances, it has been the therapists’ goal to facilitate the child’s separation from the parent in sessions. As soon as a child seems comfortable in the therapy room with the therapists, the parent is encouraged to move to the waiting room. Only if the therapist needed assistance or cues from the parent in communicating with the child were exceptions made. The fact that in this case, Carly, the mother, is an active participant in the sessions, has lent it special interest.

Setting the Scene

When Nordoff-Robbins music therapy sessions are conducted by a team of therapists, the primary therapist generally stays in the session room while the co-therapist greets the clients in the waiting room. The primary therapist begins to create music as the clients are walking in. Upon seeing the clients enter the therapy room, the therapist might modify the music, based upon his perceptions of the clients’ energy and emotional states.
The therapy room in which this course of therapy took place had a grand piano, several different kinds of drums, temple blocks (five pitched wooden blocks attached to a stand), one or two melodic instruments such as a large wooden xylophone-like instrument called a xylimba, perhaps single reed horns, and sometimes, wind chimes. The room is approximately 14 feet x 18 feet in size. The co-therapist’s chair was situated to the right of the piano bench and the clients’ chairs were facing the therapists’ seating. There was a video camera set up in a filming booth adjacent to the therapy room. The camera peeked out of a 3 feet x 3 feet square hole in the corner of the room that was surrounded by a black curtain (SEE APPENDIX F). Each session was videotaped by a filmer who was not seen by the participants.

Clinical Improvisation

Clients are regarded as active creators in the music making process. Among other goals, music that is improvised by the therapist reflects the emotional state of the clients, elicits and enhances communications skills, and facilitates active music making between the participants. Music improvised in a sensitive and interactive way can provide a forum in which clients can express uncomfortable feelings, work through conflicts, and deepen relationships between client and therapist and among group members. Through music the therapist can access potential areas of strengths and tap into clients’ dormant internal resources.

The philosophy of this creative approach is to use live music as the primary tool to address non-musical and musical goals (Nordoff & Robbins,
Nordoff & Robbins make clear the capacity of music to unite and affect all whom are involved, such as a parent and child in therapy together. “Music is a universal experience in the sense that all can share in it; its fundamental elements of melody, harmony, and rhythm appeal to, and engage their related psychic reactions in each one of us” (Nordoff & Robbins, 1992, p. 15).

They write specifically about bringing an autistic child into instrumental activity, and the value of such activity:

Inherent musical responsiveness can impel an autistic child into tenuous instrumental activity. As you work to engage this, to extend it and make it purposeful, he is exposed to unaccustomed experiences of contact and interactivity—from which he tends usually to withdraw. (Nordoff & Robbins, 1977, p. 120)

Activating a child’s responsiveness through instrumental improvisation may serve to interrupt his or her need for sameness, and enable him or her to experience new ways of being while creating music with the therapist.

Ansdell (1995) describes what he refers to as “the gifts of improvisation” in his discussion of certain aspects of the creative music therapy process. He contrasts the characteristics of improvisation such as “immediacy, involvement, and unpredictability” with demands that are necessary in order to create music such as “to listen, to be aware, to dare to create, to remain in the present” (p. 27):

These are the very opposite of some of the tendencies of many of our clients, to a lesser or greater extent. They are often lost in the past or the future (as habit or anxiety); have lost the ability to listen to themselves or others and tend to have rigid and inflexible patterns of behavior. (p. 27)
Through involvement in improvisation, clients have the opportunity to experience themselves in a new way, perhaps free from habitual behaviors.

The Role of Songs in Nordoff-Robbins Music Therapy

A variety of studies and music published that detail the role of improvised songs in therapy (Amir, 1999; Aigen, 1996; Aigen, 1997; Aigen, 1998; Ritholz & Turry, 1994; Ritholz & Robbins Eds., 1999; Turry, 1999). Aigen (1996) reflects on Nordoff & Robbins’ teachings when describing the function of songs and repetition of ideas in sessions: “Ideally, the music therapist creates songs out of the moment that are based on the child’s present mood. These songs then become part of the organically evolving session form” (p. 20). Ann Turry (1999) describes the role of song forms in helping critically ill children express themselves. She discusses how songs can be “an effective medium for addressing painful issues” (p. 19) and could be directly or metaphorically related to a given experience. Music acts as an intensifier of emotions expressed through lyrics, yet the content of the experience provided can be contained within the structures inherent in musical forms.

In his study of an adolescent group, Aigen (1997) refers to songs as the process through which group members “express their needs, accomplish growth, and relate to each other” (p. 62). Ritholz & Robbins (1999) refer to the immediacy in which songs “determine the musical-emotional environment,” including songs that are more inward and those in which energy is more “extroverted in character”
(p. 7). Each author stresses the “unique potential” of improvised songs to address moment-to-moment interactions and feeling states.

Ritholz & Turry (1994) wrote about their work with a developmentally disabled adolescent client. They used a series of songs and the repeated singing of these songs, in a play-like form each week, to help him work through crises that had occurred earlier in his life. The variety of music that propelled the story forward enabled the boy to experience the lyrics that he and his therapists were creating and singing in a meaningful and rich way. He was fully able to participate in this musical exchange, experiencing profound feelings of excitement, sadness, loss, anticipation, and joy without the therapists directly questioning him about past painful experiences. Traditional talk therapy would have been very challenging for this boy due to his disability.

**Family Therapy**

Treating the child in the context of the family is the prevailing view in the current writings on family therapy with children with disabilities. Almutairi (2002) describes this trend in terms of the treatment of autistic individuals. His research supports the importance of understanding the influence of a client’s home environment on his or her behavior or development. He describes how recent programs have been developed which are based on “parental contributions to the special education of their children” (p. 4). Educators agree that parental involvement is a “crucial element in maximizing prospects of success for the children involved” (p. 4).
The benefits of including parents in the therapy process seem to extend the facilitation of clinical goals for the child to home, school, and social settings. Parents appear to derive personal benefits from being engaged in therapeutic experiences with their children. These include experiencing greater feelings of competency as parents and “decreased levels of stress” (Almutairi, 2002, p. 4).

Much of the literature I reviewed focuses on the personal experience of parents of children with disabilities. Ferguson (2002) writes about the particular feelings parents encounter such as “stress, loneliness, and chronic sorrow” (p. 127). Thus, the inclusion of parents in a therapeutic milieu may lessen their negative emotional states and serve to improve relationships with their children.

Chehrazi (2002) relates to the current trends of treatment programs for the disabled. Children are involved in a variety of different kinds of therapies in contemporary society. These therapies go beyond what formerly were considered traditional forms of therapy, such as speech therapy, physical therapy, and occupational therapy. Other modalities range from “intensive behavioral therapy, to play therapy, to swimming with dolphins” (p. 3). In addition, there are treatments offered in the home, or if not directly in the home, that include members of a disabled child’s household such as parents or siblings. Parents are considered “intricate parts of the treatment system with important roles to play in the therapy their children receive” (p. 3).

Siskind (1997) addresses some unspoken feelings that many current psychologists may experience regarding working with parents: “Not only is working with parents often subsumed under the subject of child therapy rather
than being considered a category in its own right, it is often relegated to second-class status, a bothersome aspect of our work” (p. 6). As the movement toward inclusion of parents grows, these feelings may be transformed as parents are seen more as partners in the therapeutic process.

Siskind supports the importance and necessity of including parents in treatment of their children: “When we take on the treatment of a child we automatically accept a role vis-à-vis the parents of that child. We must do all we can to carry out that role as well as we can, and that includes forming a working alliance with the parents” (1997, p. 24).

**Parent Experiences**

In addition to exploring family therapy literature, I thought it would be important to learn about other parents’ stories regarding raising and taking care of their disabled children.

There are many books written for parents of disabled children. These include not only “how to” books which describe how to find services and support. Other books express the parents’ experiences in their own words. In the latter instance, the stories I read were written by mothers sharing their hopes, dreams, worries, and struggles (Gill, 1997; Klein & Schive, 2001; Lavin, 2001; Maurice, 1993). Gill (1997) describes a mother’s role in society for all children. She relates this idea specifically to mothers of children with disabilities:

The mother becomes more skilled at caring for the child and in attending to related matters. As the parent who spends the most time with the child, and the one who talks to doctors and teachers, the mother may be quicker to absorb the reality of the disability and its implications for the child and
the family. She also has more opportunity, as well as the cultural approval, to experience and express her emotions. (p. 47)

I found Carly’s story and her personal struggles raising her family not particularly unique. Yet, as stated by Connor in Four Voices (above, on page 2), she had the motivation to enter into this music therapy situation and address these feelings. She also was more than willing to share her story for this dissertation. This enabled me to study the work, speak with her and her therapists, and learn about the experience in her family in a detailed and rich way.

Gill (1997) writes about the impact of finding out that one’s child has a disability. She writes directly to the parents about how “our insides are torn by such shock, grief, fear, and sense of loss that it feels like death” (p. 11). She goes on to write about how a parent’s identity is forever changed and that “the whole shape of our selves and our lives is being pulled into a new form” (p. 11).

In a section that she entitles, “Questions,” Gill (1997) lists several questions that a parent of a disabled child may ask about him or herself in relation to his or her child. I include the questions that have particular relevance to this study:

- What expectations are reasonable [for my child]?
- What should I compromise and how much?
- What is the difference between accepting what cannot be changed and settling for less?
- How do I use anger to solve problems and not be overwhelmed by that anger?
- What issues are about me and what issues are about my child?
- How do I live today to its fullest? (p. 87)

One mother writes anonymously in a collection of essays by parents of children with disabilities. She writes about her daughter who was diagnosed with Asperger’s syndrome, “sometimes called high-functioning autism” (Klein & Schive, 2001, p. 131) and her role in relation to her daughter, “I am her
interpreter. All the loose connections she verbalizes—off topic and whenever they occur to her—have some basis in past history” (p. 131).

In one essay, a father, Robert Naseef, writes about his feelings of grief and acceptance in regard to his son, Tariq, diagnosed with autism:

The sorrow, although unwelcome, can be a pathway to an unconditional love that grows from a realization of the intrinsic beauty of each child’s existence. We parents of children with disabilities can feel fine about ourselves when we grasp this and give up superficial achievement-based values. For Tariq, as for most children with disabilities, there has been no miracle, despite all my striving and wishes. I was powerless to change him, but he has changed me so much that I have no idea who I would be without him. . . . Still, there are times that I won’t deny wishing we could sit down and really talk. (Klein & Schive, 2001, p. 209)

Music Therapy and Family Therapy

The music therapy literature relating to family therapy is scant. I have found five published research and anecdotal studies that relate to entire family systems, none of which include a child with a developmental disability such as autism. Each frames the work in current family therapy theory, but the case studies described are very different from the case that I studied. This is due not only to the uniqueness of the mother-son dyad of Carly and Elliot, but also to Elliot’s disability and the implementation of an improvisational approach as a basis for the work.

Muller & Warwick (1993) describe a quantitative research study with nine autistic children who received music therapy in their homes. Questionnaires and pre-tests were administered to determine baseline functioning in regard to certain hypotheses that the researchers set out to validate. One such hypothesis directly
dealt with enhancing mother and child interaction. Certain areas such as children’s avoidance and stereotypic behavior, turn-taking, initiation, and duration of musical play were measured with child behavior checklists. The results indicated that the mothers’ participation did not have a particular influence on their children’s behavior during music therapy sessions and that there was no carry-over effect after sessions. The specific music utilized in this study and its relevance toward the research hypotheses is noticeably absent. Structural information regarding the order of events (hello song, free improvisation, goodbye song) is included, but the reader is left to wonder what actually occurred within these musical activities. Behaviors in musical activity are measured through non-musical assessment rather than on qualities of interaction or musical behaviors.

Miller (1994) surveyed the traditional philosophical models of family therapy, and although his therapy groups for dysfunctional families were very different in nature and goals from those in this study, some ideas are applicable to both. His work acknowledged the role of each member in affecting the entire system and the impact of one member’s change upon the entire family. A variety of therapeutic techniques were utilized, each representing a different approach to family therapy, including systematic, structural and strategic family therapy (Nichols, 1984; Piercy, Sprenkle & Wetchler 1996). These models were used as a framework as he translated detailed nonmusical therapeutic interventions into musical ones. He surmised that “music possesses unique qualities that make it useful in group or family work” (p. 43). Although the value of music therapy in
family therapy is shared, the current study differed in this particular mother-son dyad, and in the improvisational nature of the approach.

Oldfield (1993) also describes the benefits of family music therapy sessions. Families were referred to her who were considered “troubled by emotional disturbance, behavioral disturbance, social and environmental pressures, [or] disturbance related to the ability to learn” (p. 54). She speaks about the importance of music to help “recreate a warm, simple interaction between parent and child” (p. 54). She also explains that the structured, non-verbal nature of music may be “reassuring” for families and help work through “verbal conflicts” (p. 54) and issues of control.

Hibben (1992) discussed family music therapy in relation to other action-oriented therapies, such as play therapy and drama therapy. She described the “similarities between music playing and play—such as their symbolic, nonverbal content” and reasoned that this makes “musical improvisational interventions especially efficacious in work with families with young children” (p. 43). She mainly looked at families that did not necessarily include a disabled child, a focus similar to Miller. Her research included instrumental, pre-composed songs, and songwriting in the therapy process. She discussed the value of songs in family therapy and observed that they “may be used to help bring families into a therapeutic alliance. Songs may also help families share experiences or remembrances or to share family stories” (p. 36-37). She also described how songs could be used to avoid “more difficult interactional issues or to block a relationship” (p. 37).
Decuir (1991) discussed the trend to include families in music therapy sessions and identified the need for more quantitative research studies in this area. He described the characteristics of autism and highlighted specific interventions that music therapists employed in the treatment of autistic children with their families. Specifically he noted that in Benenzon’s Iso-principle technique and Baker’s rhythmic entrainment procedures “parental involvement is limited to the final stages of treatment, and even then parents are gradually brought into the picture” (p. 198).

The studies cited in the literature validated the trend toward including parents in the treatment of their disabled children. With the exception of the quantitative Muller & Warwick (1993) study, the music therapy articles reviewed were neither quantitative nor qualitative research studies, but rather anecdotal accounts that called for further investigation.
CHAPTER II
THE RESEARCH METHOD

The goal of this research was to develop an understanding of the participants’ experiences in music therapy as well as to learn about the musical and therapeutic processes at work during this treatment. The course of therapy was completed in September 2002 and one of the primary data sources was the videotapes of sessions created for clinical documentation. I employed a naturalistic inquiry research method to answer my research questions. The particular aspects of the method that guided my process and related to this study included the examination of the videotaped sessions of the participants in a natural setting, the importance of studying multiple perspectives, the study of the “affective inner life of humans” or the “private worlds” of those studied (Aigen, in press), and gaining an understanding of social patterns and behaviors.

Because my research occurred after the therapy process concluded, my study of it did not disturb its natural evolution. The analysis of these videotapes followed the clinical process. This helped guide me as I followed the course of therapy.

I made use of multiple perspectives by including my own perceptions about the work as well as those of the therapists, Carly, and Elliot. In addition, the variety of data sources, interpreted videotaped sessions inclusive of musical and clinical material, interview transcripts, and the therapists’ session notes and reports, enabled me to construct meaning through a variety of different
perspectives. The naturalistic method enabled me to study the work from many different angles: personal, clinical, musical, and interpersonal.

I gained an understanding of the participants’ experience in this process, through observation of the sessions and through interviews. Regarding an overview of naturalistic inquiry principles and methods Aigen writes, “The individual human self is highly valued and taking account of individual perspectives is necessary in gaining a full understanding of social behaviors” (in press). The emotional lives of the participants were explored as well as their unique experience of creating music with one another.

The social patterns and behaviors that were observed between mother and child, therapist(s) and mother and/or child, and primary therapist and co-therapist were important in understanding what occurred in therapy. The data revealed patterns in interaction, thereby facilitating insight into this social situation (Aigen, in press). In addition, music’s interplay in facilitating social connections and eliciting behaviors was examined.

Naturalistic inquiry can begin from as basic a question as “What is going on here?” In line with this, my fundamental research question was “What occurs in a mother-son dyad in Nordoff-Robbins music therapy?” The open-ended nature of such a query allowed me to begin with an implicit understanding that the inquiry would expand to new areas and become more specific as the cyclical nature of the research process proceeded and new directions were forged (Ely, et. al., 1991). In addition, the case study reporting mode is naturally suited to the
qualitative approach. The layers and realities explored within this one context were many.

Before I began the study, I received permission from the human subjects committee regarding contacting and interviewing the therapists and Carly for this study and seeking permission to view the videotaped sessions from the center. I contacted the co-director of the outpatient center via letter and phone call and requested access to the videotaped sessions. I also wrote the participants, Carly and the two therapists, explaining my study and asked them to contact me if they were interested in participating. When they replied that they were interested, I sent them each a letter of consent (SEE APPENDICES A AND B) that described the study. After each participant signed a letter of consent, and I had been granted official access to the videotaped sessions, I began studying the data.

In the process of reviewing the videotaped sessions, transcribing musical events, and formulating questions both for my data and for the participants, I engaged in research based upon observation and analysis of different types of data. My awareness and developing understanding of this unfolding process yielded insights into the value of such parent-child dyads in therapy, as well as the nature and function of improvisational music, among other findings.

Data Sources and Collection

The primary data sources for this study include the 24 sessions on videotape, the session notes and index sheets, treatment summaries, parent

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1 Index sheets are logs of sessions that include the time in which events occur. In the index sheets the therapists transcribe musical ideas, note significant events in therapy, comment on goals, transcribe dialogue, and summarize these events.
conference meeting reports, the researcher’s log and analytic memos, musical transcriptions, and interview transcripts.

I initially reviewed the essential paperwork regarding this case, such as the child’s diagnosis and length of treatment. Other documents, such as treatment summaries and parent conference reports, contained information about the nature of the work, the therapeutic goals, and the therapists’ interpretations and thoughts at given points in the treatment. I followed the clinical process and read the reports as they occurred during the clinical year.

After reviewing the initial paperwork, I began viewing the videotaped sessions. They were viewed more than once in order to glean as much information as possible in addressing the research sub-questions. While viewing the videotaped sessions, I wrote an index sheet, similar to those that the therapists had written, that included my observations of non-musical and musical behaviors, a transcript of some of the dialogue, my emerging ideas about what I was observing, and the real time in which the events occurred in the sessions. Certain sessions were re-studied because they were found to be particularly significant. In these sessions, I included a more detailed transcription of words and music. The sub-questions were explored more specifically by collecting these data as well.

I reviewed the therapists’ session indexes after I completed my own indexing of all the sessions.

I waited to review this material so that I would not be influenced by the therapists’ clinical reflections as I was going through the process myself. I then compared the therapists’ index sheets with my own and pulled out particular
statements that were similar and dissimilar to my written descriptions. These variant observations and descriptions are re-constructed in Chapter III (The Clinical Story) and discussed in Chapter IV (Understanding the Clinical Story).

Carly and the therapists were interviewed individually after preliminary data had been reviewed and analysis begun. The purpose of the interviews was to incorporate the therapists’ and Carly’s personal perspectives and stories. The interview questions addressed research sub-questions relating to the clients’ and therapists’ experiences and roles as well as exploring other ideas that emerged from the data. The therapists and Carly, in separate interviews, viewed particular excerpts that I had selected based upon my questions and initial findings and shared their thoughts regarding what they viewed and remembered.

Although Elliot was a verbal, high-functioning child with autism, I decided not to interview him for this study as it may have been confusing for him to reflect upon his past experience in a therapy process in which he was a client. It might also have interfered with gains made while he was in music therapy. Elliot’s experience in music therapy was inferred by observing his actions on videotape and by asking Carly and the therapists about their perceptions regarding his involvement.

Pseudonyms were used to ensure confidentiality of all subjects and places. All data, including audiotapes, videotapes, CDs, interview transcripts, the researcher’s log and writings, and disks were stored in a locked file cabinet. The audiotapes of the interviews will be kept in locked storage until three years after
the dissertation is completed. They will then be destroyed to ensure confidentiality is upheld.

The Researcher’s Log

Throughout my observation of the 24 sessions on videotape, I kept a typewritten log that described events in therapy and the corresponding real time in which they occurred, as a session index sheet would, and also included my thoughts about the process, as observer comments, written summaries of the sessions, as well as analytic memos. According to Ely, et. al. (1991), observer comments are valuable in that they provide a place for emerging ideas, help clarify biases and leanings, and lead the researcher in new directions. She states, “The log is the place where each qualitative researcher faces the self as instrument through a personal dialogue about moments of victory and disheartenment, hunches, feelings, insights, assumptions, biases, and ongoing ideas about method” (p. 69).

The log was also the place where I noted where, when, and how key musical improvisations developed. Transcriptions of material identified as potentially significant was included. The therapeutic situation relating to the musical theme was noted in the log as well. The lyrics that were improvised and/or sung were also part of the transcription and included in the log. In addition, the transcripts of the interviews were also part of the researcher log.
Interviews

Interviews were an important way to gain information because they allowed “the researcher and the respondent to move back and forth in time; to reconstruct the past, interpret the present, and predict the future” (Erlandson, et al., 1993, p. 85). This idea had particular relevance for this therapy process since the clinical sessions had occurred one and one-half years in the past. I interviewed each of the therapists in separate interviews in March 2004 for 90 minutes and met with Carly for two hours at her home, in April 2004. I interviewed Peter, the primary therapist, a second time for one hour in June 2004.

The interviews were audio recorded and the audiotapes were transcribed within three days of the time of the interview. The audiotape was rechecked to be sure that the written transcription was accurate. The transcriptions were included as part of the researcher log.

For the first set of interviews, the questions for each participant emerged while reviewing the videotaped sessions. I scheduled the interviews after reviewing the 24 sessions on videotape because I wanted to experience the entire clinical process and base my questions upon the overall experience from inception to conclusion. The purpose of the interviews was to clarify my understanding of what happened in the process and more fully understand the participants’ experiences and roles. While interviewing the participants for the first time, I did not discuss my hunches, intuitions, and tentative interpretations about the work to get the participants’ feedback on these ideas, as I had originally planned to do. I
felt it was important to avoid leading questions as I began to ask them about their experiences.

My queries were open-ended. I asked the participants about what they recalled about the music therapy process and what was salient for them. In addition, I asked them to comment on videotaped excerpts that I chose in which I wanted to learn more about their perceptions. I asked them to reflect on what they observed and felt at that time. Such questions included: “Can you tell me about your experience during this session?” Although I began with an overall question about the participants’ experiences in music therapy, the excerpts enabled the participants to hone in on specific areas of interest or clarify what was happening in a given situation. The excerpts helped to provide a structure for the interviews and our discussions and seemed to enable the participants to remember particular events more clearly. I remained open to different directions the interview might take. For example, when Carly was describing her music therapy experience with Elliot, she provided important history regarding his life. This information was invaluable in presenting a rich portrait of Elliot. I supported these spontaneous expressions and delved deeper with follow-up questions when appropriate (Lincoln & Guba, 1985).

In my second interview with Peter, the primary therapist, I asked him more specifically about how the therapy situation began. I also asked him questions related to psychoanalytically-oriented concepts in relation to Nordoff-Robbins practice. I did not show excerpts during this interview. We spoke after the interview on the phone to clarify some of his statements, and he also emailed
me several times throughout the research process to share some ideas that he was thinking about regarding his work with Carly and Elliot. Many of these ideas have been included in the dissertation.

I wrote analytic memos after conducting each interview. In these memos, I discuss data gleaned from my viewing of the sessions and compare and contrast these observations with the participants’ reflections and descriptions of the process in the interviews. I also noted feelings I was having regarding the participants’ information. I then coded the interviews, using some of the same codes that I had utilized for the session indexes, but also creating new ones that best described what I was perceiving.

Analyzing the Data

I followed the analysis process articulated in Ely, et. al (1991, 1997). These procedures included coding, developing categories, writing analytic memos, and from this, I lifted theme statements. A theme is “the researcher’s inferred statement that highlights explicit or implied attitudes toward life, behavior, or understandings of a person, persons, or culture” (Ely, et. al., 1991, p. 150). Writing themes, “session titles,” a playlet, soliloquies, and poetry, led to a more in-depth understanding of the data’s meaning and facilitated the write-up process.

Part of the analysis process included looking at different aspects of the musical improvisations. In particular, I examined the function of the improvisations, looked at the musical components, such as articulation, and the
interplay of lyrics and music. Several music therapists have written about their experiences analyzing musical improvisations in clinical settings (Aldridge, 1996; Lee, 1996, 2000; Procter, 1999). Lee (1996) writes about the importance of therapists’ looking at musical elements and deepening their musical understanding. In regard to musical components he writes, “Observing how such components affect the therapeutic process cannot help but give music therapists greater insight into their work. Detailed musical inquiry must invite more refined listening” (Lee, 1996, p. 21).

I identified 11 musical themes in order to illustrate how the music was used in this process and to highlight aspects related to the findings in such areas as: relationships, roles, improvisation, and performance. These themes were transcribed and are located in Chapter III (The Clinical Story) and Chapter IV (Understanding the Clinical Story). Including these musical themes along with their lyrics will provide the reader with a better sense of the musical content that was so important in shaping the sessions. Three of the themes are songs from a musical and animated Disney movie in which Elliot and Carly inserted new lyrics and/or Peter changed the traditional accompaniments. The other themes were improvised. The “You’ve Got to Be Patient” blues was repeated in almost every session, as Carly and Elliot entered the therapy room. Additional themes addressed particular issues in the moment when they were created and not necessarily brought back to future sessions. I had assistance in musically transcribing these themes. The themes were checked for accuracy and specific descriptions about the ways in which the themes were played were added.
Throughout the analysis process, I compared and contrasted different data sets, relating particular quotes from the interviews to the session indexes that I had already written. The process of data analysis required that I take constructions “gathered from the context and reconstruct them into meaningful wholes” (Lincoln & Guba, 1985, p. 333). I developed categories such as performance, roles, and love, and used my word processing program to cut and paste related data sets. Theme statements were composed related to my findings. I created session titles for each of the 24 sessions derived primarily from statements that the participants made in sessions. The titles served to summarize the most salient ideas and occurrences in a particular session. This enabled me to clearly see which sessions I wanted to highlight for the write-up based upon the content and its significance.

Using Computer-Assisted Qualitative Data Analysis Software (CAQDAS)

I used Atlas.ti as a tool to review my interview transcriptions and compare information gleaned from each interview. I used the software as an organizational tool to facilitate my comparing and contrasting these particular data. I compared different sets of data by reviewing the various written printouts. Musumeci, et. al. (in press) write about the process of utilizing software in qualitative analysis: “Just as the sculptor works with marble and chisel, we researchers have data, pen, paper, word-processing programs, and qualitative software tools to help make visible the insights, connections, and meanings from the data. CAQDAS,
(computer-assisted qualitative data analysis software) is one such tool that can assist us to organize and think about the data.”

Trustworthiness

My intent was to accurately represent the work that I studied. In order to do that I employed certain naturalistic techniques outlined in Lincoln & Guba (1985), Erlandson, et. al., (1993) and Ely, et. al. (1991).

According to Ely, et. al. (1991), “Being trustworthy as a qualitative researcher means at the least that the processes of the research are carried out fairly, that the products represent as closely as possible the experiences of the people who are studied” (p. 93). The authors refer to trustworthiness as more than a set of procedures, but as a belief system grounded in ethical behavior.

With prolonged engagement and persistent observation (Lincoln & Guba, 1985; Erlandson, et. al, 1993; Ely, et. al., 1991), I studied and re-studied the videotaped sessions. Prolonged engagement required that I “be involved with a site sufficiently long to detect and take account of distortions that might otherwise creep into the data” (Lincoln & Guba, 1985, p. 302). I studied the videotaped sessions from January to March 2004. I spent approximately four hours per day for four to five days per week reviewing the sessions. Persistent observation helped “identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focusing on them in detail” (Lincoln & Guba, 1985, p. 304). I selected what I deemed to be important sections of particular sessions and reviewed them several times to ensure my familiarity.
and increase my ability to see what was happening beyond purely behavioral responses and actions into potentially deeper levels of meaning. This required time and persistence in gleaning not only the manifest content of what was occurring in these sessions, but the latent content as well.

As I analyzed the data, developed categories, bins, codes, and themes, it was important for me to have a place to share and discuss my ideas with people who were not participants in the study. This challenged me to look at the work in a new way and helped me progress and stay focused. Erlandson et. al. (1993) refer to such a strategy as “peer debriefing.” They suggest that the researcher should “step out of the context being studied to review perceptions, insights, and analyses with professionals outside the context who have enough general understanding of the nature of the study to debrief the researcher and provide feedback that will refine and, frequently, redirect the inquiry process” (p. 31). I met with a peer (outside of the music therapy community) twice a month, throughout the write-up process to gain a different perspective on the work, clarify my writing, and help me stay focused and clear about my tasks. I met with her several times per week in August 2004 when I was closer to handing in the first draft of the dissertation to my committee. I also had phone meetings with a music therapy colleague and he helped guide me and support me throughout the research and writing process.

Since I did not study my own work, I had some distance that has helped in terms of trustworthiness. I do share friendly collegial relationships with the two therapists who are participants in this study, and did not initially share my emerging findings with them in the first interviews. When I had my second
interview with Peter, I shared some of my ideas in order to engage in a dialogue with him regarding some of my questions and findings about the work.

Credibility of the findings can also be established through member checking. Lincoln & Guba (1985) describe the importance of the respondents, or participants in the study, checking to see if the constructions derived by the researcher are credible. With that in mind, I shared parts of my analysis, such as the playlet and other sections from Chapter IV (Understanding the Clinical Story), to the participants as another step to ensure trustworthiness and credibility of the data. This provided an opportunity for participants to react and respond to my data.

The feedback from the participants provided the opportunity for negotiated outcomes. Lincoln & Guba (1985) write about the necessity for “the case report to be subjected to scrutiny by respondents who earlier acted as sources for that information” (p. 211). This provides the opportunity for the participants to “provide input on the subject of what are proper outcomes,” (p. 211) thus helping to establish credibility “in the eyes of the information sources” (p. 213). Negotiated outcomes helped to ensure trustworthiness because they enabled the participant to engage in a dialogue regarding the meanings that have been assigned to the data. As part of negotiated outcomes, the participants’ responses to the analysis were weaved into my discussions in Chapter IV (Understanding the Clinical Story). Including the voices of the participants in Chapter IV has broadened the discussion and led to lively correspondences regarding the findings revealed in this study.
Garner (in Ely, et. al., 1991) wrote about her member checking experience related to interviews that she conducted. In addition to interviewing parents, siblings, and other teachers of those children she studied as part of her data collection, she also observed the children’s play styles. She wrote: “Obtaining feedback about my findings in these interviews [not only] helped me to establish credibility, but it also deepened and substantiated data gathered in other ways” (p. 165).

Presentation of Findings

Due to the nature of the subject matter, the written report has taken on an unconventional presentation. The first chapter of the dissertation that you have just read frames the study, provides context for the work, and demonstrates need. The literature highlights specific aspects of family therapy, music therapy, and parent experiences that have relevance and provide background and information that will help the reader navigate through the clinical story. The researcher’s stance enables the reader to get a sense of my biases, leanings, interests, and how the research process has influenced my work.

Chapter III is the clinical story. I have chosen to keep this part of the dissertation in one section, not break it up into separate chapters. Although this makes the section lengthy, I believe keeping it whole provides a more unified presentation and enables the reader to follow the story in an uninterrupted way. In this section, I have woven vignettes, interview quotes, information from treatment summaries, parent conference meetings, therapist index sheets, and
musical descriptions to guide the reader through the process. The layered presentation of the clinical story, going back and forth between clinical vignettes and interview comments, reflects what occurred in the clinical process as Carly moved in and out of a variety of roles, such as facilitator, client, and educator, during sessions.

The story will move between the present, as represented by the interview quotes, and the past, in my re-telling of the clinical process. The course of therapy is reflected upon by the participants as if it were a flashback in a film. They recall as best they can their feelings and their experiences about what occurred one and a half years in the past. In particular Carly provides history about how she and Elliot came to the Nordoff-Robbins Center, and updates us on Elliot in general, as well as how what occurred in therapy relates to his life currently.

After the clinical story is told, I revisit some ideas that were brought up in the data, reflect upon these concepts and questions, and integrate related literature. I incorporate some data that has yet to be discussed from the clinical story and flesh out ideas regarding salient areas of study. I include a dramatic scene, to creatively present and address findings in the data. One final section relates to recommendations for future work.

Researcher’s Stance: Ripples and Reflections

According to Ely, et al (1997), “Stance is the various perspectives through which we frame the collection and interpretation of data, or, as we will suggest the metaphor angles of repose, those that influence how and what we see and the
interpretations in writing that arise from that seeing” (p. 32). In the present section I identify some of my areas of interest, experience, and biases in relation to the proposed research study.

I have had extensive training and experience, clinical and teaching, in the Nordoff-Robbins creative music therapy approach employed in the study. I am aware that I often see clinical situations through a certain lens—with a keen interest in understanding the impact of music in all of its many forms in meeting the needs of disabled individuals. My experience affords me a familiarity with the process of music therapy in this setting as well as surmising the music’s function in clinical situations. I have an established way of evaluating processes of therapy and in determining the effectiveness of treatment. This caused me to be consciously open to new ways of working in improvisational music therapy.

Since this is a first time case, the therapists were forging new territory and were adapting an established model of practice to a new context. This required being open and letting go of preconceived notions about established roles of clients. It also required that I fully embrace the role of researcher rather than the role of a supervising music therapist viewing and commenting upon a peer or student’s work. This was challenging, and at times, my music therapist voice is heard. When this occurred, I identified myself as a music therapist, for clarity. My experience and viewpoint was thus included rather than negated. It was impossible for me to completely remove the lens through which I saw the work, yet my goal here was to paint the most complete picture of what occurred, through multiple perspectives, not solely through one music therapist’s eyes.
One reason for my interest in the case is that as a mother of a son, I identified with Carly. I am sensitive to the complex nature of this relationship. Although my son is not disabled, and I do not have other children as Carly does, I empathized with this mother’s need for her own time and space and the somewhat unrelenting nature of parenting. I used my observer comments and analytic memos to reflect upon feelings that I had that were similar or dissimilar to this mother’s experience.

Mid-way through my interview with Carly, I commented about the difficult nature of parenting, and the necessity of splitting her attention between her child’s needs and her own needs and interests. She then asked me if I was a parent. When I told her I was, the whole tenor of the interview changed. She had been very forthcoming up to that point in the interview, but now it seemed I was a member of this exclusive club, the “mommy” club. It did not seem to matter that my son was not disabled. Carly and I bonded during our interview as she relived her experiences with her family and shared them with me. I could not have anticipated feeling so moved while driving to her house for this interview. Afterwards, I was concerned that my warm feelings toward Carly might influence how I would treat the information she provided me with in the interview.

After I transcribed the interview and began coding it and relating it to the other interview transcripts, it became easier for me to be clearer about the content of the information and not react on a purely emotional level to her story. I wrote about the interview in two different analytic memos. One related to the specific content and details that she shared. This content was related to my findings thus
far and to some of the statements made by the therapists. The second memo related to my personal reaction to being in her home, looking at family pictures and getting a sense of who Carly was. Writing about my feelings helped me stay close to the data and my hunches, but also enabled me to reflect upon these feelings on the written page. Writing about the interview helped provide some distance, enabled me to reflect upon my time with her, and embrace the essence of the experience.

My role as a mother influenced me in that I had empathy for Carly’s situation in perhaps a deeper way than I may have had with other clients with whom I do not share a particular role. As stated above, I used a variety of writing forms, such as analytic memos, observer comments and poetry to explore my connections to the data when feelings and thoughts came up as I reviewed the tapes, interviewed the participants, or when I was writing.

Although I initially thought I might tune in to the mother’s voice more readily than I tune into the son’s voice, in actuality, this was not what occurred. The multiple perspectives and data sources utilized from the videotapes, the interviews, and the written reports about the process enabled me to maintain a fairly balanced view of the overall study. I was conscientious about listening carefully to Elliot’s words and music and tried to understand and surmise his perspective as much as I possibly could.

After I became a parent, I developed a new empathy and understanding for the experience of the parents of the children that I see in music therapy sessions. My role as a parent has enabled me to take in the parents’ stories, relate to them in
ways that were not foreseen prior to this point. As I have told other new and prospective parents, as much as one would like to be able to foresee the future, it is impossible to comprehend what it feels like to be a parent until actually becoming one. It is a profoundly life-changing experience. In my work, I began to feel less distance between myself and the parents of children that I was treating in therapy, and to have more feelings of understanding and compassion for their complicated lives.

I have continued to think more about the relationships that I have developed with parents of the children that I see in therapy. My pre-conceived notions about our roles have loosened and I have expanded my view of what is possible regarding treatment groupings in a music therapy setting.

When I was employed at the music therapy center where this course of therapy took place, there was a certain distance set up between parent and therapist in mainly structural ways. I might briefly report information about a child’s progress after a session, occasionally call a parent to convey information or solicit it, and meet with the parent one time during the clinical year. It was often during and after these meetings that I realized the importance of forging a relationship with the parent. It was also at these meetings that parents, most frequently mothers, would share poignant stories relating to struggles in raising a disabled child. Despite these revelations about individual parent experiences in these meetings, rarely did I consider the importance of including a mother or father in therapy with his or her child. I mostly believed that the therapy session served as respite time for the parent—a few minutes to him/herself while his/her
son or daughter was safely taken care of. To be sure, this was true in many cases.
Yet, there were other times that the particular dynamic between mother and child
or father and child may have been overlooked so as to satisfy my own perception
that respite was of primary importance for every parent of a disabled child.

As a result of this study and my presentation to the staff at the outpatient
center, the ways in which parents participate in the music therapy process, even
when not actually included in the therapy with their children, has begun to
change. Communication has increased between parents and therapists, and staff
members are encouraged to forge a strong relationship with the parents from the
inception of therapy. I have instituted similar practices at the outpatient center
where I am now employed. I have also included a parent in the treatment of her
son for an entire clinical year, choosing not to focus my attention solely on
mother-child separation, but to be open in embracing this special relationship.
This is a direct result of my deepening understanding of the parent’s impact on a
child’s treatment.
CHAPTER III
THE CLINICAL STORY

Introduction

As stated previously, Carly and Elliot were seen in a music therapy dyad from September 2001 to September 2002. My initial interviews with Peter, Connor, and Carly respectively occurred in March and April of 2004, approximately one and one half years after sessions concluded. In addition, member checking took place in July 2004, nearly two years after sessions ended. The participants had variant recollections about what occurred in this process, particularly regarding how this dyad was initially formed. Viewing the videotaped excerpts seemed to help the participants recall more details and feelings about the process. Multiple recollections and perspectives are included to provide the reader with the most inclusive and comprehensive sharing of what the participants remembered and what remained salient over time.

Peter and Connor were embarking upon a new clinical adventure in bringing Carly into sessions with her son. When Carly approached Peter about her initial idea for family therapy, the therapists were open to pursuing something that had never been done before at the Nordoff-Robbins Center. The therapists had already initiated and led a parent music therapy group together and were interested in working with parents in new capacities.

Since this was a new treatment context, the therapists consciously decided to remain open about how the therapy process defined itself. They wanted to let
the process evolve naturally. They would take note of what Carly and Elliot brought into the sessions, observe their interactions, and let the initiative and momentum of their actions and feelings dictate a direction for the work. This was a deliberate strategy that reflected their treatment philosophy. After each session, they would watch the videotaped recording and discuss, as well as write about, their hunches, questions, thoughts, and future plans. Working in a team enabled them be partners in planning their strategies, grappling with issues, and supporting each other as they went forward.

The reader should note that no formal history was ever taken from Carly. Through interviews with the therapists and with Carly, I learned that she had been a client in psychotherapy for several years. I have no further information about her treatment. As the clinical story unfolds and relevant interview material is shared, the reader will learn more about Carly and Elliot’s history and family life as I did, as it revealed itself in our interview together and in relation to what occurred in music therapy.

Meet the Participants

Elliot is an 11 year-old boy diagnosed with high-functioning autism. He has straight brown hair that hangs in a shaggy way over his eyebrows. He smiles and flaps his arms when he is excited. He has a stocky build and lumbers around the therapy room somewhat hunched over but always with a direction and a destination in mind. He speaks very fast, frenetically, and his voice quality is high-pitched. He leans his whole body toward his mom, standing on tip-toe, when
he wants her attention. He seems to be in perpetual motion at times. At other times, he can sit very still. He has an uncanny ability to remember melodies and lyrics to songs he has known for many years. He is sensitive to changes in pitch in the music and seems to unconsciously alter his speaking voice to match the tones he is hearing from the piano. He is full of energy, ideas, and usually compelled to be doing something—moving, talking, playing, or singing.

Elliot spends a lot of his time repeatedly reciting stories and songs that he is familiar with and creating, what he calls, “versions”, changing one line, character, or lyric. Creating these versions is very important to him and it seems to be an activity he uses to elicit others’ attention and participation. He generally spends the duration of his trip to the Nordoff-Robbins Center repeating and creating these versions repeatedly while his mother drives, listens, and participates when asked to do so.

Carly is a well-educated 40 year-old woman. She is a writer, photographer, and artist. She is married and has three children, ages 11, eight, and seven. She wears horn-rimmed glasses and her light brown straight hair falls to about shoulder length, often pulled behind her ears. She dresses casually in jeans and a sweater or work out clothes for the Saturday sessions, and moves her body freely to the music when she enters the sessions. She is usually in close proximity to her son. Sometimes she arrives looking tired and worn out. During the sessions, she can be energetic and focused. She has a dry wit and banter with the
therapists. She generally plays music with gusto and energy, committed to each sound that she makes.

**Peter** is the primary therapist, creating the musical improvisations, themes, story-song ideas—the soundtrack to this process. He rarely leaves the piano bench. He is immediately responsive in the music with familiar themes, related music to stories, and dramatic sounds that relate to the emotional climate in the room. Every sentence, gesture or phrase is reflected in the music. He is attuned to the moment and musically translates the verbal and nonverbal action almost instantaneously. He plays confidently and fluidly, using a variety of styles and tempi.

**Connor** is the co-therapist. He adds to Peter’s music by drumming and singing out lyrics to the themes that are being developed. He supports the clients by providing a grounding beat and embellishing their musical expressions. He occasionally stresses a musical line by singing and refers to himself as the *timekeeper*, alerting Carly and Elliot when the session will be concluding. He has a low-key style, following the action, watching, but not generally initiating interactions. He is responsive to Carly’s humor, as she is to his.

“I’m Not Sure What We’re Doing Here But This is Cool”

Upon entering their first session together, Carly utters these words as she and Elliot begin to roam around the music therapy room. Connor follows them in the room and closes the door. As Carly walks in the room, she shifts her weight
from one foot to the other following the tempo of the music that Peter is playing at the grand piano. Carly giggles a little and says quickly, “Where do I sit? What do I do?” She then says, “And we begin.” Peter repeats with clarity, “And we begin.”

In September 2001, Carly is new to music therapy and the mother-son dyad process. The room has assorted instruments scattered about, such as a conga drum, large round tom drum and cymbal, and a large xylimba, a wooden melodic instrument. Peter improvises a short melodic motif that ascends and descends in the upper register of the piano. He harmonizes the motif sparsely in the middle register. He repeats the musical idea several times, playing lightly and gently.

Elliot asks about his music therapist from the previous clinical year when he was seen in a group, speaking in a high-pitched voice: “Where’s Tom? When will Tom come back?” Carly immediately compares Tom’s voice to Connor’s voice, noting their similarity. Elliot appears to acclimate himself to the changes in the therapy room (from his group music therapy set-up) talking about the musical stories that he sang with the group in the past clinical year and asking frenetically, “Where are the music books? Where are we going after this?” Carly says, “Let’s not worry about that now.”

There is a distance of approximately six feet between Carly and Elliot and the therapists. Their chairs face the therapists. Peter remains behind the piano and Connor sits behind a snare drum and cymbal.

Why was Carly here in this session with her son? Parents were only included in sessions if their child had difficulty separating. Elliot had separated in
past music therapy experiences at the center without incident. In her interview (in April 2004), Carly explains her initial plan for family therapy and how it evolved:

‘Cause I proposed that to them. I wanted to actually do family therapy in music therapy. And I would start from myself, and then go from there. It is very difficult for Elliot’s siblings to negotiate this relationship as it is for all of us. We have this autistic child in our family. It changes the dynamic of the family, it really does. So I thought that eventually I would start bringing the children in (Carly has two other younger typically developed children) one by one. But what I realized as Elliot and I started… I went in first with him. There was a whole lot of therapy to be done just with us.

Carly shares her hopes for a happy ending with her dry wit:

So, I thought, oh we’ll have this all fixed up in about a year. The whole family—we’re going to be all singing together. [I suggest like the Sound of Music?] We’ll have the marionettes in costume, we’ll do it like that. So I figured in one year we’d be the Von Trapp family.

Connor remembers the evolution of the mother-son dyad in this way:

My recollection is that this was part of a great plan. That she wanted to have all of her children come. She had two other children. And nobody was getting along terribly well with anybody, I think. But mainly the two younger children were not getting along with Elliot. And it sounded like it was kind of like a war, in a way, a vicious war….And the object was her. Who would have time with her and who would have attention from her. And the fact was that she was, I think, overwhelmed by it. She had been in therapy. So I think her idea was, to bring everybody in and almost modeling, demonstrating, and teaching how to do these things, and how to be nice to each other and how to appreciate each other and coming to some accommodations about this, that, and the other.

**I Only Want My Mommy Blues**

Thirty-three minutes into their first session together, Carly spontaneously improvises a song in the blues that charts the direction of the early work and provides a structure in which to share difficult feelings. Carly is talking to the therapists, describing her youngest son Zach and whether or not to include him in these sessions. She says to Elliot: “You wish life would be a Mommy and Elliot
“life….” She prompts him to continue, “Just like it was…” He finishes the statement, “before they were born” referring to his siblings. Carly then begins to belt out a blues improvisation with lots of spirit and energy. Peter supports her by first doubling her melody and then providing the 12 bar blues form in the supporting harmonies. Connor provides strong rhythmic grounding on the tom drum and cymbal.

I gotta share my Mama and I gotta share my Dad.

I gotta the sharin’ blues, oh I do.

I only want my Mama, no I don’t want to share.

I have to have my Mama, get out of there.

I’d like to tell Bonnie (sibling)

And I’d like to tell Zach (sibling)

I even like to tell Daddy, oh, get on back.

Cause I got the Mommy, I only want my Mommy blues.

I got the only want my Mommy blues.

Zach, and sometimes Bonnie, too, and
Sometimes, Mommy, and they don’t need you.

I got the only want mommy blues.

My mommy’s tired. Oh so tired. And what about when Mommy wants Mommy?

Sometimes Daddy wants Mommy.

Sometimes…. wants Mommy too…
Carly then turns toward Peter and says laughing, “I got nothin’ left to give! This is how we talk.”

Peter says, “This is your part Elliot…”

Carly says, “Yes, now your turn.”

Elliot sings: You’re the best thing I love you so….

Sometimes I want to….

But the best thing in life is Mommy and Elliot day.

No Bonnie, no Zach, no Daaaaddy, just Mommy & me.

I like to watch TV, I have lots of fun.

My favorite channel is VH1,

My favorite show is…., my favorite show is Rock and Roll Jamboree.

I also love….my favorite is…

Carly says: But what about when Bonnie & Zach say,

“Elliot get out of here…Go away Elliot. Go in the other room!”

The song continues and Carly asks, “How does it feel when Bonnie and Zach say that to you?” She then focuses her questions more on her needs: “Why does Daddy put you to bed each night?” And Elliot answers, “Because you’re tired.”

She goes on to sing about being tired, “Tired of a whole day, a whole life with the kids. I have nothing left to give.”
Musical Theme 1: I Only Want My Mommy Blues

The “I Only Want My Mommy Blues” puts a spotlight on the nature of their relationship giving each participant equal time as they trade solos in the traditional 12 bar blues form. In a brief discussion after this song concludes, Carly begins to share other issues about Elliot’s lack of friends. She says, “Sometimes I get him to sing about how he only wants to be with Mommy.” She continues dramatically and humorously in a southern drawl, “My Mommy is My Only Friend.” She then adds, “You could write a whole bunch of songs. That’s a country western song!” Carly’s impromptu lyrics and singing reveal information about experiences and feelings.

A Lesson: You’ve Got to Be Patient

In the first four sessions, Carly’s role seemed to be about facilitating Elliot’s involvement and immersion in challenging present and past experiences,
such as working with strict teachers in a behavioral school, or having to be patient in everyday life activities.

In addition to helping Elliot express emotions through probing and leading, Carly also seems to be trying to educate the therapists about Elliot, as well as what she experiences in her challenging day-to-day life with him. Her need for time and space emerges in the lyrics she creates, highlighting the complex nature of the music therapy process for all involved. In the following description from the second session, Carly begins by musically imparting a lesson to Elliot, reinforcing something he has begun to sing about. She then begins to sing more about her personal struggles as the music continues.

Elliot mentions the Mommy-Elliot blues from the prior session and Peter begins to play in the blues style. Elliot begins to sing the blues: “When I hear that noise, I have to be patient. And when Mommy shouts something that I don’t like. I have to be patient.” Peter develops this theme following Elliot’s new melody. Peter imitates Elliot’s phrase reinforcing and establishing the melody through repetition, “You gotta be patient!” And Carly picks up in the space of the music to add in a line about herself:

When I was just a little girl, my mama used to take me in the dressing room, and I was so bored…I didn’t want to be there. I had to be there.

Now Mommy’s all grown up and I understand that sometimes

Just sometimes, children have to be patient.
She then goes on to sing about more personal needs: “Sometimes Mommy likes to do things where there are no things like DVDs, videos, books about TV shows. Mommy’s got a life!!!!”

Later in this improvisation Elliot begins to sing about “the best thing that I want is when Mommy doesn’t have to go to boring shops. I want to have my time….on Saturday (she rolls her eyes). And I’m so happy.” Peter sings, “That’s what Elliot likes.” And Carly continues to express her needs as the improvisation goes on: “But what about Mommy. But what about what Mommy likes— and sometimes Mommy has to do the things that she wants. Sometimes I want to listen to the music. I want to relax” Connor sings out, “It’s not easy to be patient.” And with energy and drive he continues, “It’s time for me. It’s time for me. It’s time for me.” Carly continues, “Just sometimes, sometimes, it’s time for ME! ONNNNLY ME!” She then changes her tone dramatically, speaking quietly and calmly, “So when that happens, you’ve got to be patient.”

A musical theme derived from a life lesson has been created. This theme is prevalent throughout the course of the work together. Peter generally plays the patient theme as Carly and Elliot enter each session.
Leading Him to The Dark Side

In session two, Elliot begins a chronological life review from his earliest memories as a toddler to the present day. This review, that he calls “my life,” continues till he reaches the present in the ninth session. The therapists weave improvised and familiar songs into this story and Carly uses the events that Elliot remembers to help him explore uncomfortable feelings around particular incidents in his life up to this point. Elliot is interested in reciting dates, recalling movies, songs, and particular people’s names in relation to each month from 1996 to 2001.

Twenty-two minutes into the second session after reviewing the births of his siblings, Elliot says, “What else happened when I was three?” He then answers his own question: “All those people started working with me.” (At age three, Elliot began to receive services for his disability). Upon hearing this statement, Carly immediately begins to role-play one of Elliot’s former teachers saying, “You’re not paying attention. Do this. Do this.” The music becomes more
driving and pulse-driven as Connor plays a strong rhythmic grounding beat and Peter plays in the bass register of the piano, creating a military feel. Carly then probes, “How did it feel with all those people working with you?” Elliot answers, “scared.”

In the next few moments, Carly reminds him about the school he first attended when they moved to a new state. She talks about one strict teacher in particular, Glynnis. She moves closer and closer to Elliot’s face asking him, “What would you like to say to Glynnis???! I’m Glynnis, what would you say to me?” Elliot responds loudly, “Go away! I hate you.” The music Peter plays is reflective of the intense emotional atmosphere. He plays diminished chords, jagged, unpredictable harmonies with pointy, sharp articulation. There is a lack of rhythmic constancy - out of metered time. Elliot says, “I cover my ears a lot.” Carly encourages Elliot to play how he feels on the xylimba in front of him. She leans into him, grabs his arm forcefully and moves it in large motions while the music supports her actions. Elliot then begins to talk about Disney and returns to the chronological sequence of events of specific occurrences, rather than continuing the exploration of his experiences with Glynnis. Carly turns to address Peter: “He doesn’t want to stay mad too long. It is very threatening.” At the end of this session as they are leaving she comments, “We’re getting some stuff. This is good.”
In her interview, Carly provides some history about the school that Elliot attended and what she was trying to help him do in this particular music therapy session. She said:

Elliot was in a very strict behavioral school. I think you probably saw that session – it was really dramatic. And he really had to face the ABA stuff. You know Applied Behavioral Analysis, you know about that? The Third Reich? I started him into the Third Reich. I guess it was that whole “Let Me Hear Your Voice” craze about these people being cured. (Carly refers to a particular book written by Catherine Maurice, 1993). This woman cured her two children with this ABA program that she set up in her home. So, I could do it. I could do anything! So I got all the therapists that she had. I kind of did the same thing, even though it was very counter-maternal, in a way, to force this toddler to sit in a chair. In some ways it did kind of reign in some behaviors, and I think a little of it can go a long way. But unfortunately it is a cult or a religion. . . We moved out of state for this school and we knew they had a good inclusion program. And I was still thinking, I had my heart set on mainstreaming. There is this whole model and you buy into it. When Elliot was four I still had hope that he would mainstream and maybe people wouldn’t notice! So with this program, it was really brainwashing to make you feel if you were not doing 40 hours a week of this stuff. . . And you think, oh my God, this is what I have to do to cure my son. And so I fell into that. And I was really tired. . . Every time I tried to get out of this cult, they made you feel horrible. So eventually when he was eight I pulled him out. But he had 4 years of memories of some of the very intense ABA….When he was gazing or looking off to the side, they would put a blind fold on him. This is a kid who is very sweet - you don’t need to go in with cannons. There are kids who are biting and violent and out of control. You know…pretty intense measures must be taken, but for Elliot? So luckily they never did…for example spraying stuff in his mouth and putting him in a basket hold. They did pretty horrible things there. But he wouldn’t talk about it….if you ever mention anyone from that school or mention Sycamore Education Center, he would—look out. And this was something that we really had to address. So Nordoff-Robbins was a perfect place. He didn’t want to face the memories. It was a very intense session. But he had to understand it was OK to be angry. Because in that cubicle, in that school environment (they kept him one on one [with a teacher] in a cubicle), they would tell him how to feel. They would tell him his favorite color is blue. They would tell him, ‘No you can’t be angry, that’s not appropriate.’ Things are not appropriate. They would feed him lines. And so he was so indoctrinated from such an early age he didn’t think it was OK to be
angry. He didn’t know how to express it. So music therapy was such an amazing venue for that. It was a really really intense session, but from that he’s got the greatest rap. He’s composed all these songs. He totally owns it now and he can do with it what he wants and I credit that music therapy session that we spent on that. He got to beat the drum and he really got it out.

Carly then describes the rap that Elliot created in which he recites some of the lines he would hear at the Sycamore Education Center:

I’ll share it. It’s hysterical. He starts with the kids and imitates their voices: ‘Hi Elliot (Spoken rhythmically in high pitched voice), Hi Elliot (in low pitched voice). Your favorite color is blue. Your best friend is Randy Shepard. You shouldn’t like Disney.’ I don’t know, it goes on and on. And the next verse is like: ‘Hi Elliot. You talk nice.’ (It’s about the new school where he attends now.) ‘It’s OK to like Disney. It’s OK to be who you are. It’s OK to be Elliot’ And he says ‘Phew!’ He wrote that himself.

Carly goes on to describe how Elliot recovered after enduring this experience:

I mean it really is taking back his identity. Really the catalyst for me getting him the hell out of there was the day he just kind of put his finger up and said, ‘My favorite color is orange.’ He realized he loved orange, not blue. I said ‘OK that’s it.’ Because they were giving him these scripts so he would blend in with the natives. (In a robotic sounding voice) My favorite color is blue…. (laughing). So it’s terrible…He was out of there. That’s all I needed to hear. And so, this is so funny, everything for his Bar Mitzvah was orange. We had bright orange yarmulkes. Everything was orange. It was so great. He was so excited.

Carly As Therapist: Here’s Another Way to Cure Him

As they enter the third session, Carly comments that Elliot has been talking about his experience in music therapy and that it is really great. She seems pleased and energized as she describes how they sing the “You’ve Got to Be Patient” song as a reminder to him about how to act when she is tired or busy. She illustrates to the therapists how she talks to Elliot in rhythmic phrases while
simultaneously describing her growing awareness of the value of music therapy for the two of them. Peter and Connor support her rhythmic speech phrases:
And when I said, ‘Why should I come here with Elliot? It’s the same stuff. I don’t need to roam all the way downtown. It’s inconvenient. This is how we talk all the time. I sing to Elliot: That’s how we talk even when we walk. So why bother?’ But then Peter said, ‘But we can go beyond that to a new place.’ A different space, just you and me, Mommy and Elliot. And it’s so special to be here with you, because when we are here. It’s just us. And I feel like we can really talk, even though we sing, it is really the same thing.

A few minutes later, Elliot is talking about watching Blues Clues on television and Carly says, “You were having fun because you could understand.” Elliot then says, “Whenever Mommy and Daddy are talking and I don’t know what they’re talking about, I get frustrated!” Peter plays a march in c minor to reflect the change in sentiment here. Carly tries to elicit more direct verbal expression of feelings from Elliot, “It can be frustrating. What if it is movie night and you don’t understand? And Zach and Bonnie understand?” Elliot begins to list different shows like Disney and Blues Clues. Carly says, “You are thinking of all the shows you like. Why did you like these shows? Because you can understand them. Do you like the same shows as Bonnie and Zach?” She then turns to Peter and Connor and asks, “Do you get what I am trying to get him to understand?”

Connor describes Carly’s role acting as a therapist in the early sessions as he speaks of how she tended to lead and guide the agenda: “At the beginning the
mother was in the role of a therapist. It seemed like what she hoped to do was to
guide us in helping her to resolve problems and issues between Elliot and herself
so that they could have a smoother existence.” Peter also comments on Carly’s
prominent role in the session and compares it to that of a co-therapist:

    Connor and I work together a lot and often times he’s creating the lyrics
    and I’ll be creating the music. Here it’s almost like she is feeding the lines
    the same way a co-therapist might like we’re partners in shaping the music
    for him. That happens a lot.

In his interview, Peter viewed an excerpt from the beginning of the fifth session in
which he was playing the bluesy “You’ve Got to Be Patient.” Carly saunters in
the room, viscerally enjoying the music, and humorously asking for a cocktail
while Elliot persistently tries to get her attention, moving closer to her face,
saying, “Excuse me.” Peter comments:

    A lot of things just came to me upon viewing this. Her conflict about
    being for herself and working on her issues with him, or it being Elliot’s
    session and she’s assisting as co-therapist. All of those things you could
    see in those first few minutes. She was trying to determine whether the
    session was for Elliot, and if so, she would act to help him. Or whether
    she was there to get help herself in trying to relate to Elliot. I think she
    wasn’t sure and we allowed it to unfold.

Peter described the intense way that Carly interacted with Elliot in a particular
session:

    There was one session. (Peter most likely refers to session two in which
    Carly grabs Elliot’s arm and moves it forcefully on the instrument) I can’t
    remember which one. She literally did something that was very physical.
    And she was a little scary. She could be a little intimidating.

In her interview Carly spoke about her experience of the early work, how it
related to her personal tendencies, and how she began to become more aware of
her own needs in the sessions:
I remember going in there with a definite agenda but that’s *so me*. There is a point at which it gets to be way too much…nobody knows Elliot like me. And I’m going to be the one to lead and you guys, you just play along. I’ll tell you when…. You guys can just keep background music. Here’s another way to cure him. I came in with a whole agenda ‘cause . . . I’m totally in control of his attention. I’m in control of his destiny. And I realized how tired I was getting. And I also realized that maybe *other* people could help me. And it’s something that I talked to Peter and Connor about. I can’t remember how it evolved whether they said, ‘Wow you seem tired’, or me saying ‘I’m tired’. Cause I don’t want to come here anymore or I’m getting burnt out. And we would have little updates and they would say ‘Let’s bring it into the session, bring everything into the session.’ And so that’s when I think that evolved. And I started to think ‘Wow, maybe its always hard for me to think other people can help me.’ I have a real problem with that. So I think that’s when I started to say let’s see if they can help me. And frankly let me have some therapy. This is fun. I mean, man, I gotta lot to give (mimes playing instruments). Right. I was *so* into it. Get out of here Elliot. I really wanted to touch those instruments. It’s very therapeutic. I guess that’s why they call it music therapy!

Despite Carly’s agenda with Elliot and her goals for him to express and relive painful emotions associated with past and present experiences, her frustration in getting her point across to him and actually achieving these goals is apparent. In his interview, Connor discussed Carly’s initial way of working with Elliot in the sessions. He described how she seemed to want to define the situation, analyze it, and help Elliot express feelings about the given situation in order to “negotiate a better way.” Connor commented about his perception of the effectiveness of this approach:

To us, it was like, that’s not really getting the point across. Because I think the basic thing from him was, ‘I could care less. I want what I want. I need what I need. And I don’t really function at this level anyway.’ Peter and I had consistent discussions at the beginning of ‘Is it working? Is she coming across to him? Is her point being made?’

Peter also had thoughts about how Carly was addressing Elliot’s emotional life. In particular he discusses how Carly often wanted to pair emotional states with
certain musical sounds. He describes her concreteness in translating emotions into music:

Her direction was kind of like, ‘Here’s what you should be doing with the music’ And in terms of Elliot….that’s kind of a very literal thing that’s hard for anybody and for Elliot I think it was….Maybe the concreteness of it could help him. It’s almost like you are predicting somebody’s feelings. You look at a happy face or a sad face and say ‘oh, they’re sad or happy.’ Getting concretely into very narrow kinds of descriptions of what music is and what it means. Maybe she felt that was helpful for him and maybe sometimes more than others we felt he was living in the relative context of what she was saying and what he was playing. But for the most part, I don’t think we saw that it was really happening the way she wanted it to happen.

As she began to discover Elliot’s limitations with this approach to working with him, she seemed to become more aware of her own needs in therapy. For the therapists (as derived from their notes and in their respective interviews), this was clear from the beginning and they struggled with how to help Carly work on her issues while at the same time helping the two of them work on their relationship together. Connor describes the music therapy process:

I think what began to happen was that she began to really realize the potentials of the situation for her personally. That she loved to play music and she wanted to play her own music. And Elliot basically had a lot of trouble with that. That she had to pay attention to him. That he had to kind of hover around her, that they had to be in constant dialogue. The subject of these sessions had to be things that he was comfortable with, things that he had brought up, and things that he had done over and over again. . . This I think crystallized the whole thing. ‘Here it is. I’m really seeing this. I really want to do something and this guy isn’t letting me do it. It just isn’t possible for me to do this simple thing that I want to do that the opportunity is there to do.’
My Favorite Things

Four minutes into the fifth session, Carly comments to Peter and Connor, “I feel like I’ve been a little aggressive perhaps. Elliot has been asking for happy moments. He does not want sad moments. He wants the happy moments. So I thought, tell us more about what you want, Elliot.” Elliot responds by mentioning some people in his life who made him happy. And Carly says, “Remember mom (she refers to herself in the third person) came up with a few of my favorite things.” She talks to the therapists, “I thought this might be a way for him to get to sing about his happy moments.” Peter begins to play My Favorite Things from the Sound of Music (Rogers & Hammerstein) and Elliot begins to sing about things that he likes, changing the familiar lyrics and creating his own, fitting them into the phrase.

Musical Theme 3: My Favorite Things

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Carly sings the next verse first asking, “Do I [sing about] the things that are Mommy’s favorite or the things that Elliot likes?” He answers, “What I like!” She laughs and begins to sing:

Time alone with Mommy. No Bonnie and Zach.

Funny times only. No lunches to pack.

I like it when Mommy has time for me.

That is the only time I want it to be.

The song goes into a minor key.

But when Bonnie and Zach come
Or when Daddy is there
And they do.....

That’s the time that isn’t always [fun]
And we do the things…..for me.

Elliot continues:

Presents and sugar in each one

Rock and roll jeopardy. They’re so much fun.

And then there’s…(goes on to mention books and TV shows)

Together the therapists sing in harmony:

These are a few of my favorite things.

Carly continues in the minor section of the song:

When the cat meows or the siren blows,

I can get so scared.

But then I just have to think it will be over soon and
Back to my favorite things.

Elliot sings the next verse about books that he likes and quiet sounds. Carly then sings more in the minor section of the song:

When there are kids around or Glynnis (former teacher) comes by
I like it with only the people I like who are nice to me.
(Back to major key) They never make me do things I don’t like.
They make me happy and never will bite
They are so fine and they are happy all the time.
These are the people that I always like.
(Minor) But the morning comes,

And mommy has to get ready for school
And it can be a little scary (tremolo in music)
But once I get back on the bus I’ll be fine.
Cause all of my friends are there.

Mid-song, Carly celebrates her son’s talent in creating lyrics, “I love how he knows how to sing with this music. (To Elliot:) You are quite the lyricist.” She then begins to steer the lyrics toward issues involving sharing her time with her other children:

Waiting for mommy to do what I like.
Sharing mommy with Bonnie and Zach.
Mommy only doing the things that I like
No Bonnie or Zach to give me a fright!
This is the best day just us alone
And even better when there is no phone
Because those phone calls are another time that I have to share
I don’t want ever to have to share my mom with anyone.

Later within this same song framework, Carly begins to express her hopes and wishes of someday communicating with Elliot in an everyday way. She initially smiles while she begins to sing, leaning toward him and touching parts of his body during accents in the music. Elliot alternates between looking at her, and averting his gaze as he fiddles with two mallets in his hands:

Sometimes I wish I could talk to you about real things.
Sometimes I wish that I could tell what Elliot thinks.
I want to know what goes on in your head.
That’s what I like to talk about before I go to bed.
Like how your day was
How your friends are
What you think of life so far
What you wish that you could do every day
And what you wish that you had to say.

**Coming to Terms with Elliot’s Disability**

Connor reflects about Carly’s growing awareness of her own role in Elliot’s life and in her son’s limitations:

I think what happened toward the end of the therapy process for me was that I saw in her a deepening sense of what the relationship actually was because it was about being a caretaker and it was about having a lot of
responsibility and seeing to all the needs that he couldn’t meet— individual needs, personal needs, emotional needs, etc. etc.

One of the epiphanies that Carly had after ending music therapy was that she needed to find a way to separate from Elliot, for his benefit and for hers. She commented about this:

I think that what the music therapy process has helped me do….You know all kinds of things come up in therapy, the very things you don’t think of. The things you don’t realize. That’s the good part. It’s the stuff you never expect. I realized the extent of how exhausted I was and that my energy is not limitless. I can’t always be the interpreter in his life. And I guess we did talk about that in music therapy. And that as it evolved he was going to move away from me being the center. But it was such a stressful process for me, because as long as I’m there in his vicinity I just didn’t feel I had enough energy to do it there. It really has just been a process for me of understanding he needs to live away enough of the year at boarding school so he can practice having his own life. We need to separate. So I’m going through the process. And I’m being very rational about it and it’s in my head, so it hasn’t moved to my heart yet. Because when I really do that, its going to be pain, the Velcro is a good metaphor. It’s going to feel like a rip of Velcro.

Clarifying Roles: Who Is The Client Here?

In separate interviews each therapist spoke about consciously deciding to be very open about the way the therapy was set-up and follow Carly’s lead as much as possible. Peter describes the team’s plan:

I can remember Connor and I were doing the family group.² I think we were open to seeing how Carly and Elliot’s process defined itself. So we made a decision not to sit down with her after the first session and ask, ‘Do you want family therapy?’ I think after the first phone call or first communication at least Connor and I were clear that we were working with a system and saw it as what was happening in the session not ‘It’s Elliot’s session’ and the mother helping us to work with Elliot. It was about the two of them and what could music do for her and for him and

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² Connor and Peter were co-leading a music therapy group for parents of disabled children and adults that was held one time per week at the center. Carly was not included in this group process.
them together. And I think that was made explicit later on. It might have been explicit in the first phone call with her. But I can’t remember that.

Peter goes on to discuss the delicate nature of the work in the early sessions:

I think we were treading into something that wasn’t the norm. It wasn’t what was started in the beginning of Elliot’s music therapy work at the center and we weren’t sure. We had never done it before. So I think there was a sense of ‘Let’s tread lightly. Let’s see what it is that actually it will be’ rather than defining it and losing her.

Peter gets closer to sharing a philosophy of practice in the following statement:

I just think our general strategy was, ‘Be as non-directive and not form it and let it come from what emerges.’ I think we were very careful to do that. And maybe if we did it again we would do it differently after having this experience. It could be in retrospect the undefined nature of it made it more difficult, but our sentiment at the time was the more we leave it undefined the more things will emerge for us to work with and work on. And I think we really felt we were responding to the mother’s momentum, the mother’s ideas.

Connor commented in his own way about lack of definition of roles, corroborating Peter’s open stance in which Carly’s lead was followed:

We never said she was the therapist. We never said she was a client. We never said, ‘Hey what are we doing here?’ I think our take was correct, that she was acting as a therapist in the beginning and that she became a client. And I think she realized that too.

Connor goes on to describe Carly’s growing awareness of music’s effect on her:

There were conversations where it was open that she was getting a lot out of this. And it was becoming clear that the conflict about autonomy and creativity within the relationship was open. And that this was really fairly deep therapy for her, I think. It is still interesting to think about why didn’t we actually say that overtly at any point. Both one way or the other. And I don’t actually know.

Peter describes how Carly often lilted into the room, swaying to the blues music, listening intently to each chord change and embellishment and how the conflict of “being for herself” or “being for Elliot” was played out:
I’m sure there’s some part of her that thinks, ‘Oh good. I can come in here. I can feel I’m not just a mother, I’m a woman. I can get into the music. I can relax.’ And I think there are things that as a therapist that Connor and I would look at and ask ‘are those areas of concern?’ Is she in some way wishing she could let go of being the parent and is that something that Elliot feels her absence…I mean forgetting even about being disabled. As a child is he sensing her ambivalent messages to him. She was very, very involved, very intrusive, but yet there’s a sense we got that she also wishes she was very far, far away. It’s not that the issue is necessarily pathological, but that it’s an issue to keep an eye on and possibly work on. And certainly as a parent, I can identify.

In an attempt to clarify the evolution of roles even further, I asked Connor about possible benefits and/or pitfalls to leaving roles ambiguous. He answered:

I’m always a little reluctant when it comes down like a rule. Everybody has to be clearly identified as who he or she is and what he or she is doing at any given point. But the concern always is, well if you are not doing that it could be because you just don’t have to. It could be because it’s not necessary, and it could be because something doesn’t want to be addressed. And I think there’s a possibility there. Because the situation was certainly entirely new to me, and I think it was probably pretty new to Peter—of a mother and a son working together. So there are a number of things. One is: How do you do this? We didn’t know. What do you say? I don’t think we really knew. But the other thing is if she needs to be in that role of a therapist, if that’s what she needs to be, then let’s let her do that and see what happens. Instead of saying perhaps, ‘Hey, stop that. That’s for us to do…stifle yourself, you’re the client.’

Peter questioned whether or not he would feel comfortable intervening if he did not agree with something that Carly was doing with Elliot:

What would that be like for me to set limits for her? Would I, in a different situation, have given her feedback about what she sounds like? Or what she was like in there? I don’t think I held back because I was intimidated by her. It was more like what we had set up. It didn’t fit in to the way we were with her.

Peter then clarified his overall feeling of responsibility for monitoring the process:

I felt as a therapist responsible for Elliot and I didn’t think, ‘Oh because Elliot’s mother is in the session she’ll know when it’s upsetting to Elliot and we’ll just follow her lead.’ I was very much thinking, ‘what’s going
on for Elliot now? Are we tuned into him? I wasn’t leaving that up to the mother.
Connor then begins to talk about his perception of the differences in levels of
functioning between Elliot and Carly and how that may have influenced the
therapists’ open stance:

The client here, Elliot, can’t [express himself well]….can’t…..And here is
a client, Carly, who can talk and is really here of her own volition and
who has a very definite plan in mind. …So I think that was part of our
thought process too. Well, let’s let her do that, and see what happens. If it
works, if she wants to do the work, fine. As long as it gets done, let’s see
if this works.

Out of this discussion, a question emerged for Connor about how he and Peter
could help Carly and Elliot in their relationship:

What can we do about this? What can music do about making a
relationship that’s satisfactory? We’ve never done this before. So, to leap
in. So I think our attitude is more like let’s use the music. Let’s see what
the music does. And how do we get them to do more music, and music
that isn’t kind of stereotypical, Walt Disney, jukebox…Again, we had a
hint there. Yes, we see what she wants to do. Yes, it’s not going to work.
Yes, we can certainly work on relationships, create relationships with
music. Is that what she wants? The music? Is that what he wants? The
music? So, it’s almost like a seat of the pants thing. But that’s what we’ve
got, so we’re going to use our tool, our phenomenon, and see what comes
of that.

Team Talk: What Are We To Do?

Connor talked openly about clarifying Carly’s role in the sessions. He then
talked about his own level of experience in working with families and how that
may have affected the work:

Would it have taken less time for Carly to embrace the role of client if we
had been more forthcoming? Instead of saying, ‘relax, get into it.’ I don’t
know. I think, for me that’s where experience is helpful. To see this
pattern in families, in mothers and children and think ‘definitely, that
won’t work.’ And ‘this might work’ and even to take someone aside and
say, ‘Listen, do you think that’s going to work with Elliot? This kind of insight-oriented approach? I mean, you’re here with music. Let’s try with music.’

Connor’s drumming is prominent throughout the course of the therapy. Peter discusses the value of Connor’s drum work:

One thing that I noticed in just listening to the music was Connor’s accents and that the drum playing was very powerful throughout the whole way of working. What we found was, not a structure, but a kind of way of really making the music very vital, very potent, not just in the background. It could become the forefront and lead them, and I think something about feeling a strong pulse makes the experience a kind of visceral, physical one that is not just about intellectual discourse.

Peter did not always agree with Connor’s interventions or perceive what was happening in the clinical moment in the same way. These differing opinions and judgments may have had beneficial repercussions:

I remember there were times when I didn’t think the same way Connor did about something. He went in a certain clinical direction that I didn’t consider. I can’t remember the specifics at all. I would be thinking about what was happening in a kind of a family systems approach. He would have an insight about it that would make me think, ‘Oh, so that’s why you did that.’ So it would open me up to thinking about it in a different way.

Peter continued:

I think Connor, more than I, was ready to let things get very difficult. It was as if he was willing to ask, ‘where can we go when there is no hope?’ There was always that sense of how are we going to allow an experience to unfold rather than taking care of or making it better. Connor seemed to always have faith that whatever happens, happens and that’s something to work with— which was an influence on me. Where I might have felt like saying, ‘Let’s do a musical thing that will make it better.’ So I think that was a kind of interesting balance that we had. I think Connor also believed in the power of the music.

Connor explicates this belief about music’s effectiveness:

This music was the background. This was the platform. This was the environment for this relationship to kind of work through and define itself.
Each kind of musical mood, each kind of musical idiom underlies a certain quality or certain feeling about it. That’s the basis of what you the therapists and clients are going to do together when this music is going on. I think for me, the music was really the essential thing. There was nothing really to say, there’s no way, specific way out of this situation, no specific way through it. There’s no single piece of advice. There’s no book saying, ‘Read this, consult this major authority, they know everything.’ It’s not that kind of situation. Here are just an infinite variety of emotional environments. What are you going to do? How are you going to do this? And how are you going to just work and work and work until maybe something comes together that’s more tolerable than it is now.

Mommy’s A Little Tired

In the seventh session, Carly is visibly tired when she enters the therapy room at a very slow pace with Elliot. Peter plays a jazzy version of the “You’ve Got to Be Patient” blues theme as they enter. A few minutes into the session she comments, referring to herself in the third person as if she is playing a role: “I have been struggling myself about what we should discuss today. Mommy’s a little tired today. It’s been a rough week. Mommy has not just Elliot’s life story, but Zach and Bonnie’s life stories.” Peter plays softly in the background, playing a single line melody that ascends and descends with some quiet diatonic chords in a major key to support the melody.

Carly was absent the prior session because she was involved in a competitive sports activity. Elliot did attend the prior week and had an individual session with Peter and Connor. Peter asks Carly about the race and she answers describing how it went. Just then, Elliot looks at her and interrupts, saying, “My life.” Carly laughs in a defeated way, “Your life, I know.”
Instrumental Breaks

Connor describes something that happened in the previous session when Elliot was seen alone with the therapists. He says: “As I recall, one of the very exciting things about last week, was that in addition to renditions of songs that we had composed, we took a great number of instrumental breaks. And that seemed to be very exciting at the time.” The phrase “instrumental break” refers to places in the music where there is no singing or lyric creation. It is a time for the instrumentalists to play together perhaps even having solo turns. In the previous session, Peter began playing “Whistle While You Work,” a Disney tune in a Latin style. Elliot improvised lyrics about Billy Joel, a well-known pop musician, to the tune of Whistle While You Work, and then suggested taking an instrumental break during which time Peter improvised in this style.

Musical Theme 4: Whistle While You Work

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Peter adds, “Remember Elliot, you took a solo?” Carly responds to this by saying, “That’s very interesting. Because I think if I’m here it’s a strong presence and he expects mommy to guide him. Mommy expects to and he expects to.”

**Where’s Mommy’s Life?**

Connor goes on to describe how Elliot seemed to know where in the music it would be time for an “instrumental break,” validating Elliot’s musicality and sensitivity. Elliot responds by saying he wants to continue to go over his life story month by month, stating “Events of 1997.” In the background, Peter briefly plays several phrases from “William Has A Doll,” a song from a 70s television special, Free To Be You And Me. Carly looks for guidance as Elliot begins to list events verbally from 1997. She asks, “When he goes into a listing mood, where do we go from here?” Connor humorously responds, “1998!” She responds, “Connor, you crack me up!” and later says, “We should live so long to get to 1998!” Peter stops playing. Carly seems frustrated, tired, and punchy. Elliot continues his stream of consciousness, listing places he has visited in 1997. Peter addresses him, “You’ve got a great memory.” Carly responds, “It is remarkable. If only we can figure out how to use it for good, not evil.” Peter and Carly laugh together. Elliot says, “Let’s go back to my life.” Carly then turns to him saying, “Where’s *my* life?” And he responds, “Where’s *my* life?” Connor chimes in supporting Carly, “Where’s mommy’s life?” while Peter begins playing more strongly, supporting their phrases in the rhythmic emphasis of his descending inner alto voice on the piano.
In his interview, Connor discussed the nature of the relationship between Carly and Elliot from his perspective. He said:

My recollection of their interactions was that it was so often about not really being mutually fulfilling. That somebody was always sacrificing, or felt that they were sacrificing. Or somebody was always unfulfilled or felt that they were unfulfilled…

From his memory, Connor delineates ideas that relate to a primary goal of music therapy:

I see music therapy as giving them an opportunity to be together in a way that is very different than the way that they ordinarily were together. And to explore themselves and their relationship in a different capacity. What could they learn about the other person? What could they learn about their own feelings, their own needs and what kind of a way of relating could they arrive at that would somehow be mutually meaningful and satisfying? It seemed to me that that’s what this was about. Particularly for, more and more, it was for the mother.

In the statement above, Connor describes the shift in the focus of the therapy in treating Carly as a client, rather than someone who is solely facilitating Elliot’s involvement. He goes on to discuss the evolution of the process and of his role as a therapist:

When it started it was therapy for the son, three therapists, therapy for the son. And then I think the mother began to find therapy in the situation for herself. When she realized there were things that she wanted to do in the situation in this particular environment and that naturally connected to the fact that there were things she wanted to do also outside of the environment and that they were similar. They involved creativity and expression and her own kind of identity. And then it became two therapists and two clients. And it became the search mainly for her; of how can we do this? How can we both be creative in ways that are fulfilling to each of us and not sort of stifle each other or get on each other’s nerves or be overly needy? So the role I tended to see myself in after a while was to create the environment and to observe what happened in the environment and to try to understand them better and their relationship better. And to see if we couldn’t work for some kind of a satisfaction.
We Are Really Stuck

Back in session seven, about 29 minutes into the session, Elliot is very busy recounting events and places that he remembers. He is reviewing each month, listing events, places, including stores and restaurants on particular blocks, and familiar people as well as celebrities. He is beginning to lose the forward movement of his personal chronological history and getting caught up in the details of these places and people. Carly is looking worn out; her eyes are downcast and she is almost frowning. She taps the conga lightly and slightly behind the beat as Peter plays a strong rhythmic bass line with Connor’s support on the tom drum, almost like rap music, to support Elliot’s dialogue. Elliot’s speech occasionally relates to the rhythm that Peter and Connor play. Peter then plays bits of various popular musical themes such as “Saturday in the Park” (by the popular group Chicago) and “With a Little Help From My Friends” (Lennon & McCartney) relating the music to words or phrases that Elliot uses.

Carly and the therapists try to stop Elliot several times to get clarification about what he is talking about. Then Connor stops the process saying, “Wait a minute. I have to intervene. It seems like we’re stuck somewhere in 2000.” Carly corroborates, “We are really stuck!” Connor asks Elliot for more information but he is unable to answer specific questions relating to the dates. Finally, Connor explains if Elliot cannot tell us what he is talking about, he says, “We’ll have to move on.” Elliot does not respond and Connor continues, “Well, let’s switch to mom’s life then.” Frantically, Elliot cries out, “I want my life!!” Peter reflects this anxiety in the music, playing dissonances and in different registers of the piano.
He then begins to play Billy Joel’s “My Life,” asking Elliot, “Get it?” Connor plays the drums and Carly plays the conga. Elliot calms down and resumes his life story with the sequence of dates continuing with May 2000 through November 2000. Peter then surprises everyone by not playing the last chord of “My Life” but instead suddenly playing “Whistle While You Work” in a Latin style, as he had played the previous week for Elliot’s instrumental break. Elliot immediately says, “Hey, I hear something!!” remembering the theme from the prior session.

Elliot begins to sing his own lyrics “Billy Joel. He’s really got the soul” to the tune of this music. Then he says, “Instrumental break, please.” Peter leaves the theme and improvises in a Latin style, with spaces in the music for Elliot’s solos on a variety of different instruments, such as the tom drum, the conga, the temple blocks, and the xylimba. Elliot experiments with dynamic changes in the music, saying “loud, soft, loud, soft” and plays the tambourine when Carly holds it in front of him. His rhythmic capability is evident here. He bounces around the room feeling the music in his body, and then almost instantaneously he is able to channel this physical energy on the instruments in front of him with sophisticated rhythmic ideas, such as syncopation, triplets, an adept use of silence, and melodic movement on the xylimba. Connor taps the cymbal with a drum stick as if he were playing a high-hat supporting the fast paced basic beat and Peter moves back and forth between Latin improvisational music and the theme, “Whistle While You Work” played in this style.

Carly initially watches Elliot negotiate the different instruments within the music’s framework, and then holds out the tambourine for him to play. She does
not play a great deal on her own. There is a noticeable change in facial expression since the point of “being stuck” in the session. She looks more relaxed, is smiling. Her comment when the music ends is, “It’s nice to see how he gets into those instruments.” Her mood lifted she leaves by saying to the therapists, “As always boys, it’s been a pleasure. Thank you very much.”

In their index sheets from the early sessions, the therapists emphasize their desire to get both Elliot and Carly into playing more music together: “Strategy: Help them to get into the music. Can we get [Carly] to let him play instruments without controlling what his expression will be?”

**The Music: We Have To Use Our Phenomenon**

Carly talked about how she has always used music to communicate with her son:

The music. I think the music is the way I could always get in. I could always communicate—talk doesn’t do a lot. Elliot’s expressive language is great. His receptive language is very limited. But if I’m singing to him. I would just sing and that’s the way of communicating.

Peter described Carly’s pursuit of music to help her son. In his interview, he spoke as if in her voice after viewing an excerpt in which Carly was singing to Elliot about a lesson she was trying to impart: “Maybe I can get through to you in the music! Maybe if we do this musically it will work in a way that it can’t when I’m just telling you this.” Carly reflects on the overall music therapy process and what she is left with now that sessions have concluded:

What remains for me even though we didn’t continue at Nordoff-Robbins are the songs, the music. Certain behaviors or certain concepts that he gets only through the songs that we composed. I think we composed some
pretty good songs. We did some really great work. I’m thinking about when he was afraid to talk about certain issues. From “You’ve Got to Be Patient” blues—I just love it.

Carly discusses Elliot’s experience at the strict behavioral school and how the music therapy process related to this experience:

I wish I hadn’t kept him there so long. But it just happened. It was our path. And I felt that Nordoff-Robbins was the antidote. That’s why I went. Then I spent several years undoing. Not all of what he was taught because there were a lot of useful things. But I felt like I had to feed his soul after that. And Nordoff-Robbins was about feeding his soul. And then it was about going a bit deeper and asking more from him.

**We’re Up To Date, Up To the Minute**

In session nine, Elliot reaches the present day in his description of his life. Carly asks, “What should we do now? We’re done with your life.” Peter sings out a new theme, “Elliot’s life” in a rock style repeating those words when the musical phrase is repeated. And Carly says, “And now what?” Connor then sings a verse that Peter supports harmonically, “We’re up to date, up to the minute. We know about Elliot’s life and everything in it. We’re aware and we care about Elliot.” And then Peter & Connor sing out in a celebratory way: “Elliot’s life.”

Carly begins to play the xylimba with gusto while Connor provides a strong rhythmic beat on the drums. Elliot joins Carly on the xylimba and the improvisation continues for several minutes. Carly stops playing and moves to the music watching Elliot as he creates ascending and descending melodic phrases on the xylimba. He improvises freely leaving well-timed spaces in the music in relation to Peter’s accompaniment, creating rhythmic ideas that are repeated, and using glissandi, that is, playing all the notes in a sweeping motion up and down.
the instrument. He is playing with a wooden mallet on a wooden xylimba and this creates a crisp clear sound. He comments to Carly quickly, “I like that sound.” She smiles, and answers him, “You like that sound, yea!” The improvisation is energetic and lively with a rock feel. Peter, Connor, and Carly sing “Elliot’s life.” And Connor sings, “We’re up to the minute.”

We Listened to Your Life, We Listened to all Your Jokes

When the music concludes, Carly questions, “We did Elliot’s life. What are we going to do now? Is it time for my life? Mommy’s life? (she pauses) Too long. Too many years.” Elliot answers, “Something short that is interesting—about my life.” Carly makes a comment to the therapists, “A good thing that I don’t get insulted easily!” Peter then sings, “What about Mommy’s interests?” Elliot cries out, “I don’t want to!” Peter responds singing a melancholy melody: “We’ve listened to your life. We’ve listened to all your jokes.”

Musical Theme 5: We Listened to Your Life, We Listened to all Your Jokes
And Carly responds, “When do you listen to me? What do you want to know about mommy?” Elliot resists moving the discussion in this direction, asking for a “version of a joke.” He then suggests a computer game. Peter addresses this by saying, “Right now we’re in music. What can we do with music?” He goes on to explain the process to Elliot in terms that he might be able to understand:

The thing about music is that you can listen to somebody and talk to them at the same time. We can be listening to you and listening to your mother at the same time. Both your lives are important.

Elliot responds desperately touching Carly’s hand, “We just got to do my stuff.” Connor asks, “How are we going to do that?” Elliot answers, “My stuff. Like versions of a book, a children’s book.” Peter responds directly, “Don’t do a version. Do something real.” Elliot continues to reach out to his mother’s hand, moving in closer to her face. Carly says, “I know something real.” She then begins to sing out strongly while Peter and Connor support her rhythmically and harmonically: “All day long, all day long. My stuff. My stuff. You always want what you want and never anybody else.” The music becomes louder and more dramatic and Peter repeats her words in an exaggerated way. Carly then says, “Why not something for ME? What about real funny things? What about real things? Elliot asks, “Like what?”

Carly then begins to sing the melody of My Favorite Things. Peter supports her instantaneously in the minor section of the song as she creates new lyrics:

When we’re driving
In the car
All the way to Nordoff-Robbins.
We will think of games
So we will have fun
And thinking about things
That will teach us about ourselves.

(She mentions a game with made up characters that they discussed earlier in the session).

Elliot says: “It can be like…” Carly continues:

It can be about friendship
When you find someone that understands you
That you can talk with
When you have friends who speak
The same language that you do
That is so much fun and makes you feel good too.

The minor section of the song:

Cause when grownups talk
You don’t understand them
Or when Bonnie and Zach play their games

Elliot sings:

I only like it when I play my games and…

Carly prompts him:

And then you will feel…
Elliot: Happy.

The song continues and Carly begins to use the structure of the music to delve into Elliot’s feelings about not having friends. She sings about her other children’s friends and he begins to look sad, almost on the verge of tears. She sings this question: “Would you like real friends like people from your class? Just like Bonnie and Zach have friends from theirs?” Elliot responds, “I thought we would have funny stuff.” It is unclear due to his receptive capabilities how Elliot understands what Carly is referring to. He may be becoming upset because of the uncomfortable issue of not having friends or if it may be that the topic is not one of his choosing.

Carly sings more about Elliot’s lack of friends. He looks on the verge of tears as she continues to delve more. Elliot says quietly, “I like it when things stay the same.” Carly then asks him, “Why don’t you like change? What’s the matter with change? Doesn’t it get so boring? Imagine if all that you ever heard was one song over and over again? Does it get boring when things stay the same? That’s what I want to ask you.” Elliot responds, almost pleading, “I want to do things that I like. I like it because I like when we do versions.” The music Peter plays is slow and somber in a minor key.

Carly then speaks rhythmically referring to the construction in their home and Peter’s music also becomes more rhythmic in relation to her phrases: “The bedroom stays the same. The kitchen stays the same. The dining room stays the same. The bathroom stays the same. The house stays the same. Now the house is different, so much construction. Now the construction is finished!” Carly plays
the temple blocks tapping along to her words. Elliot begins to smile and also moves to the music, as well as taps the conga drum in front of him.

**We’ve Reached the Present**

After an energetic improvisation about construction in their home and feelings about changes in Elliot’s life, Peter begins to play his Latin version of “Whistle While You Work.” Several minutes later while Elliot plays the temple blocks and Carly plays assorted rhythmic instruments, Peter sings about improvisation, “We didn’t know what we were going to play and we’re making it up right now. It sounds very good. Sounds very good. We don’t know what’s going to happen next. Listen. Listen.” Elliot looks a little forlorn, tapping delicately on the blocks. Peter adds intensity and unpredictability to the music by playing descending chromatic lines at which time Elliot becomes more involved with playing, using both hands and playing more solidly. Peter then returns to the theme. Elliot shakes his hands and jumps with excitement and Carly smiles.

The music ends and Connor announces, “Well, it’s time to say that we’ve reached the present!” Elliot asks, not seeming to understand, “What did you say?” Connor continues, “Which is a great achievement in itself. Many people who come to Nordoff-Robbins never do that.” Carly addresses Connor humorously, “Through the path of denial?!?” And Connor says, “Congratulations to you both” and then asks dramatically, “The question is what do we do next? Is there a future or is it going to be one long present? There seems to be a difference of opinion of what the best way to go is. So we’ll just see.” Elliot asks, “What
should we do? It’s like fantastic.” Carly responds, “It’s been one long fantastic thing—that was great. I enjoyed that.”

I Take Stills In My Head

In the next session (session 10), Carly recalls something that happened in the previous session two weeks prior that struck her. She said to the therapists: At some point when he was playing the xylophone [during the improvisational section of ‘Elliot’s life’ song], before he could censor himself he said, I think it even surprised him, ‘I like that sound.’ I was so moved. I said, ‘Man, that will hold me for the two weeks until we get back and I can talk to him again.’ And I was thinking what is it that we could do here, that perhaps we don’t do elsewhere?” Elliot answers her, “We can play on the instruments and guess how we’re feeling.” Carly does not address his comment and continues to talk to the therapists:

I love when he gets into the music. I take stills in my head, and I look at his face and I had so much pleasure, and I looked over at your face (Peter) and you were right with him, right on the edge. You were on. That was something. I’m sort of getting it. It takes a while.

Elliot intervenes, “Mommy, can we do that?? Can we guess what moment it is and how we are feeling? Carly finishes her thought, “I’m just telling you I love the moment. I like the sound of that when he forgot himself in that moment.”

Shared Musical Experience

Twenty minutes into the tenth session, Carly and Elliot are discussing people in their lives, while Peter accompanies their speaking with related
rhythmic and harmonic phrases. Carly tries to get Elliot to equate people and feelings with possible musical translations in a referential way. She says to Elliot: “Play Jackie,” one of Elliot’s therapists. Then she asks him about a different therapist, “How about when Robin comes? Play Robin.” Elliot plays the drum in different dynamic levels. He moves to the wind chimes and says, “It sounds happy and peaceful.” From there he moves to the xylimba where Carly faces him and joins him in playing together.

The music changes to reflect their playing and flows with them as they move ascending and descending on the instrument together. Peter plays music with a wide range of registers, pedal tones with suspended chords, and a repeated melody set in rich diatonic harmonies in four-quarter time.

Musical Theme 6: Instrumental
Carly smiles at Elliot as they play together and does not pursue her questioning further. She appears relaxed and seems to be enjoying the time together.

Peter initially commented upon seeing an excerpt of this musical example in his interview:

I think we felt there was something about this music. They could be very connected in a mutual way and it wasn’t about ‘Do it this way or do it that way’ or there is something wrong that needs to be fixed. It felt like they were into the music and could relax and live in the experience together. And I remember that being very significant. And it wasn’t so rhythmic. It was more tender, lyrical.
The music becomes even more sweeping as Peter plays a glissando that leads him back to the melodic phrase. He moves into a ¾ waltz time as Carly and Elliot play glissandi together on the xylimba and move their bodies side to side to the music as they play. Her movements are freer and larger than Elliot’s as they sway back and forth, shifting the weight of their feet on the downbeat of each measure. At times, she moves faster than Peter’s tempo, with the effect of accelerating the music that he is playing.

Connor supports the move into three-quarter time with strong drum playing on the downbeat of the phrase accompanied by lighter taps on the cymbal for the remaining two beats in the measure. Elliot looks down at the xylimba, but at times also looks up at his mother. Carly also goes back and forth between focusing on what she is playing and looking up to see how Elliot is and smiling at him. Peter goes on to describe his feelings about this improvisation:

I just find it very moving. (He pauses). To have a disabled child, what is that like? To have a child is so hard, and then to have a disabled child. Your mind is racing. And as a parent, you’re trying to figure out what can I do to help that child. Here I can see the mom getting into the experience and looking up, ‘How’s Elliot doing? OK, yea.’ And then letting herself….to me it seemed like at some point she just felt the music with him and she could be in the experience with him. And I just thought that I was glad they could have that and that music could do that for them—that they could have a mutually creative experience together that would be almost impossible any other way.

Connor comments about the same moment in music therapy:

I think that was a time of extraordinary unity, graphic unity. There was a real synchronous movement that showed, almost like a possibility of what something might be like, or what could be achieved. This was just an unguarded moment where it seemed like for the most part that the music enabled them to just be with each other in a very sort of equal way doing almost identically the same thing. So that was a nice moment.
Peter describes in more detail what Carly and Elliot were doing musically on the xylimba and its possible meanings:

The synchronistic movement as they played up and down together. Elliot is understanding up and down and Mom is doing up and down. Sometimes they were doing it in thirds and sometimes they were together on the same note. It was a powerful aesthetic experience. The experience was as if being on a path together. We’re going somewhere together. But I’m not leading you and you’re not leading me. We’re playing at the same time—which was nice. Although I can look at her looking up and at times it seems like she was facilitating for him. But there were times when it seemed like they were really feeling it together which was really nice.

When Carly viewed the excerpt in our interview she commented:

It was so nice to play with him. Not a lot of that happens in our life. Just to exist in a reciprocal relationship. Its always my goal, to be right there, right there. That’s really my goal with him. It only exists in moments when it’s a reciprocal, peaceful—a state of being that is—when we co-exist and it’s peaceful. That is a nice thing. And I don’t get to be in that space much. So I remember that very well. That was beautiful.

Peter describes the music and why it may have been effective in helping Elliot and Carly be together in a powerful way:

The music feels like it is a kind of music that they both can relate to from their own personal experiences. Because I think it has a ballad feel that Elliot is so familiar with from Disney songs. And for her it feels like there is a kind of romantic, maybe not just Disney songs. It sounds like a pop ballad that she could get into. There is something very sweeping about it. There is a build up of the dynamic and yet there is time to reflect in the pauses. There is space. To me there is something about that music that can trigger a kind of reflection or introspection.

In my interview with Peter, we tried to isolate and understand the effects of the musical elements that combined in this improvisation to create a particular emotional tone and sentiment between Carly and Elliot. Peter describes the music in more detail:
Well, one thing that makes it feel that way, the suspensions. Just listening to that, the pedal tone with the suspensions. And actually, what’s interesting is that it is ascending. Something about it is a little microcosm of what they’re doing—up and down. Something about my music [moving first in steps then in bigger leaps] feels similar [to what they are doing physically in their up and down motions on the xylophone]. Like we’re going somewhere. And they’re going up. We’re reaching for something. Like trying to reach some place that we’re going to in the melodic direction.

While viewing, Peter commented:

And it’s funny when I was watching, I was thinking, when am I going to go into three-quarter time (a waltz feel)? When am I going to go into three-quarter time? Because they were doing something with the rhythm. (He demonstrates by moving side to side in his chair). Once they were doing that, it wasn’t really four-four time but I noticed I didn’t go to it right away. And I was thinking maybe I didn’t because I thought it would become more like a parody or something. Because when she started to do the larger movements then it became less like a delicate connection to ‘Let’s do this now Elliot.’

As Carly was viewing this session in our interview, she noticed when Peter changed from four quarter meter to a waltz feel (three-quarter meter). She commented about Peter’s musical sensitivity in relation to this change:

It’s amazing…. (pause). They are so perceptive. What’s interesting about watching these tapes—because I know what’s happening while I’m going through it— but here you can really see how they follow with the music. The slightest little inkling…it’s like, ‘Are we following the music or is the music following us?’ and sometimes when they want to take us, edge us into another place, they would kind of help us along musically. They are masterful. It’s just amazing. We started to sway a little bit more and they felt that might be a nice addition so they started playing a little bit with the waltz.

Peter, Connor, and Carly’s observations and reflections highlight the multiple perspectives of the change from a four-quarter to a three-quarter meter and the experience from the therapists’ and client’s standpoints.
The improvisation in session 10 at the xylimba begins to draw to a close, gets quieter, and both Carly and Elliot almost stop playing. Peter maintains a soft thread of the music, sensing they might not be finished playing. Carly says, “That’s like ballroom dancing, Mommy and Elliot.” Carly then suggests that they dance together. She moves the chairs back and first holds Elliot’s hands, moving side to side to the music. She then pulls Elliot toward her in a traditional dance position in which his arm is wrapped around her waist and hers is wrapped around his, and they grasp opposite hands. Elliot leans his head onto her chest and she says, “Aw,” rubbing his head, and they continue to move back and forth. She looks down at him several times while they move. This relaxed moment of affection was not typical behavior for Elliot, as his movements tended to be stiff and appeared tense and he generally seemed to keep a certain amount of physical distance between himself and others. With this dancing, he does not look at Carly a great deal but continues to hold her and move with her.

Love

The musical theme continues as they move with more suspensions in the harmonies and poignant melodic turns. Peter delicately follows their movements, through the repeated and embellished melodic line and harmonic pattern. Elliot touches Carly’s waist and rubs her back a little as they move. When Peter senses they are almost finished moving, he plays a ritard (slowing down) and holds some of the final unresolved chords until they have stopped. He draws out the harmonies with unresolved chords (harmonies that do not clearly signify an
ending in Western music), until finally reaching a resolved cadence on the tonic (the chord that is based on the first note of the scale in which the music is being improvised). Carly asks Elliot, “Can you bow?” He bows and she curtsies and says, “That was lovely.” She then looks at Peter, “That was nice moving. That was good. He hasn’t moved that well to music.”

In our interview, prior to observing the dancing part of this session, Peter recalled a dancing moment (perhaps it was this one) and how it was very powerful.

She was very emotional and she seemed like she was almost about to cry. Something about being together with Elliot. It felt like one of the most poignant moments. Yes, this is what I want it to feel like. This is what I want it to be like with him.

Peter then watches this session’s dancing and reacts and reflects about what he is observing:

That smile. That’s nice. I just get, in those moments, wanting to love her child fully, really wanting to love her child fully, and how difficult she felt it was because she always felt she had to do something to fix him or get him to work, or slow him down. Just to have a moment, an experience with him like that was very important for her. Meaningful for her.

Carly emotionally responds to seeing the excerpt of playing music and dancing with Elliot. She says, smiling:

I love it. I love it. And he’s engaged. He’s not looking at me to bring some meaning to something. (Sarcastically) I’m not too into it. He’s so cute. He’s moving his body to it. It’s so cute. . . Aw. Yup, that’s the same face [as he has now]. Big chipmunk cheeks, so cute…buck teeth. Aw. He’s really into the music. He’s not talking which is a miracle. How cute. It’s most unusual. He really felt that. That was great.

Two sessions earlier, in the eighth session, Carly and Elliot shared their first dance together in music therapy sessions to the music of Beauty and the
Beast. Elliot stared down at her feet while they danced together in a traditional way. She pulled him around and he initially looked stiff in the way he held his body. As the dance went on, he began to move more fluidly and at the conclusion of the music he clapped his hands together, looking up at her. Carly joined him in clapping and they gazed directly into each other’s eyes. Elliot said happily, “It works!” Carly responded, cupping his chin in her hands, “I love it when he says ‘it works.’” She continued rubbing his cheeks and said, “There’s such a sweetness in those eyes. It’s amazing.”

In his interview, Connor commented about the depth of Carly’s feelings for Elliot:

There was also a depth to the relationship—to see them. . . for example when they were dancing. It’s not the right way to say it, but there was a certain sense in which she was in love with him. And there were certain fulfillments that came out of that relationship that were deeper than you could even almost talk about. And I think she came to realize that. That on a certain level, that she also wanted this. She wanted those dependents—not all the time, but that he was so bound up in her.

Carly related a story involving something that happened to Elliot on the school bus and how she and her daughter supported him. Her appreciation for Elliot’s wisdom reveals itself:

He came off the bus one day. One of the kids on the school bus that he really liked, really looked up to said, ‘I don’t like you. You’re not my friend anymore!’ And Elliot came off the bus sobbing. I mean this was the first time he’d ever really cared that much about another child, something that a peer said to him. And so he was 10 years old, a big galoot. I sat him on my lap and talked about what maybe he could have done. Bonnie came home. The two of us started doing skits about it. I was one character, she was another. She’s my partner. And we’re acting out what he could have done, what he should have done. That’s when the interpretive dance comes in! And so we did it over and over again and then later he said, ‘You’re my wise guide like Jiminy Cricket to Pinocchio.’ And he said, ‘Every Disney character, they have wise guides. So you’re like Jiminy
Cricket.’ I mean…the depth that he will come up with. That was completely apt.

Creating The Music

In their interviews the therapists described the function of the music in the sessions and how it was utilized. Peter says:

I think there were times that we felt maybe intuitively and then later on looking at it that we wanted to take them out of something rather than enhance what was happening. And there were other times where we wanted to enhance what was happening. And there were other times we might have even pulled back to let the music come from them. It wasn’t always music that in the traditional sense you could hear and say, ‘Oh yes, it’s mutual and what they’re offering is in the forefront’ because I think there were times I think we really swept it up into something.

Connor also shared similar impressions about the music that was being created:

We didn’t get music that was really abstract and often it was just going with the mood of the situation or heightening the mood of the situation. If things were rapid and intense, we would kind of be more rapid and intense, that kind of thing.

Peter and I discussed his articulation at the piano and how it may relate to the seamlessness of the musical flow and movement for Carly and Elliot in session 10 during the xylimba playing and the dancing. Peter describes his process while improvising music:

I just think I’m a physical person when I’m playing. I find myself moving and affected by physical….and its almost like my physical-ness in relating to what I see is put into the way it comes into my fingers. How does the physical energy translate into my fingers, I don’t know. But there is something about it…As if I were touching the clients, I guess. As if the instrument were my way of touching them physically maybe or being with them physically.

Peter initially describes this visceral process and then expounds upon the cognitive aspects of creating musical form:
The other thing is about how there is something about the memory of…the fingers know the tones that you are going to play so that the way the tones are in relation to each other. When you are playing this tone, you know this tone can go here and then when you go there you know how that tone works with the other tone. So it’s an awareness of how the tones work together.

He goes on to speak more about the process of moving from the physical reflection of movement into creating an emotional space in which the clients may feel supported, while at the same helping to propel their movements:

Sometimes the first thing that I’m doing is reacting to them physically and that comes into my hands. So it feels very physical, very visceral. And something about my fingers, like the ends of my fingers— that’s where the feeling comes out, and the feeling of where to go next comes from. The potential is in the moment.

His level of musicianship seems to enable him to move the work toward greater emotional intensity:

I think when you don’t have to be concentrating on the actual notes—there is only so much we can do at one time. So if you are not as focused on the actual tone, and what it is, you can focus on the ‘how’ you are playing the tone.

He also comments about the importance of melody in joining with Carly and Elliot in their experience together, “The melodic line is my statement, my offering to them.” He goes on to isolate other aspects of the music and how they connect to provide this arena for the clients to be with each other:

I think it’s also how the voicings work, the function of the bass, the function of the inner voices, the function of the voice below the melody. There’s something about texture that makes the chords and what I’m playing work in a certain way. And how the elements relate to each other.
Bonnie: She’s My Island of Sanity

In the 14th session, Peter is aware that Carly may have another commitment during the next week’s session time. He asks her, “So what’s happening next week?” She answers, “Next week’s going to be just Elliot, but maybe….” She pauses, “I would love to see what would happen if Bonnie (Elliot’s younger sister who is eight years old) came.” Elliot begins to listen to the discussion and asks Carly, “What’s happening next Saturday?” Carly answers, “Mommy’s going to be very busy hopefully not humiliating myself in a [sports activity]. You know what? Sometimes things change.” Peter plays a musical theme from a previous session entitled, “Everything Real Changes.” Carly goes on to describe Bonnie’s role with Elliot, “She’s very protective.” She then asks the therapists, “Did you want me to be there the first time we bring her? Peter responds, “You might know better than us about that.” Elliot reacts, his voice sounding like whining, “I want next week to be mommy and Elliot day.” Carly addresses him:

Sometimes things change. The following Saturday we’ll return to the usual and you’ll be fine. Like always. What would you think if Bonnie came in and played with you? Do you like when Bonnie plays with you? Is Bonnie your sidekick sometimes? Tell Peter and Connor if it would be a good thing, sweety. If Bonnie comes and plays with you. Play a song for Bonnie.

Elliot plays softly on the xylophone in a somewhat distracted, non-committed way, looking up at Carly. He says, “But don’t worry. It won’t be again the following Saturday. Next Saturday this will only happen one time.” Carly again encourages him to play a song for Bonnie. Elliot continues talking, “Next time will be mommy and Elliot day. I love Saturdays as usual. I want happy changes.”

The next week, the 15th session, Carly enters (without explanation about her attendance which was not expected). She is followed by Elliot first and then Bonnie. Carly then holds out her arms in Bonnie’s direction and triumphantly announces, “This is my girl!” Peter, who had been playing the “You’ve Got to Be Patient” blues switches to the 1960s song, “My Girl” (Robinson & White). Bonnie laughs and Carly plays the xylimba to the music. Bonnie then sits, looking down, smiling nervously, seemingly embarrassed. Carly talks animatedly to the therapists, “I know she appears to be humiliated but she loves it!” Connor sings out the lyrics to “My Girl” while playing the drums and cymbal. Carly dances and plays tambourine near Bonnie. Carly then says, “The humiliation must end. This is the hazing part of music therapy.”

Elliot calls to Carly, “Mommy” while Peter addresses Bonnie, “We’ve heard about you. Nice to meet you.” Carly asks Elliot, “Why don’t you introduce your sister?” Connor plays a drum roll while Elliot says, “Hi, my name is Elliot.” Carly asks him again, “Can you do the introductions?” Elliot then says, “Bonnie, this is Jim (naming a former music therapist that worked with him two years
ago.” Carly then assists, “This is Connor and this is Peter—this is Bonnie!” Connor says, “Hi Bonnie.” Bonnie then asks, “What exactly are you supposed to do here?” The three adults laugh. Connor answers her, “We’re still trying to figure that out.” Carly then answers Bonnie, “In this room, you can do anything you want.” Connor then jokes with Carly about an incident from an earlier session in which she broke a tambourine when using a mallet to play it: “I’ll tell you this Bonnie. The only person who’s ever done anything wrong is your mom. And she’s not going to do it again.” Carly then haughtily picks up a mallet placing it near the tambourine pretending to beat on it.

Elliot calls out, “Mommy, mommy.” Carly speaks, “I wanted to have time with just Bonnie and you Elliot. I think Bonnie wants me to stay too.” Bonnie asks again, “I don’t know what you are supposed to do.” Peter suggests, “Elliot, maybe you could show her the different instruments.”

The session proceeds as Elliot requests to do a “story.” Carly says to the therapists that she and Elliot were thinking about doing a medley of songs that they have created in music therapy. There is some discussion about sharing time and how this can be difficult for Elliot. They begin to play instruments together as Peter plays lively music to accompany them based on the “You’ve Got to Be Patient” blues theme. Bonnie plays out strongly on the xylimba and Carly comments sarcastically, “Don’t be shy now, Bonnie!” Peter then begins to play another theme, “Everything Real Changes, Everything Make Believe Stays the Same” asking, “remember that one?”
Ten minutes into the session, they all play together. Throughout the rest of the session, Bonnie plays out with energy, is generally smiling and busy. For the most part, Elliot guides the agenda, wanting to tell jokes. Carly and Bonnie play along, participating in his games and following his musical ideas. At one point, Carly asks Bonnie what she would like to do. Bonnie responds that she doesn’t have any ideas. Carly suggests, “Do you want to sing about what it is like to be the little sister of Elliot? What does it feel like? We can sing a song for Elliot.” Bonnie shrugs her shoulders, not answering her. Carly senses Bonnie’s hesitation with this and states, “You don’t have to sing. What kind of thoughts do you have being a sister of Elliot?” Bonnie then says rhythmically while beating the drum to accompany her words, “Give me a version. Give me a version. Tell me a story.”

At the end of the session Carly comments, “We did it. That was fun. That was great. You are going to kick us out of here. It’s time for music therapy to end.” Elliot tries to get her attention, “Mommy.” Peter says to Bonnie, “We’re glad you came in. It’s nice to meet you.” Elliot grabs Carly by the shoulder saying, “Mommy!” Bonnie then sings, “ya ta da ta da” while skipping out of the room. Carly addresses the therapists, “Thank you once again. Some of us will see you next week.” Bonnie attends to other pressing needs, “Maybe can we get some lunch now?”

In her interview, Carly talks about her children, describes their individual needs and personalities, and comments about their relationships with Elliot:

I’ve got Bonnie in between [she is the middle child of Carly’s three children] whom I don’t want to burden. Because she is my island of sanity. …Who is rapidly turning on me and becoming a teenager. But that’s all right! We have such a great time together. I mean, look at that.
(She points to a picture on her mantle piece in her home of Bonnie embracing Elliot). She adores him, adores him. But I don’t want her to feel burdened. I want to really be careful about how much responsibility she takes on. It’s a balancing act because she feels…..I want her to feel OK and get some of her sense of being very special—because she is so good with him—without it crossing over into the burdensome. Her identity is very wrapped up in handling him and having an autistic brother and I think there is a point in which it’s great that you can feel OK with this and it’s great that you can feel strong, but there is a point at which you shouldn’t take it on as your stigmata. Don’t! That’s my job, dammit! It takes one to know one. She could easily become the martyr that runs in my family. I’m trying to really track that.

**Zach: Every Jewish Mother’s Dream? “My Son, the Genius”**

Carly then describes her youngest child Zach and his unique struggles:

You know how every Jewish mother says, ‘My son, the genius’ and loves it. It’s not a good thing. Zach really is a genius. He’s off the charts. He has been tested. His IQ is (she gestures up to the ceiling). So we moved him to this school so he wouldn’t be segregated (due to his high achievement) in a public school. They put him in a class with the brightest, smartest, the quirkiest kids. Now they are going to have to segregate him again. He just has all kinds of issues socially because he just doesn’t know how to be with other people. He uses words that make sense to him but not necessarily to others.

Carly then reviewed her initial plan of involving her whole family in the music therapy process:

That’s one thing I wanted to resolve in music therapy. Bring him in because my youngest son has so much anger about having this brother who won’t wrestle with him. Who won’t do the things that older brothers are supposed to do. He doesn’t want to be in the same room with Elliot. It’s just… the difficulty between them is… growing. And I think because he has issues himself about feeling not like a regular kid, not normal. He’s just so scared. Am I like him (Elliot)? There are so many issues. He’s also incredibly musical so he’s someone who could benefit from music therapy, really benefit. He refuses. He won’t go for therapy. I’ve tried. I have a great person, a psychotherapist for him. Again Zach would be great. He plays in the wind ensemble and jazz ensemble- the saxophone. He’s a really great musician. At least he’s got an outlet somewhere with music. It’s always been a powerful outlet, a powerful outlet for all of us.
and so at least I made sure that he had an instrument and a group. Because he’s got a lot…He’s so intense, intense. And I was hoping that some of those issues could be resolved.

Later in our interview, Carly cynically reiterates the necessity to get her youngest son, Zach, into music therapy at Nordoff-Robbins:

I wonder if I could get Zach there at gunpoint. Would that be appropriate? Can we compose a song about getting him there in a headlock? Get the cops to take us. Because I’m very concerned…that’s the thing that concerns me. . . . I’d like him to resolve some of his feelings.

**Educational Melodies and Life Lessons in the Church of Music Therapy**

Carly and Elliot enter the 17th session and Elliot is talking about “educational things.” She addresses Elliot, “Right Elliot? You were talking about educational things?” Carly comments to the therapists, “I thought it was interesting that he said he learned educational things at Nordoff-Robbins.” And to Elliot she responds, “That is true. We use it a lot. We have a reprise of many of these melodies when I have to give a clue about waiting to be patient.” Elliot then says, “educational melodies.” Peter joins the discussion asking, “So it is kind of like emotional education, social and emotional education?” Carly asks Elliot, “Is it like learning math?” He answers, “No.” She then asks him, “What do you learn?” He responds, “Lessons about being patient.” She says, “Life lessons. OK, life lessons.”

Carly then shares her understanding of what happens in music therapy. She says, emphasizing each word, “You know how I see Nordoff-Robbins? I see it as a place if there is something I want to say I can say it here today.” Peter begins to support her phrase with a repeated chord that rhythmically plays off
what she is saying. He then begins to play out strongly in a gospel style. She continues, “I feel a little like Jesse Jackson!” She begins to move back and forth to the music. “I feel I can talk to you here!” Connor then speaks out, “Talk to me!!! Sing it! Sister, say it!!” She dances freely from side to side, waving her arms in the air, chanting, “I’m goin’ to testify!” while the music continues in a lively and dramatic way with a strong pulse. Elliot calls out to her, “Mommy! Mommy!”

Carly then directs her attention to Elliot, “Speak to me. Speak to me boy! What do you feel like sayin’ to me? Speak to me!” She then comments to the therapists in a southern drawl, “I may be Jewish but my mama listened to gospel every Sunday afternoon. I love gospel.” She then plays the temple blocks and continues to sway to the driving rhythms of the music. Elliot moves closer toward her, leaning in to her face trying to get her attention. Connor continues to reflect some of her statements while he plays the drums. Then Peter sings out over the din, “We can hear you Elliot. You can say anything that you want to say.” Elliot responds, “Don’t play the music too loud.” Carly continues, not acknowledging Elliot’s statement, “This is where Mommy can feel she can talk to you!” She continues to wave her hands as if in a revivalist meeting. Connor adds rhythmically, “Those little interactions that upset you! Those little interactions that you do not know what to do with. The church of music therapy!” Carly smiles and repeats, “The church of music therapy!” Elliot frantically cries out, “Mommy, don’t play so loud. Stop!” Carly responds, talking to the therapists, “We have to take it down a notch. We’re upsetting the boy.” Elliot says, “Don’t
upset me.” The music continues in a slightly quieter dynamic and Peter says, “We’re playing softly.”

Elliot reaches out to Carly, touching her arm while Carly continues to dance to the quieter gospel music being played while she taps the temple blocks softly. Peter sings out a new melodic idea, “Life lessons. Life lessons. You can say anything.” Carly sings, “And (pointing to Peter) he can play anything.” Carly then directs her attention to Elliot while the music comes to a close, “Is there anything you want to say to me? Anything bothering you this week? About the Passover Seder?” Anything you want to talk to me about in the church of music therapy?” (She laughs). Without waiting for an answer the music continues. Peter now plays Jewish music and Carly sings along in Hebrew. Elliot plays along on the xylimba without singing. Peter returns to the gospel feel in the music and the improvisation continues. Peter leaves spaces in his music for the xylimba to be heard.

Connor explicates what he sees as the central conflict that is being played out here between Carly and Elliot:

There was always a question of, ‘Am I going to do what this guy wants me to do? Or am I going to do what I want to do?’ So there was an ongoing musical exploration. What can I do? This was like a discovery.

He goes on to explain why he and Peter continued to work with Carly directly in the music despite Elliot’s protests throughout the gospel improvisation:

I don’t know how I felt at the time because it was a while ago. My sense was that what’s more likely? Is Elliot going to change or is she going to change? I think it’s more likely that she’s going to change. OK. So, where do we come in with that? Well, one thing is, we see it here. Elliot is trying to get in there and do something, and everybody is ignoring him. ‘The hell with you. It’s gospel time. If you can’t get into gospel time, the hell with
you!’ And her poses, almost like provocative. That is kind of drifting into this much kind of deeper thing. It’s what is coming out—‘relate to me this way. Relate to me when I do this. Don’t be talking, stuttering away there. Show me. Do something. Be cool. Be the equivalent of what I’m being.’ Impossible.

Connor continues to share his thoughts about what was happening in this session:

Where can she do that? Play music for herself. At Nordoff-Robbins. So, what was her strategy: ‘How long can I ignore this guy? Well, if he is right on me, I can’t. Well, here I got however many minutes this lasted. And he can handle it.’ How can he handle his mother’s singing? Well, one reason is, he doesn’t have any choice. She’s all he’s got. So he has to.

He goes on to describe the process and how the therapists made a clinical decision to focus their attention in this moment on Carly’s expressions:

So, how do you find your way into making this a livable relationship? A tolerable relationship. I think there is a lot of experimentation of her being things that she isn’t a lot of the time and a lot of experimentation from her, asking Elliot, ‘Can you relate to that?’ Not likely here, but that’s the sense that I’m getting. Here it is becoming clear, of his hovering and overwhelming presence that dampens a lot of stuff. And here we’re kind of saying, ‘Not this time buddy. This time we’re gong with this wonderful, energetic, expressive music.’

Upon viewing this part of session 17, Peter reacts to Carly’s “life lessons” phrase that she uses to characterize the work at Nordoff-Robbins:

Re-educative! [Peter refers to a level of practice of music therapy in which music is utilized to help individuals learn skills and develop awareness about condition-related patterns that may be hindering personal development] It really is how she works. She is trying to educate him about how to be.

Peter discusses his own feelings about what was happening in session 17:

I can remember feeling guilty at times. Like, boy, are we supporting her to the absence of being with Elliot? I can remember having conflicting feelings about how much to go with her and does it make him feel, ‘Wait, wait, wait for me! Where am I in there?’ And I remember having talks with Connor about that. How do we balance their individual needs in that room?
When the music was obviously upsetting Elliot, Carly stopped the momentum and said to the therapists, “We have to take it down a notch. We’re upsetting the boy.” In Connor’s index sheets, he misquotes her and writes, “We’re upsetting our boy.” I brought this to the therapists’ attention in their respective interviews and they commented upon the possible significance of this. Peter described Carly’s unique relationship with Connor and how that special rapport was evident in this excerpt from session 17:

I think Carly and Connor really had a nice kind of creative partnership together. . . I always felt that she had a very great respect for Connor’s sense of humor and creative ideas in terms of lyrics. And I think getting into the gospel, they’re both feeling this and kind of getting into the character of it, getting into the whole feel of it, by sounding like it and doing it and moving it. So I think there is a bond between the two of them, a nice moment with that kind of style of music. And I think with the three of us in the creation of the music and living in the music together there’s this ‘us’ feeling. And clearly, Elliot is not in it. He is like, ‘Wait, no, no what are you doing? Too loud.’ The three of us are together and Elliot is….how is he going to fit in and how is he going to tolerate this? ‘Our boy’ also feels like…familial, like he is our son.

Peter went on to discuss the dynamic between the four of them and how it may relate to Carly’s family life:

There’s a kind of familial aspect to it. We’re the surrogate fathers. I think there are transferential elements to it. I think we speculated what her family life was like. Did she feel like she wanted to have a different family? We were the ideal for her. She can be creative with us. . . I think she might even in the session have made some kind of disparaging remarks about her husband. I can’t remember it now. ‘He wouldn’t get….’ Something where we really got the sense that ‘I can’t be creative the way I am with you with Elliot when I am with my husband.’ I think that dynamic was there.
She is Fighting For Her Life

In session 17, Carly becomes more and more drawn into the gospel music and is supported in her expressions by both therapists in the music. In her interview, Carly talked about her life and how she was often “exhausted” and, referring to her responsibilities caring for Elliot and taking care of her children, “it was just overwhelming.” In his interview, Connor observed how this struggle played out in the sessions from her strong statements, such as “What about mommy’s life?” to her growing desire to play music for herself:

She seemed to me to really be fighting for her life, in a certain way. This sort of coincided with what I had seen in so many of the other parents that we had dealt with in this situation, because we had done other groups with parents. Except this woman seemed to be more acutely conscious of ‘I’m sacrificing this—my photography, my writing, my personal therapy, my sports activities. All of this stuff. It’s slipping as a result of all these things that I’m caught up in—the children.’

Connor then describes how his feelings about Carly’s desperate situation influenced the direction of his focus in therapy:

I think I became more concerned about her as the more intensely feeling, directly involved person who was coming to some kind of almost like a life decision, ‘What am I going to do? How am I going to do my life? How is it going to remain fulfilling to me?’ And, in a microcosm, that’s what was going on in the sessions. How am I going to play music? And somehow deal with this person.

Peter and Connor each shared their feelings about Carly and her willingness to enter and engage deeply in the music therapy process. Peter said:

I have such respect for her. I just admire her a lot. I just feel she put herself in a situation where she had to trust the unknown. She opened herself to a situation that took a lot of courage and there is something about her that feels pioneering.

Connor also shared his thoughts about Carly:
I think we both had a sense of her tremendous person strength because I think we both felt that most, if not all, other people in this situation wouldn’t even be dealing with this. . . Their role would be clear, and they would be doing a lot of suppressing, repressing, and just fallen into the just tremendous virtue of their role. . . . She has followed her path into a very intense place. And we have to really admire the fact that she allowed herself to do that. . . . So, it was a very strong person who through their strength got to a point where she encountered a very intense situation.

Peter discussed the reasons why music therapy may be important for Carly in relation to how she interacts with Elliot:

Sometimes I thought she was a little overbearing and a little scary towards Elliot. She could be so intense and so physical. I was worried. Like maybe it isn’t such a good thing for Elliot the way she is with him. And how important it could be for her to be in this situation. How much she needed music therapy and wanted it and it could be such a good thing for her. How much music could do for her. I remember feeling that.

He Is My One Man Family

Carly shared her personal struggles outside of the sessions related to her family life. She specifically spoke about the impact of her full daytrips to the center with Elliot on Saturdays over the course of the clinical year and the effects of their involvement in music therapy on her and for her family.

I have had to go through so much with him. It took an enormous amount of energy. He has tons of food allergies. Epilepsy came up during our time at Nordoff-Robbins. It was just becoming overwhelming. And there was a lot of resentment from my other two kids that I would disappear on Saturdays. And I started to feel the pressure and just absolutely exhausted. Because I don’t experience a lot of middle ground myself. If I’m going to do something, I jump right in. I was so tired.

Carly describes her parental responsibilities, not just for Elliot’s basic needs, but also in terms of challenging his intellect and helping him get in touch with his feelings. She shares the reasons for stopping music therapy abruptly in fall 2002:
Peter and Connor said they felt that I am responsible for the depth in Elliot. He is pretty impaired. Often children at Elliot’s functioning level did not have the same depth, the same understanding or joy of life. On the one hand that’s what every mother would love to hear. On the other hand, I felt just so weary, to be so responsible for the depth. I mean, it is so beyond what I do for my other children. . . It’s just really exhausting to have to, I don’t know what the words are that they use, to have to take on the responsibility for somebody’s life. It’s to that extreme. . . . I’m quickly burning out. It took so much out of me. And that’s why I had to stop pretty abruptly because his seizures were getting pretty bad. And I had to address that. And I was so tired. And I realized how tired, and how exhausted. I’d come home completely depleted. And my two other children were getting older. It couldn’t be done. Which is a shame. If the center were closer and I could just zip over I don’t know if I would still do it. Honestly, it got so intense that….He is my one man family. He has a lot of issues.

How About Individual Music Therapy For Carly?

Peter and Connor both thought that Carly would benefit from participation in individual sessions by herself in order to give her a place to work on her own issues without having to share time with her son. They offered her individual music therapy sessions and Peter recalls her response:

We did offer her individual therapy. We suggested it, but I think it was too much at that time. She felt it would be too much for her to travel that far to do it and be away from her family or something.

Connor described how her deepening awareness of the ability to be creative with Elliot led her to a new appreciation of the relationship, both positive and negative. Here he spoke about her inability to pursue individual work:

She left us with, ‘I need individual verbal therapy in order to understand what happened to me in music therapy.’ How about individual sessions for you? (Connor speaks dramatically) ‘Ah! Oh, my dream, coming into the city. A day in the city, a music therapy session.’ It was too good to be true. ‘Couldn’t possibly. But what a nice thing to think about.’
Peter had his own reasoning why Carly did not consider individual music therapy sessions for herself:

> I think it’s safer for her…to feel in the role of the mother. It’s OK to be in music therapy but by herself she might feel more exposed. I think she feels permission to do things and also contained by us too. Like, ‘I can’t really hurt Elliot here because Peter and Connor are watching what’s happening.’ She was the one that said in session 17 during the gospel improvisation, ‘let’s take it down a notch.’ So there’s a lot going on and in a way she’s also questioning ‘How far can Elliot go with me? What can I do?’ She can stay tuned into him even as she gets to express herself.

Connor also tried to understand why it would be difficult for Carly to have music therapy for herself without Elliot present:

> There’s the dilemma, in a certain way. It’s really a matter of perspective. I think, that if you say, ‘Here are my list of things that I have to do, and this doesn’t fit. No time.’ Well, of course, forget it. But if you say, this is my life. This is life and death. If I’m not fulfilled in what I’m doing in any respect then what’s the sense of all of this giving and all of this caretaking, and all of that stuff. And then you might come up with a different decision.

Connor tries to get a sense of what Carly’s experience was like in music therapy with Elliot:

> I wonder if that was the ultimate thing that being in this situation was too much for her to stay in. Every week it must have come up in a certain way. ‘What if I could just do this for myself? What if I didn’t have to be the straight man for this guy and take him in the car and do the jokes and go over the same stories and plots and stuff like that? What if it was just me and I was going into New York and I was having music and whatever else I wanted to do.’ So, I think week after week after week, it got harder.

**I’m About Service**

Carly initiated the discussion about personal music therapy in her interview after she described how she was enjoying playing the instruments. She began to entertain the notion of, “Let’s see if the therapists can help me.” She
commented, “Actually, Peter and Connor wanted me to continue by myself. And I
just kind of skirted that issue.” She shared more information about her history and
her concerns about entering into music therapy sessions for herself in the
following:

I think I’m nervous about it. I think music is such a powerful vehicle for
me. I came from a family that…we were a pretty musical family. Not that
I ever really stuck with any instrument. But I mean, I can pick out a tune
on a piano. I’ve got a pretty good ear and my brothers are all musicians.
My father was, my mother sang, I used to sing a little bit. It’s just I know
what music can evoke for me. I’m really keyed into what it can do and I
guess I feel like I’m held together in certain ways with tape and scotch
tape, I don’t know. In moments, I always think, OK when I do let it out,
honestly are they—I mean, I love Peter and Connor, they are great—what
therapeutically, how can they handle the fallout? How are they trained?
Are they trained to handle that kind of fallout?

She went on to describe her potential fears about the process and about her need
for control:

I’m so afraid of how much I would start. I like control. I don’t like to cry. I
don’t want to cry. I’ll do anything not to cry. I’m in therapy. It’s taken me
about two to three years and I’m finally maybe going to cry for my
psychotherapist. I mean it’s that I’ve had to hold it together for so long.
I’m embarrassed to start letting loose with those two. I don’t know. I don’t
understand.

Carly continued to relate her own struggles:

I’m in- this is sort of my brain. All the layers. Art school and as a
photographer scattered around. It’s just making sense. I’m a writer—I
mean, I’m doing things all over the place. But I feel like I haven’t gotten
to, what’s my work? What is it? And I feel often a lot like right here
(points to her heart) caught in my heart, bottled up that I just am so afraid
of going down there. Number one, it’s always scary to try that. What will
it bring up and then once it’s splattered on the walls there, how are they
going to handle the fallout? How am I going to handle the fallout? How
are they going to handle me handling the fallout? I mean that’s what
scares me. I mean, have they done…?

Carly questioned me about the therapists’ qualifications. She continued:
I’ve been toying with the idea of going down and talking to them. Peter called and left a message and I felt so….[Carly did not return the phone call]. Oh, I’ve got to call him, but then I don’t because I’m so nervous because I know I want to do it. . . Would I give that to myself? Could I give that time to myself? I don’t know. . . I’m about service.

**Zen Is Just Not Us**

Back in the 17th session, Peter continues to improvise in the gospel style. Carly and Connor are no longer singing or calling out during the improvisation and all are playing instruments. Carly moves about the therapy room trying out the conga drum and then approaches a table with two reed horns. Upon seeing her move in the direction of the horns, Elliot shouts out in a distressed way, “No!!!! Not horns! Peter asks Elliot, “What’s so bad about the horns?” Carly tries to move them away as he continues to protest strongly, “No, no!!” Carly then turns calmly and assuredly to Elliot and says, “Look at me. See this? [She places the horns to the far side of the table]. Look, no horns.” Peter addresses Elliot, “You don’t have to play the horns.” Carly then talks to the therapists, “This is what we go through all the time. Walking down the street, sirens, anything.” Elliot says, “I want happy.” Carly suggests that this may be an educational lesson and says, “Sounds don’t have to hurt your ears. I’m a little concerned that you were so panicky about the horns. I wasn’t going to play them.” She taps gently on the conga drum and asks Elliot, “May I play the gong?” Peter’s music is quieter as they all watch Elliot begin to calm down. Carly asks, “Are you OK now?” Elliot responds, “Yea, I’m not panicking.” Carly reiterates this statement, “No panic.”
Peter revisits the gospel music briefly and Elliot requests to do “Behind the Music,” a possible reference to a television show. In the beginning of this session, Peter mentioned that he brought in a piece of music that he had written entitled Oriental Temple. Carly referred to this piece as Elliot begins to talk about what he wants to do. She says, “I want to know what this piece is here. What is it about?” Peter explains that he and Connor had an idea. Connor discusses the use of pre-composed music in Nordoff-Robbins therapy. He explains, “There is a whole other side to the Nordoff-Robbins experience.” He and Carly banter back and forth about her not having gotten the “whole experience yet.” She says sarcastically, “I’m really depressed. We’re the Nordoff-Robbins losers!” Connor continues to introduce the piece and explains why there is an array of different instruments in the room this week, such as the gong, resonator bells, and triangle. Carly says, “Very cool.” And to Elliot, “Did you see this? (Pointing to the gong).” She then asks Connor and Peter, “Why do you use these pieces? To elicit certain emotions and feelings?” Peter responds, “It can.” Carly repeats, “This is very cool.” Elliot then says, “This is the educational thing we learned.”

Oriental Temple has several instrumental parts to play with a piano accompaniment. Carly, Elliot, and Connor spend the next few minutes choosing who will play which instrument in this piece. Connor and Carly continue to joke around about which mallets to use and Elliot calls out to her, “Mommy! Talk to me.” Carly responds, “I’m talking to you. We’re just doing a little shtick here,” referring to her conversations with Connor. Connor then definitively addresses Elliot, “Elliot, everyone is listening to you. Absolutely everyone!” Carly seems
very interested and intrigued as Connor sets up instruments in front of her and Elliot, saying, “OK, this is great.”

Elliot talks to her in a tense high-pitched voice, “Remember the educational things that we learned at Nordoff-Robbins about emotions?” Peter tries to understand Elliot’s reference, “Discovering emotions. You mean about emotional things?” Carly then asks him, “Do you learn about how mommy feels?” she feigns a laugh. Elliot answers, “I learn what I feel about things in my life, stuff that I like.” Carly says, “I know sweety. It’s always your life.” Elliot goes on, “I want to do something that I like.” Peter gives Elliot a way out of doing the instrumental piece, “If it is not something you like, we don’t have to do it.” Carly and Connor joke about Peter’s royalties that he has earned for composing this piece and Elliot asks, “Can you talk to me?” Carly then cups his cheeks in her hands, “I’m talking to you but sometimes is it OK if I talk to other people too?”

Peter then begins playing the piece and Carly says to Elliot, “Pay attention, Mr. Connor is our conductor.” The music is contemplative with a pentatonic melody and held intervals in the bass to create a gong like effect.
Elliot’s part on the gong punctuates the end of the phrase and Carly plays the temple blocks in the melodic rhythm that Peter plays on the piano. Elliot plays his part on the gong carefully and Carly responds, “Good! You are Mr. Gong.” Elliot smiles, “I’m doing it right!” Carly then takes direction from Connor with her part
on the temple blocks. She plays them a little fast and out of time as she tries to follow Connor’s conducting. She then apologizes saying, “Sorry, with mistakes. I think we need to try again. I’m a little stressed myself.” Connor says, “Isn’t this totally different from everything else we’ve done so far?” Carly laughs and says, “Yeah.” After they repeat the beginning of the piece a second time, she turns to Elliot and says, “I’d like you to have a rehearsal on gong technique. It sounds pretty bad.” Elliot changes the subject, asking, “What is going to happen in August besides my birthday?” Carly responds, “I don’t really care right now. You have to focus on your gong.” Connor assists Elliot with hand-over-hand prompting on the gong, saying, “Good, that’s perfect.” Connor reminds Carly and Elliot to watch and listen and then adds, “It is possible to be wrong, but it doesn’t matter.” Carly answers him quickly, “It always matters.” Connor laughs.

Carly then concentrates on playing the temple blocks, holding the mallet tightly, and focusing on Connor’s direction intently. In a change of roles, Elliot asks her, “Mommy, how are you feeling?” She tersely answers, “Stressed.” In response, he cries, “I don’t want you to be so stressed.” Carly tries to pacify him saying, “No, Elliot, it’s good, it’s fun. It’s a challenge.” Elliot reaches over to her grabbing her arm, “I don’t want you to be so stressed.” Peter intervenes saying, “You know what? Sometimes things aren’t always easy in the beginning.” Carly adds, “But we can get this.” Connor joins the discussion, “That’s why we practice.” Elliot negates their talk saying, “No, no, huh, no.” Carly stops playing and looks down at him over the top of her glasses. Elliot calls, “Mommy.”
tells him, “What about yourself? Your gong doesn’t sound so great. Worry about your own problems.”

The piece continues. Peter introduces the second part that includes the bells in which each player has a series of bells to play individually, then together. Carly tells Elliot again, “Don’t worry about me. Worry about your bells.” He plays fairly accurately on his part while following Connor’s direction. They repeat the entire piece with more focus and calm throughout this time. Elliot suggests moving to a different song, but Peter directs, “Let’s stay with this song.” Carly and Elliot then begin to improvise during the second part of the piece (the bell part), playing freely. Peter supports their exploration in his playing. Elliot vocalizes words like “fritzy fritzy” with the melody of the bell part. Carly jokes, “Zen is just not us. We went to the ‘fritzy fritzy’.” Connor comments, “So much for atmosphere. So much for ambience.” Elliot says some other words such as, “Himmy, himmies.”

A few minutes later, Carly plays a lullaby on the bells and Elliot remarks, “I like funny stuff. Jokes. I don’t like it when we play serious stuff.” Carly says, “Is it over? That’s why I’m playing the goodnight song. Sometimes it’s nice to challenge our brains. I like to see how you can follow.” And to the therapists she says, “See how he can follow along and manipulate the tune?” Elliot requests, “How about jokes?” Peter suggests, “Let’s put it away for now, then try it again if you want to. It will be part of our repertoire.” Elliot adds, “First it was serious, then fritzy fritzy.”
We Are Connected Like Velcro

The description of what occurred during the playing of the pre-composed piece, Oriental Temple in session 17 highlights aspects of the relationship between Carly and Elliot. The following quotes and information relate to the nature of this relationship from Carly’s perspective.

In her interview (April 2004), Carly talked a great deal about helping Elliot prepare for his Bar Mitzvah (It was held in August 2003 when Elliot turned 13 years old). This was an important milestone for him and seemed to have enabled her to feel she reached a certain level of understanding about what Elliot needed in his life and what she could provide beyond what she had up to that point. When speaking about preparing for the Bar Mitzvah and in celebrating the day with her son she commented about the symbiotic nature of her relationship with Elliot. She initially commented about how impressed Peter and Connor were with her ability to help Elliot. Her awareness of her role in Elliot’s life seemed to be determining a course for the future. Carly described her accomplishments and the meaning of the Bar Mitzvah for her and Elliot:

Peter and Connor were just waxing poetic about my abilities and my connection with him, and it’s true. It’s incredible. I have to say, even the Bar Mitzvah, I taught him myself. It was an enormous, enormous process, but it was a meaningful process. I looked for ways we could connect. . . The Bar Mitzvah was a very functional way that he could connect and it was something. We could do something together that was beautiful, really beautiful.

She then described how she was able to help him understand the portion of the Bible that he would be reading that day, including ideas in his speech that were about his process in figuring out the meaning of his readings:
It was very meaningful. He got it. He got it. There was not a dry eye for three counties. It really was an amazing. I’ll be living off of that for years, and he will too. He is so proud. He always refers to his Bar Mitzvah and it really gave him a sense of accomplishment and really rooted him in his self.

Carly goes on to discuss the result of this achievement as it relates to her role as a mother:

So, after he had done the Bar Mitzvah I realized that I felt like I was pretty much finished with what I could really give him. I mean, you’re on the streets! [laughs]—grow up, you’re a man now! . . . I feel like symbolically and really for us in our lives in every way I’ve reached a point where I don’t know how much more I can give him in terms of making his life deeper and more meaningful.

Carly talks about what Elliot wants in his life and how their relationship as it is now may impede his development:

He wants friends. He wants a life. . . and I don’t know if it’s that appropriate for me to be that in his life. I mean we are connected like Velcro. We’re completely symbiotic and it’s the two of us walking through life completely connected and it’s now time for him to know where I end and he begins, and what I’ve come to realize as is the only way……He first went to sleep away camp. It was all a process in my mind.

Carly struggled while Elliot was away at sleep away camp for children with disabilities for the first time in the summer of 2002. She shares her story:

I didn’t breathe for seven weeks. I mean imagine, I had to pack seven weeks of food meal by meal because of Elliot’s food allergies. It’s unbelievable. It’s so enormous. I did not breathe. I didn’t sleep. My husband couldn’t believe it because it’s just a very different connection. I mean he loves Elliot but it’s very different. Its really been Elliot and me against the world. That’s how it feels. In our own little bubble. And so here for the first time, he went off. And my husband’s like, “party!” I walked around walking into trees and I just couldn’t breathe and I just kept calling the camp to make them….They said he was fine. They wouldn’t…..They said, ‘He’s got to adapt and you knew that.’ I truly, my husband had to stop me. I was going to put on a tree hat and camouflage and go hide in the woods in Pennsylvania (laughs). I was so close. I figured it out. I was timing it. That if I left in the morning I could go and I
could be back in time to get the other kids. I could time it in my head. You know how many times I sat in that car. I was oh my God—it’s just very emotional (almost crying). But he did it. And I did it. And he had a great time. And then he went back another summer and then it was “party” because I knew it was OK. And he had friends. He had friends.

Carly continued, discussing her future plans for Elliot based upon this experience:

If he could survive for those seven weeks then I would think about sending him to boarding school. It was all a process... He needs more. And he needs immersion in social skills training. And he needs friends. He’s looking for a life. He wants to be with other kids. And it takes time for us....so I’m now in the process of looking for a school for him.

She goes on to describe the benefits of this decision and how participating in music therapy sessions influenced her:

I guess we did talk about that in music therapy. And that’s something that as it evolved he was going to move away from me being the center. But it was such a stressful process for me because as long as I’m there in his vicinity I just didn’t feel I had enough energy to do it there. I feel it has got to be more of an immersion. I mean camp is one place. It’s really just been a process for me of understanding he needs to live away enough of the year so he can practice in having his own life. And when I am young and healthy I need to see him functioning on his own without me. I don’t want to wait until I’m old and scared to see that he has the proper skills to live on his own. I mean, in a group home setting, whatever the setting is. But I’m just...we need to separate. And when we do...I can’t ...so I’m going through the process. Now it’s just the paperwork of it all. (She goes on to describe the process of hiring an educational placement person and having evaluations done). And I’m being very rational about it and it’s in my head, so it hasn’t moved to my heart yet. Because when I really do that, it’s going to be pain. The Velcro is a good metaphor. It’s going to feel like a rip of Velcro.

Connor described the relationship of the music therapy process to what was going on in Carly’s life outside of the sessions. He relates his understanding of her experience to the work he has done with other parents of special needs children:

I think as time went on I had a very strong sense of her meeting her obligations whatever had to be done, the school, the camp, the Bar
Mitzvah, the ‘whatever’ was thought about. And problems were anticipated years in advance. And these plans were always being worked on. Whatever went on here at Nordoff-Robbins, it was like a parallel track to all this other stuff. As for strictly the emotional aspect of motherhood, that’s where she was having a really difficult time. That was where she was really struggling with just the sheer feelings that were involved in the whole situation. . . So we had a sense of deference in that here’s a person who is really in an intense situation. What might be relief for them, in a certain way, has to be considered very important.

Connor reflects about the overall benefits of the music therapy process:

You can look at the whole process and say, ‘Oo,’ it didn’t end that spectacularly well, perhaps. I mean it was an amazing thing to witness, and the whole process was so illuminating. But what was the practical benefit? Are these people better off? I think there is a lot more self-awareness, a lot more self-knowledge, more educated decision-making. But does that just make those decisions more painful? Or might she say, ‘Woosh, now I know.’ Now I can go ahead.’

Connor specifically relates these ideas to the kinds of musical interventions (for example, bringing in a structured piece like Oriental Temple) that the therapists began to utilize mid-process. He suggested that the team became more “musically aggressive” and described what that meant:

Let’s do more music that they both can come into and interact with. Let’s have them recreate their relationship in this musical context. And I think that’s what began to happen. And then out of that came a lot of realizations about what was actually going on.

Eavesdropping

Between sessions 17 and 18, there is a four-week break due to holidays and therapists’ business travels. Soon after Carly and Elliot enter their 18th session, Carly begins to describe how Elliot has been feeling:

I think Elliot has been very anxious. He didn’t want to come back to Nordoff-Robbins. And I asked him ‘why?’ (To Elliot) We have to be very
honest. I think it is very important. (To therapists) Because I think, I know he enjoys it.

Connor and Peter together ask Elliot to tell them what he is experiencing. Elliot initially says, “They (referring to the therapists) do the same ending song. ‘Let’s all rock and roll’ (to the Whistle While You Work theme). Play a different ending song.” Carly intervenes saying, “No, no, what did you say? Mom sometimes…..” Elliot answers, “Sometimes eavesdrops. Does grown-up talk that I do not understand and it makes me frustrated.” Carly says to the therapists, “This is a common theme.” Elliot adds, “Educational.” Carly continues:

This is going to be an educational moment. I think it is very important for us to all understand this. It seems Elliot spends a lot of his time being frustrated because he doesn’t understand what we’re talking about. He spends a lot of time eavesdropping—feels like he is on the outside looking in. He is feeling very left out.

She goes on to further describe when Elliot has these feelings. Carly then introduces a musical idea that may address the issue:

A lot of the time when mom talks to anyone else, Elliot says, ‘Just me, only me, mommy and Elliot time only.’ And this happens quite a bit. I thought it might be a lot of a part of your world. (She then refers to a character in a Disney movie, ‘The Little Mermaid’). This reminds me of Ariel. (She begins to sing the first line of ‘A Part of Your World’ from ‘The Little Mermaid.’) ‘I want to be where the people are.’
Elliot then directs Peter, “Play F.” Peter begins to follow Elliot (in the key of F) as he sings the song “A Part of Your World” (Ashman & Menken).

Musical Theme 8: A Part of Your World

```
B♭  C/B♭  B♭  C/B♭

Am7

Wouldn’t you think a-round

Looking a-round

I’m the girl you'd think, sure,

Here you'd think, sure,

The girl who has ev-’ry thing.

Wouldn’t you think a-round

Looking a-round

I’m the girl you'd think, sure,

The girl who has ev-’ry thing.

Wouldn’t you think a-round

Looking a-round

I’m the girl you'd think, sure,

The girl who has ev-’ry thing.

Wouldn’t you think a-round

Looking a-round

I’m the girl you'd think, sure,

The girl who has ev-’ry thing.

Wouldn’t you think a-round

Looking a-round

I’m the girl you'd think, sure,

The girl who has ev-’ry thing.
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Lyrics by Howard Ashman
Music by Alan Menken
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The song is a slow ballade with traditional western harmonies and suspensions. Elliot begins to sing, creating his own lyrics about his life as Carly looks at him adoringly. His high-pitched voice is light and gentle as he carefully phrases his lyrics within the musical phrase:

Look at this stuff.
Isn’t it neat?
Wouldn’t you think I’m a boy
Who has everything?
Look at my room,
Books got that soul
Oh there is Disney and
Of course rock and roll
Look around, sure
I’ve got everything.

The bridge of the song is livelier and Elliot continues to sing in a faster tempo:

I’ve got joke books and
Trivia books a-plenty
I’ve got
Carly prompts him:

Whosits and whatsits galore

Elliot sings:

You want computers?
I’ve got 20!

But who cares? No big deal

The music becomes more flowing and dramatic as Elliot emphasizes the next line and then returns to the verse.

I want more (he holds this word as Peter plays a series of chords supporting a slight crescendo).

I want to be where the rock stars are

I want to see them, see them singing.

Playing electric guitars. Cool.

Up where they rock

Up where they roll

Up where they rock all day in the . . .

Rock and roll cool

Do it in school

Part of my world.

In the next part of the song, Carly and Elliot collaborate in creating lyrics. Elliot uses a combination of the actual lyrics of the song and Carly intersperses ideas that pertain to aspects of Elliot’s life:

What would I give

If I could live

Out of this . . .

(Carly adds) house.

Carly continues:
What would it take to spend a day with lots of friends?

Other towns

It is good to have people to hang around

If they understand that I don’t have to eavesdrop.

Funny friends

Elliot repeats and sings:

Funny friends.

To have a moment that will never end.

Carly adds:

Ready to talk to me.

Elliot then struggles to find new lyrics to the song, saying, “too hard.” Carly suggests that he sing the actual lyrics and comments, “I thought this was a very good song to help him express his feelings.” Elliot finishes the phrase of the song with his own lyrics:

In rock and roll and also jokes

Loved to tell jokes all day

That make me laugh

Out of my room

I won’t go ‘boom’

It is a bloom

Part of my world.

Peter repeats, “Part of your world.” Carly claps and then talks to the therapists, “I love the sentiment suggested. That’s when we sang versions of it (referring to
changing the lyrics of the song).” Elliot adds, “Parodies of it.” Carly asks him if he can sing the real lyrics and comments, “His voice is so beautiful!” Elliot says that he wants to sing the real lyrics.

Carly directs Elliot to stand up “like a performance.” Peter offers Elliot a microphone (attached to an amplifier) that he refuses. Elliot begins to sing the song as it is written and Peter, becoming more familiar with the chord progression supports his expressions more strongly as he sings out.

Carly joins Elliot in singing out strongly during the bridge of the song:

I want more.

I want to be where the people are

I want to see them, see them dancing.

Wish I could be

A part of that world.

Her Pride and Joy

Carly and Elliot both smile at the song’s completion. Elliot comments, “Connor will be Howard Ashman and Peter will be Alan Menken! [referring to the composer and lyricist] They could replace them!!” Carly jokes, “I see he has formed a lasting and meaningful bond with you two—next!” And to Elliot she says, “Connor may actually be insulted by that. (She pauses) Connor is pretty tough.” To the therapists, she adds, “Elliot told me I could be replaced by the babysitters.” She goes on to describe how she feels about Elliot’s abilities, “What I love is that he knows….every note is accurate. He can just follow along which
blows my mind.” Peter asks if they would like to sing the song again. This time he joins Carly and Elliot in singing.

In his interview, Connor described the pride that Carly demonstrates for Elliot when he is involved in musical activity. Beyond that, he felt that Carly derived a great deal of satisfaction herself by participating with her son in musical activities. He referred to the importance of “the dancing and the synchrony and creating beauty together”:

Carly looked at Elliot as someone who was... he was talented in that direction- with words and with songs and with creativity and that’s one of the things she almost admired. She could step back and say, ‘Look at that,’ ‘That’s funny,’ or ‘That’s a good song.’ But being in it with him and doing it—*that* made a difference. The feeling of actually being creative herself with him and responding to her own creativity. I think that helped her to get to those deeper levels of what the relationship was.

Peter also talks about Carly’s pride and how this feeling about her son may give her hope for their relationship:

She takes pride in his musical world. She’s a musical person and I think she feels this is what she’s cultivated and now there’s a possibility here. I think it gives her some hope that music is a strength and that it is a connection between the two of them. It’s a way for them to be real and spontaneous with each other in a mutual fashion, with equanimity, rather than in a hierarchical fashion. I think that is so important. I think it is why she valued what was happening and saw the potential of it.

**A Show Stopping Rousing Musical Number**

After singing “A Part of Your World” in session 18, Peter asks, “What would be a good song you and your mother could sing together?” Elliot answers, “A show stopping, rousing number. Happy songs. Music that makes me happy” Carly says, “You don’t want anything serious. He loves happiness always.” Peter
looks through a Disney songbook trying to find a song. Elliot repeats, “I want to do happy show stopping songs.” Peter asks, “How about this one?” and begins playing the title song from Beauty and the Beast. Elliot responds, “This is a luuuuve song. I want to do something that wakes me up in the morning.” Carly directly asks, “Do you want to do music from Beauty and the Beast?” Carly sings the first line of the song and Peter accompanies her, and then she stops. Elliot again asks, “What about a show stopping rousing musical number?” He speaks dramatically, “When the curtains rise….How about our theme next Saturday, our theme at Nordoff-Robbins will be show stopping songs—the kind that would be good as the opening number of a live show. Of a show based on a Disney movie or a Broadway play. Our theme of the day today is ‘love song.’ Peter plays more of the Beauty and the Beast song and Elliot begins to sing. Carly joins him and they look at the words together in the songbook. Elliot sits next to her and occasionally flaps his hands and taps them on his legs as he reads and sings.

Carly comments, “I find it a very difficult song to sing.” She suggests a different song that Peter does not know from the movie the Hunchback of Notre Dame. Elliot again asks, “What if we do show stopping songs? That would be good for a show.” Suddenly, Peter begins to play “Everything’s Coming up Roses” from the musical Gypsy, in a lively, fast-paced tempo. Connor supports the energy on the drum and cymbal. Elliot spontaneously begins to jump up and down and move back and forth to the music. Carly gets up and joins him in movement. She moves her arms and feet back and forth as if choreographed to the music. The mood is upbeat and energetic as Peter continues to play this music.
Carly twirls Elliot around and he smiles in response. Carly then picks up a mallet and begins to sing the lyrics of the song and play along on the conga. Elliot spins around on his own as Peter, Connor, and Carly play the instruments. Elliot says, “Let’s do a spinning song.” Carly sings, “Everything is coming up roses!” She then states definitively, “Life should be one long upbeat musical.” She then adds, “I myself vote for maudlin. I like maudlin, myself.”

In his interview, Connor commented about Elliot’s desire to be in a performer’s role in the sessions, and how that became evident early in their work together:

That was when he was alive. And that was when his creativity came out and that was when he really related. He kind of related to us as an audience and it wasn’t too often that you would feel something really interpersonal from him. He was always something else or somebody else. I think as time went on Carly also began to enjoy that. Being able to be in a role, performing.

Carly often referred to herself in the third person in the sessions, such as when she would say, “What about mommy’s life?” Connor discussed how Carly assumed roles that enabled her to fully participate in the clinical situation. In early sessions, he referred to her role as the “straight man” to Elliot’s jokes and stories. Here he describes how that role evolved:

Not as a straight man, but really having a role, whatever it is. And not really as her everyday self either. Clearly not…so I think that trying out new ways of being became a kind of release for her. Initially I think a lot of her comments were didactic such as, ‘let me explain to you what’s going on here because there are other levels to it, or it has meaning.’ And then it was just banter back and forth. …As time went on she really found her sense of humor too. She could really laugh and makes jokes about herself about what’s going on, about him.
In reference to the performance aspect of their work together, Connor uses the idea of creating a musical set for a show to describe how music serves to relate to the many different emotion landscapes presenting in the work:

It’s…almost like a club date. Now you play the fast one. Now you play the romantic one. Now you play the ‘dancy’ one. And pretty soon, you’ve got so much for them to go through together. And out of that comes what will come.

Sometimes Mommy’s Got To Talk

Several minutes later in the 18th session, Elliot continues to talk in the show-like manner, saying, “This is the first episode of songs with a theme. The first episode is about love songs. What’s the second episode?” Carly remarks to the therapists, “Uh oh, I feel we’re getting roped in again.” She then suggests a phrase that Elliot has used in the past, “jazzy, jaunty tunes.” Elliot says, “The second will be show stopping numbers. You know, the kind that would be a good kind to open a live stage show.” Carly moves toward an instrument called a toe pad on the floor that, when stepped on, sounds like a single reed horn. Elliot screams, “Don’t, don’t!!!” Carly does not play the instrument and says to the therapists, “This is where it gets very intense.” Elliot moves in closer toward her and says, “I don’t want to be interrupted.” Carly says, “Maybe we could write a little ditty about this too. This is what Elliot needs to understand.” Elliot wraps his arms around her neck, looking into her eyes desperately. Carly responds to him, “Sometimes, mommy has to have grown up talk. Sometimes it has to be grownup talk. Mommy is with you all day.” Elliot continues to hold her and Peter begins to sing and play a theme in a minor, “Sometimes, there is mommy talk.”
Music Theme 9: Sometimes

Sometimes, Peter continues to sing, "Sometimes, mommy's got to talk." Carly alternates between singing and speaking the following lines: "Mommy's got to talk. It can't always be talk just about Elliot." Elliot pulls back slightly, still touching her left shoulder. Carly explains, "It doesn't mean that mommy is going to run away and never return and mommy and Elliot will never talk again. Mommy will be right back. You don't have to worry." She sings, "Just sometimes it can't be all Elliot. Sometimes mommy's got to do grownup talk. Sometimes you have to share mommy." She speaks, "But then I'll be right back. It isn't always Elliot, it will be first for me. But sometimes, I have to have grown-up talk." Carly sings, "Sometimes."

Carly adds, "I want you to think about that this week. This is very good if he thinks about this. If I have grown-up talk to do just think, 'sometimes'. Which musical notes are these?" Peter answers, "E and A." Carly says:

Just think those notes. Musical sound bytes. It has worked for us in the past. It goes with the overall theme for the day. You are a part of my world. You are pretty much all of my world. Sometimes I want to be where other people are. (Peter begins to play music from "A Part of Your
World” and she sings) I want to talk to grownups sometimes. Sometimes you have to share me.

Elliot reaches out to hold her around her shoulders saying, “Mommy, mommy. I want to do a version of my life.” Carly answers in a tone indicating that she may be losing her patience, “Should we do a version of my life? You don’t care.” Elliot responds, “I don’t care.” Carly says, “You don’t care, do you?” Elliot repeats, “I want to do a version about my life.” Carly answers shortly, “I noticed that.” To the therapists, she says, “That’s a real problem, I’ll tell you.” Connor interjects, “Elliot, isn’t the mermaid (He refers to the movie “The Little Mermaid” where the song “A Part of Your World” is from) saying she wants to be where the people are?” Elliot answers, “Yes.” Connor continues, “She’s not saying anyone should be where she is. Isn’t that where you want to be?” Elliot retorts, “I want to be where the rock stars are.” Carly answers him: “The rock stars are not going to want to sing only your songs all the time. It’s called give and take. Sometimes you need to listen to what the rock stars like. They’ll say, ‘See ya. All he wants to do is talk about Elliot, Elliot, Elliot.’ You have to share.”

Peter improvises a song about “give and take.” Lyrics support Carly’s ideas about sharing such as, “You’ve got to talk and listen. You’ve got to compromise. Elliot with people. Give and take. Sharing.” Elliot immediately begins to organize the “lesson” saying, “It’s a new TV series. A new TV series. Songs with themes.” Peter responds, “The theme is about sharing and listening and giving and taking.”

Carly probes for the next few minutes of the session, trying to get Elliot to acknowledge that she has feelings, while making side comments to therapists such
as, “I don’t think he has any concept.” Elliot becomes quieter and his mood is reflected in the music which becomes less rhythmic and played in a minor key. Carly seems frustrated with Elliot’s inability to understand her. She taps on the conga drum slowly and quietly looking off into the distance. She comments about feeling tired as Elliot tries to go over the plan of singing show stopping numbers for the following week’s session. Near the end of the session, Carly requests a meeting with the therapists. She looks somewhat depleted, shoulders hunched, moving slowly as she talks about trying to juggle a busy schedule with her children. Peter asks her about her most recent athletic competition. They talk briefly about this. Peter then asks Elliot, “Elliot, do you feel like you are eavesdropping now? Or is this OK?” (Peter refers to the word Elliot uses to describe when he does not understand what is being discussed) Elliot responds, “Eavesdropping.” Peter responds, “OK, we’ll stop it.” After Carly and Elliot leave and the door to the therapy room is closed, Peter exclaims to Connor, “Wow!”

In My Next Life I’m Going to Be Shallow and Naturally Thin

Carly is not present for the 19th session, and the therapists found out in a meeting several weeks later that she needed a day off. She commented in the meeting with the therapists about, “feeling burnt out” and “felt like I had a noose around my neck.” In her interview Carly spoke about how she experiences music therapy sessions in a similar way to how she deals with all projects and events in her life:
It’s an enormous level of commitment. And pretty much whatever I take, whatever I do. . . . But I have to budget my energy. I started to realize the older I get the more tired I become. I have to be careful it’s not just about today. I’ve got a lifetime of stuff coming up and I don’t want to be too tired to handle it. I’ve got to pace myself and that’s really my problem in life. It’s a real issue I have. Music therapy helped illuminate that. It became almost more visceral there because it’s such an active process.

Carly goes on to describe her participation in a sports activity and how important it is to her:

That [sports activity] is my religion pretty much. . . and I race competitively. I have to be so careful because I get on to that race. . . and I mean—blast! And then I don’t have enough energy. When you really need the push, I’m kind of dying. And over and over again it’s such a metaphor for how I enter life, enter anything. And that’s what I have to learn. I’m starting to learn to pace myself.

As she describes her complex family dynamics, Carly also comments about how she experiences feelings deeply and how she wants some relief from this way of being:

(Referring to her family situation and issues in therapy) It’s intense. In my next life, I’ve already decided. . . I’m going to be shallow and naturally thin! Because I really see too many angles in this and I’m just….I see these women, they are so happily shallow. ‘Let’s go to lunch and shop.’ If one more of these ladies shows me a fabric swatch, I’m going to strangle her. Please, get over it.

Regarding her immersion into activities, Carly speaks about a reason why music therapy process ended after the first two sessions of the second clinical year:

One of the things I did with music therapy and why it ended pretty abruptly is—and I know it’s a pattern with me with other things—and that is I will immerse myself. I think of participating in a race. And I will just give it everything I’ve got and then I don’t have anything left. It’s being mindful that I have to pace myself….that I’m not invincible. I don’t have endless energy even though I might feel that at the start of it.
She discusses Elliot’s health issues and how her tending to him took precedence near the end of her music therapy sessions. Her caretaking also brought up issues regarding the symbiotic nature of her relationship with him:

And I think that’s what happened. And I was just so worn out…the Bar Mitzvah coming up. I realized I had to start teaching him, start the process of preparing him for the Bar Mitzvah. I knew that I had to deal with the seizures. That was a major thing. There were hospital stays. It was just so exhausting. Oh my God. We had several weeks in the hospital. A week at a time where he is confined to a bed. He is only allowed to go to the bathroom and it’s just me. I do bring my husband in to spell me, but really it’s me that he needs there….Part of this process is asking what am I getting from it too? Isn’t it time that I separate, in fairness to him? I’m so tired I can’t give him anymore. OK. I’ve got to step back because it’s not really fair to be his everything.

**Kill The Horns**

Carly returns for the 20th session and apologizes for the week before when she did not attend. She begins to explain why and then stops herself saying she was in the neighborhood of the center during the week last week and tried to see if she could stop by the center for a spontaneous meeting with the therapists. She said she called and the message on the answering machine said the center was closed. She says she would really love to sit down and have a meeting. Elliot interrupts her, and says, “Excuse me, can you sing with me?” Carly responds, “I’m doing it again. I’m so sorry. That was a bit of eavesdropping. Hangin’ out on your time doing boring grown-up talk. Not playing with Elliot which is why I’m here. I’m over there doing some illegal hanging out with Peter. On your time. . . busted.” She then plays the large gong that is in the room with a large soft mallet. “I’m here,” she says spreading her arms open.
The session continues and Carly tries to get Elliot to agree to participate in a session without doing “versions.” Elliot generally enjoys doing versions of different songs where he changes the words or where he pretends to be someone else. He spends an extraordinary amount of time doing versions with Carly on their way to music therapy and outside of the sessions. Elliot resists, wanting to do versions. Carly pursues this asking, “Can we do real funny time, real moments, just you and me and our back up band? And it doesn’t have to do with versions? Maybe we could just sing and play.”

They go in and out of musical activity, playing instruments and talking. Elliot sings a song about dreams. Carly continues to advocate for no versions, “Real life can be funny too. What are you going to do? How was your day? What would you like to play?” Elliot responds, “Every music class I would like to do a puppet show.” Carly resists this saying that they could do puppet shows at home. She tries to draw him into playing music. They play the wind chimes and then move to playing a series of single tone resonator bells. Connor plays the drums quietly to provide gentle rhythmic grounding. Peter’s chords are diatonic, playing in an upper register. The harmonies have suspensions and create a sweet sounding background for the bells. Carly and Elliot play the resonator bells together that are placed on a low small table. Elliot plays lightly and gently without much intention in his playing. Carly leans over the low table and figures out some melodic ideas. Her playing is confident sounding and her melodic lines have direction and movement. Elliot is not smiling and seems forlorn as he looks up from the bells continuing to quietly tap them. He repeats again, “Versions make me happy. I am
learning a lesson. That sometimes versions make you tired. But in my life versions make me happy.” Carly continues to look down and plays without responding directly to this statement. She says, “See if you can get into it. Let’s just enjoy the music.”

Twenty-two minutes into the session, Peter is playing more lively music with chromatic melodic and harmonic movement. Carly plays the xylimba and directs Elliot to stay on the temple blocks when he begins to move toward her at the xylimba. She then reaches to pick up a tambourine that is placed on a table near two single reed horns. Elliot suddenly screams, thinking she was going to play a horn. Carly says emphatically, “I’m not going to do the horns.” He looks at her desperately as she confers with the therapists, “Can we take the horns out? He is very stressed.” Then she picks up the horns herself and puts them under her coat on the opposite end of the table. Elliot says, “Kill the horns.” Carly picks up the large soft mallet and plays the gong very loudly. “You like drama!” she says with a degree of anger in her voice. She then asks Elliot to play an instrument and set the tone for the session saying she will follow along.

A Meeting With Carly: Understanding The Process

Between the 20th and 21st sessions, Carly sat down with Peter and Connor for a meeting. The therapists wrote a report describing what took place in the meeting since it was not recorded. The following information is derived from the written report of the meeting. The therapists decided before the meeting to let
Carly’s comments dictate the course of the discussion and would respond based upon the questions she raised.

When Carly arrived at the meeting she said she would have to stop coming to music therapy. She described the drain on her family and the resentment that was developing from her other children about how she spends her entire Saturday with Elliot traveling to and from New York City. She needed to share the day with other family members and questioned the therapists about music therapy services that might be offered in the town where she lives. She clarified that it was not that she was no longer interested or that she did not think that the experience was a valuable one. According to her, it was purely a time commitment issue.

Connor complimented Carly on how much she was able to bring to the process. He described his work with other parents and the general difficulties of having a disabled child. The therapists wrote, “This opened her up to discuss her feelings about Elliot and her desperation.”

Carly talked about how earlier in the year things seemed to be going well and commented about Elliot’s growing independence as it was expressed in music. She felt lately though that Elliot wants all of her attention. The therapists wrote, “She saw this as going in the wrong direction.” She wondered if it would be better if Elliot came without her. She shared her feelings about the importance of making music and thought that maybe if Elliot came on his own it would be better for him.

The therapists suggested that they might take a more active role in organizing the session. Peter wrote, “Not version time but music making time and
sharing and taking turns will be offered by the therapists.” Carly seemed open to this idea. The therapists discussed the dynamics of the process of music therapy thus far:

We suggested that what she saw as the ‘regression’ of sorts in the relationship to her might in fact be an indication that the change she had hoped for was in fact taking place. Elliot sensed her overall intentions. He sensed her increasing involvement in the music and he was shaken by this. We discussed the desperation that lay at the foundation of his relationship to her. That for him this was in some sense a matter of life and death and that when the relationship was threatened, he was threatened.

The therapists pointed out to her that instruments that had never bothered him before in past music therapy sessions, such as the horn toe pads and single reed horns “were now a source of concern and fear” and that “he was not as trusting of her to refrain from playing those instruments that she knew would upset him.” The therapists wrote about that Elliot’s increased clinging and his impeding of her music making was evidence that the process that she had hoped would take place was, in fact going on.

In sessions, according to the therapists, Carly was interested in helping Elliot develop insight and her approach was more intellectually-based than experience-based. The therapists indicated to her that actually this was a “strongly emotional process, a threatening process that was happening at a depth that was far beyond insight and intellect. Insight, if it occurred, might occur much later, after the process was complete.” The therapists summarized their ideas in their report, “What she envisioned as a process of insight, realization and change was in fact one of great emotional intensity: the alteration of a relationship that was for
all intents and purposes Elliot’s sole reliable acceptable link with his family and the world at large.”

This discussion led Carly to acknowledge that changes would not necessarily occur without experiencing some difficult times and that “sticking with the process even though the outcome was in doubt was necessary.” She described her process as being instructional early on but more recently she had “succumbed” to the music and had relaxed somewhat. She mentioned that the musical themes which she termed “highlights” had been valuable to her and that, “all she had to do was mention the name of a song or give some musical indication and there was an immediate sense of communication and understanding between them.”

Carly agreed to continue music therapy at the conclusion of this meeting. The therapists wrote, “The result of this comprehension regarding the process that was occurring in sessions was more optimism about the therapy and a more open-minded view toward its continuation, a greater determination to ‘stick with the process.’” She requested to view videotapes in this meeting, “wanting to see the development of her relationship with Elliot as it took place in music therapy over the year.” The therapists agreed to assemble an excerpt tape and all agreed to meet again in the summer.

It’s Safe To Be In This Room

In the beginning of the 21st session, Elliot looks around the room and says excitedly, “Yes! No horns!!” Carly responds saying, “It’s safe to be in this
room.” A few minutes later Carly says that “We have a new announcement.”

Peter addresses Elliot, “Today we were thinking that we would do something different. You could pick something to do or play and then it will be your mom’s turn.” Carly then demonstrates, “If you want mommy to hop on one foot (which she demonstrates)…” and Elliot laughs. Elliot says, “Like Simon says.” Connor adds, “Like Elliot says.” Carly then makes an aside to the therapists, “Notice how you have to tell him, then I have to tell him.”

The session progresses and both Carly and Elliot take turns singing particular songs. With each change of turn, Peter and Connor played triumphant music such as a fanfare with a drum roll to reflect the excitement about the next person’s moment in the spotlight. Connor would comment, “Ladies and gentlemen Nordoff-Robbins is proud to present….Elliot’s turn!!!” At the end of Carly’s first turn in which she sings “Good Company” a song from a Disney movie and dances with Elliot, she looks into Elliot’s eyes and says, “Thank you. You were Elliot. I was mommy. That was Peter and that was Connor. And that was my turn. How did that work for you? Was that horrible?” Elliot answers, “No that wasn’t horrible.”

During Elliot’s turn, later in the session, while he was singing a song called, “Kiss the Girl,” Carly adds lyrics of her own. It was clearly not her turn and she checks in with Elliot about her apparent violation of the rules, “Is it OK that I snuck in that thing in your song about Bonnie and Zach?” Elliot touches her shoulder and says, “The thing that I like,” perhaps not understanding what she
meant. Elliot then changes the subject, talking about playing happy music with his mom.

Several minutes later, Connor monitors the process as Carly begins to introduce more threatening material related to Elliot’s life during his turn through her lyrics. She dramatically speaks in a sing-song voice, “Mommy and Elliot are dancing. We’re happy, we’re dancing. We’re doing stories, versions, telling jokes, and everything is great.” Her voice then becomes slower and she opens her eyes widely, “But then all of a sudden….oh no!” Elliot cries out, “What are you doing?” Peter plays dissonant, spooky sounding music. Connor calls out above the sound of the music, “Clarification. Wait a minute.” Peter stops playing as Carly addresses Connor and explains what she is doing, “Well I wanted to make a point.” Connor explains, “I don’t want it to slip into something that we don’t…. (He may be referring to the educational, insight oriented lessons that they are trying to avoid in the work since their meeting). Carly sighs in a relieved way, “You are SO right. Very good catching that, Connor.”

Near the end of the session, Carly comments, “The good news is we can’t personally wait until next week. I love this turn taking thing. I’m so glad I came and we talked (refers to the meeting with the therapists). I knew it was going to be important.” And to Elliot, “Sorry for the eavesdropping.”

I Need a Session on Sending You to Camp for Seven Weeks

Carly and the therapists realize in the beginning of the 22nd session, that this will be the last session of the clinical year. Normally there would be several
more sessions in June. All involved figured out that due to various scheduling conflicts this will be the last session. Carly requests a different session day and time for September when sessions resume, preferably during the week. She then says somewhat mournfully regarding this session, “I didn’t know, driving in that this would be our last session. I need to do a session on sending you to camp for seven weeks.” The session proceeds and Carly and Elliot take turns as in the previous session mostly singing and playing with pre-composed songs, which are often from Disney movies.

During one of her turns, Carly requests that they do something very different, not from Disney. She asks to sing the slow ballad “Where is Love” from the musical *Oliver* which Peter had played earlier in the session. Peter begins to play it and she states, “I’m going to sing a song about how it is going to feel for mom when you are away at camp. Can I do that? How is it going to be for mom? Not for Elliot. Elliot will be happy, happy, happy. How I will feel, your mother.” She begins to change the lyrics of this song:

Where, oh where is Elliot?
I wonder where he could be?
Is he having fun and is he
OK without me?
Where, oh where is Elliot?
I will wish that Elliot can be?
(She hesitates before continuing)
Does he like his camp?
And is he happy now?

Carly then begins to talk to Elliot while Peter softly plays the music from “Where is Love” in the background:

I’m not going to be used to this. I won’t know what you are doing. If you are having fun with your friends. You’ll be away and sleeping in a cabin. You’ll be away and I’ll be thinking and missing my boy and so happy he is having a good time. Are you nervous and excited?

Elliot responds, “I’m excited.” Elliot begins to refer to something that came up in his turn about doing ‘two things at the same time.” Carly redirects him to her topic. He says, “I know the rules.” She reiterates, “Remember it is my turn.”

Elliot concurs, “It is your turn. No versions.” Carly explains, “I’m talking about Elliot at camp, how it will be. Mommy is making a song.” Elliot proves he understands, “This is a song referring to how you will miss me at camp.” I would like to sing a song about how I will feel at camp.” Carly says, “Perfect.” Elliot begins to sing to the same melody,

Where, oh where is…

I’ll be at the cabin, you’ll see

I’ll sing and I’ll tell jokes

I sing by the campfire and sing some campfire songs

And I’ll have drama, music, art, and nature

Carly asks, “So are you going to have fun?” Elliot answers, “I’m going to have fun.” She says, “My little boy Elliot. That is where you’ll be.” She then begins to sing again:

Where, oh where is Elliot?

He will be at camp without me.
But he’ll have some fun and make new friends
And that’s important too.

Elliot says, “I will.”

At the end of the session, Peter plays a medley of many of the themes that were improvised in the clinical year including, You’ve Got to Be Patient, Everything Real Changes, Sometimes, and Whistle While You Work. All play and sing as Peter begins each new musical idea. The music becomes more dramatic as it draws to a close. Peter adds a crescendo and plays tremolos as Connor plays freely and boisterously on the drums and cymbal. Carly comments, “Yay! That was a good finish. But I am going to stop by to see you (the therapists over the summer break). So I’m not saying goodbye. (Pointing to Elliot) He’s saying goodbye.” Elliot says, “Bye Peter.” Peter says, “Have a great time in camp. Are you going to write a letter?” Elliot answers, “A silly word letter.” Carly comments as she stands up to leave, “He is so excited [about camp]. He doesn’t need to sing ‘Where is Love?’”

I Can’t Drown in This Vortex

In her interview, Carly discusses Elliot’s functioning level at age 13 and one-half and how she has been trying to understand how his brain works:

I’ve got it down to a theory now. I really understand what’s happening. The kid has three synapses open, I’m pretty sure. And what’s firing through those three synapses? I think he would have been brilliant. My other kids are really smart kids, as any Jewish mother would say. But this time it is true. Lots of grey matter firing through those synapses and I think that’s what brings on the savant like qualities. It’s just….so much of what shouldn’t be, is, with him. But he is extremely limited. Limited, yet, he wants a very full life.
Carly’s discussion of Elliot’s limitations leads her to talk about how life is becoming more challenging for him, as he gets older. She described how when the family was on a recent vacation, he tried to engage teenagers his own age in conversation, asking them their ages and where they were born. The teenagers did not respond or were, “just looking at him.” She talks about how she tries to help Elliot keep busy but that it is not enough for him:

It’s getting harder and harder. He really wants to be around kids his own age so that’s why I have to…do what’s best for him and try to find a more appropriate setting than the school he attends now. Because for now it’s hard to fill the hours, really hard. So instead of Nordoff-Robbins, I have people coming. I hire lovely people, nice people, fun people, but what they are doing is filling time. Taking him to bookstores, whatever, trying to fill the hours. …But it’s a tough gig, it really is, the older they get, with all of them (referring to her other children). It’s just a matter of degree with each child’s individual needs and it’s really taught me to separate. I can’t crawl into a vortex of sadness and doom and gloom. I could easily because it’s so painful to watch sometimes. But I have to separate and say, ‘He’s happy. His life isn’t perfect, but whose is?’ You learn to rationalize. You learn to say, ‘I have to for the sake of myself, for the sake of my family. I can’t drown in this vortex.’

The Summer Meeting: Watching the Videotapes

Carly and the therapists had a two hour meeting in the summer of 2002 in which the therapists showed her excerpts of sessions in which she and her son participated. They chose video examples that “depicted the progress of the relationship of Carly and Elliot in music therapy during the course of the year (as opposed to song excerpts, as per Carly’s request)” as written in their report about the meeting. The following information about the meeting is derived from two different written accounts. The first is a written transcript of a discussion between
the therapists held immediately after the meeting with Carly. The therapists felt that taking notes during the meeting might be awkward, so they decided to audio tape their impressions about Carly and the process after the meeting and subsequently transcribe the material. Later in the summer, a second, more formal report was written taking highlights from the first meeting, transcribed discussion, as well as summarizing observations and conclusions about the overall work thus far.

In the meeting, Connor, sensing she might be nervous, prepared Carly for “how awkward it could be” to watch oneself on videotape. They then began to watch excerpts from sessions 9, 10, 13, 20, and 21. Each excerpt was approximately two to four minutes in length. Each depicted a moment of interaction either in music or discussion. Some excerpts showed moments of dancing between Carly and Elliot, others depicted times of united playing together on the same and different instruments. Most did not include any verbal discussion of the process or “educational points.” The therapists chose an excerpt in which Carly seemed frustrated when she hits the gong after one of Elliot’s outbursts after she touches the horns. The last excerpt showed Carly and Elliot taking turns, and the instance when Carly began to insert her own ideas into Elliot’s music.

The therapists, in their report, characterize the meeting as a session in the following quote, “This was a lengthy (two hours) and highly emotional session in which Carly both observed herself near tears at times in the sessions and was near tears, perhaps in tears, as she watched.” While watching the videotape, Carly made comments about her love of Elliot’s voice, his innocence, that he is still her
baby, and that he needed to grow and separate from her. The therapists also wrote that her initial reasons for pursuing music therapy with her son were clarified, “I came to music therapy because I was angry and I was frustrated and I needed to connect to Elliot in a different way.”

In the transcript of their discussion following the meeting, Connor commented about Carly’s statement about anger and frustration and her need to connect to Elliot:

And it was almost like she felt, ‘mission accomplished.’ It worked. And she knows now that she can do this. Put music on or involve him in music in their interactions and have sort of satisfying interactions. I thought that was really interesting. I thought the realization, acknowledgement of how deeply they were involved with each other. That there was this symbiosis there. That it was a need of hers to be in there with him as well as his need to be in this with her. And although they were people of very different capacities, still they were totally involved with each other in that aspect of their lives. And even later on she said, ‘I play him like something and he plays me like a violin.’

Peter added as if in Carly’s voice, “I’m his instrument.” He then commented about Carly’s reaction to hearing her self in the excerpts, “I sound like a second grade teacher.” In his notes following this quote, Peter wrote:

Carly commented on her voice being animated with a tone that might be more appropriate for a younger child. But she also proudly stated that her ability to enter into this dramatic kind of verbal communication with him was one reason why she has a verbally connected autistic kid rather than a totally isolated one.

In the therapists’ discussion, Connor talked about the effects of viewing the excerpts with Carly. It seemed to help her identify the range of feelings that were experienced in the process. Connor said:

There was a summation of the whole process that brought her back to where she actually is today. ‘Oh how beautiful, how touching, how romantic’ and then…you see, I’m frustrated there. I want to play the
music. I’m realizing that it’s all about the music and he doesn’t want me to play the music. He’s got to be independent. We have to play music apart.

Regarding the symbiotic nature of their relationship, Peter reminded Connor that Carly had said that it felt as if one of her legs was amputated after Elliot went off to camp. Peter shared his concern that Carly was going to suggest that Elliot come without her to music therapy after commenting about her need to separate from him. Connor disputed him saying that ‘I didn’t get that sense that she would not continue with Elliot in music therapy. I thought there was some sense of realization of the depth of her own fulfillment in that relationship.’ He went on to describe Carly’s discussion about how music became a focus; that she needed to do music therapy for her self. Peter also mentioned that Carly said several times, “I know I want this to be therapy for me.” Peter also said that Carly wished she had not given up playing the piano to which the therapists replied, “It’s never too late.”

At one point in the meeting, Carly brought up the idea of “vocational music” for Elliot. The therapists thought this referred to her desire to help Elliot become more independent while still using music in his life. Peter then commented to Connor about this:

I wonder if one of the goals of music therapy is: ‘I don’t have to totally separate from Elliot’ and create this sense of ‘Go ahead you’re on your own now and you have to develop independently from me and be for yourself and create Elliot for Elliot.’ That she doesn’t need to do that in order to be for her self. That it’s not one or the other. It’s not, either Elliot gets off my back or I’m never going to have a life.’ Because if she communicates that to him, he is going to be more clingy. Like you told her in our first meeting. She will get the opposite effect of what she wants.
Connor related to this saying that Elliot seemed to have a “sixth sense about where she is at any given moment” and when she should or should not be approached, such as when she is playing instruments. This was confirmed by Carly.

The therapists commented that it felt like the meeting was like a session. Connor stated, “That’s an important realization for us. I mean that she is the client and we are in sessions whenever we meet with her and talk with her.” They also commented about Carly’s presence. She entered the meeting first presenting a gift for the therapists. It was a piece of artwork that contained a Dr. Seuss quote that she asked the therapists to read. The therapists wrote that the “thrust of it was about discovering your true self—and she wanted to give it to us because she felt that was what she and Elliot had gotten out of music therapy.” Peter said, “She certainly makes an entrance.” Connor responds:

Yes. She has a sense of self-presentation that is almost theatrical. She’s great. This whole sense of the sacrifice that parents of special needs children make and the anger that develops and how to deal with that. We felt it was so true in the parent group and those were much older parents with much older kids. But she is really staying with that sense of her self and not just automatically giving, giving, giving and suppressing her own needs.

The following information is copied directly from the therapists’ final report.

Observations and conclusions about the work derived from the meeting are listed:

?? A sense of the depth and intimacy of the relationship between Elliot and Carly, perhaps beyond that of an ‘ordinary’ mother-child relationship- if there is such a thing. There is tremendous fulfillment for both of them—a true and valuable symbiosis—in many of their interactions. Ironically,
music, which was hoped would create a sense of independence, actually seems to have brought them closer by providing a way of communicating and interacting at a very deep level.

Carly is very much a client in the therapy process. The therapy was initiated by her out of her own needs, and the therapy is very much about these in an increasingly honest and open way. The therapy seems to have become more and more effective as she has more openly embraced the role of client.

The strength and determination of Carly to not ‘succumb’ to the overwhelming responsibilities and burdens of parenting a special needs child is increasingly evident and quite remarkable. She continues to look for ways to exercise her own intellect and creativity, to pursue her personal fulfillment. With a mother’s wisdom she prepares Elliot to participate more fully with others against the time when ‘I won’t be there.’ However, her own ‘survival’ is also at stake in the endeavor.

The immense power of music, musical participation, and musical interaction to bring fulfillment to people, individually and groups. It was Carly’s finding fulfillment in music personally, and seeing its facilitating qualities in her interactions with Elliot, that convinced her of the potential of the process. The transition from interacting with an ‘agenda’ of lessons to be learned and taught and strategies to be rehearsed to one of simply maximizing musical activity was crucial for the work.
There is a growing understanding by the therapists of the effects of having a special needs child upon the personal lives and development of the parents and the dynamics of the family. Anger that is ‘inappropriate,’ frustration that rarely finds an outlet, personal hopes, dreams and ambitions delayed, abandoned, and ultimately repressed, siblings instilled with ongoing feelings of unresolved grief and depression, these can all be products of such a circumstance. It is a situation that is fairly widespread, and certainly merits the consideration of therapists, if only as an aspect of working with special needs children themselves.

Work in the future. Although the way is not clear, the course of therapy over the year gives cause for some optimism that music therapy might help Carly and Elliot forge a relationship that remained fulfilling while supporting, even encouraging independence for each of them.

**Obsessions Are Back—Big This Year, All the Rage**

Carly and Elliot return to music therapy sessions in the fall of 2002. It is not known at this point that they will have just two more sessions before Carly is unable to continue music therapy. In his interview Peter comments about the music in these last two sessions and how it differed from music that had been created in the previous clinical year:

I remember feeling by the last two sessions that it was very special musically between us. We had evolved to a point where we could be very mutual but yet move in different directions. I can’t even tell you why now, but I just remember these last two sessions, as if there was an evolution, being the high point. Maybe not the first one as much as the second one, but I remember the second one in particular.
Three months have now passed between the last session of the clinical year in June 2002 and the 23rd session, held in mid-September 2002. Peter sings out strongly, “Welcome back!” as Carly and Elliot enter the therapy room. Carly says, “It’s good to be back in the old neighborhood.” Connor adds, “Your home away from home.” He then sings, “Welcome back to your home away from home.” Elliot repeats this phrase. He then begins to tell knock knock jokes. Peter sings, “It’s a brand new year” moving the music from diatonic to blues harmonies. Carly encourages Elliot to play with him on the xylophone. Then Carly moves freely around the room playing different instruments, such as the conga drum and tambourine.

Elliot announces that it is “opposite day” time, asking rhythmically, “What would happen if it were opposite day? Come on, everybody, let’s think of one.” Carly repeats, “Opposite day session.” And to the therapists she says, “It’s an obsession.” Peter says to Carly, “I thought there were no more obsessions.” She responds, “Oh no. Obsessions are back. Big this year. All the rage.” Peter changes the subject asking Elliot, “How was camp?” Elliot answers, “Great.” He then recites his weekly schedule that includes drama, music, boating, dance, and exercise. Connor comments that it sounds great. Carly says, “It is a great camp. Doesn’t he look good?”

The session proceeds and Elliot continues to pursue the “opposites” idea. Carly shares that Elliot has been working on creating a CD of his original songs and versions of songs that he knows. In this session, they spend time together playing music on the celesta (a keyboard instrument that sounds like bells). Elliot
plucks out the melodies of particular songs such as Three Blind Mice and The Lion Sleeps Tonight while Peter supports his playing harmonically on the piano. Carly assists him in playing the correct notes. Near the end of the session, themes from the previous clinical year are recapitulated as Elliot talks about “mom talk. Sometimes it’s eavesdropping. Sometimes it’s not my talk. It’s not talk. I talk. Mom talk.” Carly says, “He was about to have a fit, but remembers that sometimes it’s mom talk.” Peter begins to play the “sometimes” theme and Carly begins to sing. Elliot then adds, “And I will be patient. But I can be patient.” Carly asks, “Remember the song ‘you gotta be patient’? You’ve got to be patient when mommy has to talk to Peter and Connor.” Elliot announces, “You gotta be patient blues.” After a rendition of the “You Got to Be Patient” blues, Peter plays Whistle While You Work to indicate that they are nearing the end of the session.

Carly comments near the end of the session about Elliot’s work creating a CD of music and what a good experience it has been for him: “He was like a duck to water. It was amazing. Put the headphones on…Usually you have to warm up. He was born to that. You will each get an autographed copy of Elliot’s CD.” Elliot reacts to her statements: “People will ask me for my autograph and I will get my limo. Every rock star has to get his limo.” Peter suggests that, “Next week you probably will not come by limo.” Elliot does not respond directly to this comment and re-states his wish, “What is a rock star without a limo? Every rock star has to get a limo.”
In their final session together, Carly and Elliot enter the therapy room while Peter plays the “You’ve Got to Be Patient” theme on the piano. Without explanation in the notes or on the videotaped sessions, the horn toe pads are situated on the floor of the therapy room. Elliot immediately says to Carly, “Remember, you won’t go near the toe pads.” Peter addresses Elliot, “Elliot, you used to play those. I’m sorry. Do you want me to take those out?” Elliot shouts, “Mommy!!” Peter begins to play the pentatonic children’s tune melody in a dissonant way with bitonal harmonies reflecting the tense mood. Peter pursues the discussion about the toe pads, “Elliot I remember you used to stand on them and play them.” Elliot squeals in a high-pitched tone. Carly intervenes saying to Elliot, “Go say ‘Boo toe pad.’ What is the sound that is so awful? Should it be in the squeaky room? (Carly refers to a room in her house where objects that have unpleasant noises are kept). Elliot answers, “I want them to go away. The instruments teasing. The instruments tease and make fun of me.”

There is some further discussion about the toe pads, first Carly moves them to the table, and then Peter takes them out the room. Carly says, “This is not a great introduction to my weekly update. There is irony to this. (To Elliot) You are going to flip out right when I was about to give my ‘Mr. Deal With It’ update.” Elliot says, “I ruined it.” Carly responds, “You didn’t ruin it.”
There Was a Moment

Carly then asks, “Should we make mommy’s proud announcement?” Peter plays dramatically and Connor plays a drum roll punctuated by a cymbal crash. Carly begins, “Usually when we go to the museum of radio and television and we are about to leave, he sings this song, ‘when will we, when will we?’” Peter plays the same three notes repeatedly reflecting their statement. Elliot laughs and sings, “When will we go back? I don’t want to go.” Carly repeats these words while tapping the Korean drum, supported by the therapists rhythmically and melodically, saying, “So….” She then confidently raises her hand to stop the therapists from playing. They stop. “Thank you,” she says curtly and Peter laughs. Carly continues her story:

I was trying to explain to him in a moment how that makes me feel, Elliot and mom. I feel no matter how much I give, what I do, how much I live, nothing is ever enough. It makes me feel bad. It makes me feel sad. But now, since we had that talk, there was a moment, when mommy and daddy were walking out the door on Saturday night. Just before we were ready to leave. Elliot called me back. He wanted to say something, but he made himself stop. He said, ‘That was the greatest mommy and Elliot day at the museum of radio and television. Thank you for my great day!’ And then he didn’t say anymore. And he looked deep into my eyes and I looked deep into his, and I know he understood that that would make me happy and I would want to have more time with Elliot, fun time like that. And for the first time I felt appreciated!

Peter plays triumphant music in a major key that continues to build in intensity as she speaks rhythmically over the music. He sings out, “There was a moment.”
Musical Theme 10: There Was a Moment

Carly adds, “A very important…” Peter adds these words to his melodic line, stressing them, “There was a very important moment.” Carly turns to Peter and says (while putting her arms around Elliot’s shoulders),

It’s funny you should say it that way. Because when daddy said, ‘hurry up, hurry, up, hurry up, we’ll be late’ I said, ‘no you don’t daddy. I’m going to have my moment. I said it just like that. Nope I’m going to have my moment. And we looked into each other’s eyes. Elliot understands me. (To Elliot) You can understand me.

Carly rocks back and forth with Elliot as Peter continues to play this new theme.

Carly adds:

And he still hasn’t said, ‘when will I, when will I?’ and I’m so proud of that. …I’ve seen Elliot grow up in so many important ways. He’s eating new food these days. He’s being Mr. Deal With It. He can handle things he couldn’t. He understands more. He helps us. He bakes things with us and hides and giggles until it’s time to jump out and say, ‘Surprise! Happy
birthday daddy!’ He’s more with us, more and more everyday. And I’m not eavesdropping in Elliot’s life.

Connor sings, “moment by moment” while Carly continues to speak rhythmically over the musical idea: “Growing up in important ways. That’s all part of being a big boy. Moment by moment. And I’m proud, so proud. That’s my big news.” She smiles as she looks at him. Peter sings, “There was a moment.” Elliot begins to move freely around the room, almost skipping. Connor sings, “That I understand that Elliot understands, that we understand.” Carly finishes the phrase, “That we all understood each other.”

What Does It All Mean?

Near the end of his interview, Connor tried to understand how it was possible that he was able to vividly remember the music therapy process even though a fairly long time had passed since the final session:

It has a distance to it at this point. How could I possibly remember this, that or the other? But I think it had a tremendous impact. I think for a lot of reasons. One was this: It was one of a group of experiences of parents with special needs children that we had that were very, very affecting to me. Still are. And this was far and away the most intense one of them. It also really highlighted things that I had imagined among the other parents. ‘Oh, they must have had a difficult time with this, or at a certain point with that, or whatever.’ Here was someone who seemed to be going through it on a very conscious level. So it was almost like a real case in point.

Peter, in his interview, recalled how music affected Carly deeply and how that seeped into the work with her son:

I really could sense how potent music was for her. She really loves music….I think she always made it clear to us that she was living in the music. And …there were times when she felt maybe music is the place and she would want to be in the music with him to find a different medium
in which to be with him. …It (the music therapy process) does feel so far away.

Connor discusses the benefits of having a verbal client who can share feelings about her music therapy experience and how that compares to other nonverbal clients that the therapists treat:

We don’t get to talk to clients in such detail about what went on for them or how meaningful it was for them, or get a sense of how they might have been redirected as a result of it, or what they learned about themselves as a result of it. In this case, I think that was more obvious.

In her interview, Carly related her feelings about the high level of musicianship that Peter and Connor bring to the work at the center. Her comment relates to her inability to find a local music therapist in her community of the same caliber:

I’m amazed by them. They are…it’s like, once you’ve been there, you can’t go anywhere. That’s why I won’t fly first class because I know once you fly first class if you have to fly steerage, it gets kind of…It’s ruined me.

Connor specifically discussed how “getting into” the process of creating music together was a focus of the work:

I think musically there was a great deal of fun in it. There was a great deal of humor in it. It had some aspects that a lot of music therapy doesn’t always have. Real, uninhibited feeling of it’s clinically OK to let yourself go and get into this. It’s indicated. That’s what this is about, in a way. Getting into it. So for all those reasons I think it was a significant case, a memorable course of therapy.

He then discussed Carly’s struggle and reiterated his feelings about why the work was significant for him:

And the other thing was that the clarity of her predicament—that she really was struggling very sincerely. She was a person who I think didn’t have some of the struggles. It didn’t seem as if she had financial problems or any of this. But this, she had. And to see her go through it and work at it
was very interesting. So for all that it was very significant. It was great. It was fun to do.

Connor shared his feelings about how music therapy ended:

I think we were both sorry that she didn’t continue in some fashion. I think we called her…in the beginning of the year. ‘Hello, how’s it going?’ And, no answer (response). So, whatever that means. ..You kind of wonder how things are working out for everybody. And the one day that the sister came in (Bonnie’s session with Elliot and Carly)…it would have been fun having that crew running around her. It might have been difficult, but it would have been really something.

Carly stressed the importance of music therapy for her and her son, talking specifically about the time they invested in the process:

I feel very proud of the work that Elliot and I did. And I just feel good, bad, or indifferent, it was what it was, and I think, I feel proud of the effort and the heart that went into it. I’m not one of these people that has to be all hush hush. I feel like if it’s meaningful for someone, that’s great. That’s great.

Carly shares her feelings about music and how effective it has been in helping her to communicate with Elliot:

Music is such an incredible….When I can’t take it when Elliot needs me to tell him stories or when I’m just so frustrated with him, we just sing. When I can’t take it anymore, to this day, we just start singing. It seems like such a natural form of relating. I might sing with my husband later, that’s a good idea! I’ve got a few things I’d like to sing to him! Why don’t we just do that all the time? Music therapy should be the only therapy. It really is. It’s such a natural.
CHAPTER IV
UNDERSTANDING THE CLINICAL STORY

The clinical story of Carly and Elliot in Nordoff-Robbins music therapy sessions is one of drama, excitement, love, heartache, and acceptance. The participants describe their experiences vividly through words and music in the sessions and in their interviews. The following chapter revisits session events and interview statements in order to highlight themes and significant findings that have emerged. The areas of findings cross a broad range of topics such as music and music therapy, drama and performance, goals in therapy, family therapy, and issues related to working in new treatment contexts. These areas will be discussed in detail and related to the literature. My recommendations for future work based upon this information can be found in Chapter V.

The Function of Music in This Setting

Here is a comprehensive list that addresses the ways in which music functioned in this particular setting. The following headings refer to specific uses of music and how they relate not only to this dyad and aspects of their process but to Nordoff-Robbins philosophy.

Music is used to teach lessons.

Music is used to relive past experiences.

Music is used to live and experience the present moment.
Music is used to express love.

Music is used to express difficult or challenging emotions.

Music is used to provide feelings of security, safety, and comfort.

Music is used to live in a fantasy world that is unchanging.

Music is used for grounding, “providing physical and psychological support to the clients’ efforts.” (Bruscia, 1987, p. 541)

Music is used as a way to create something together with other people, to be social and part of a community.

Referential and Non-Referential Music

Bruscia (1987) defines the terms referential and non-referential music in relation to improvisational work:

When the music is organized in reference to something other than itself, it is called a ‘referential’ or ‘programmatic’ improvisation. Examples include improvising to a verbal statement, feeling, idea, event, situation, person, image, memory, title, story, drama, or artwork. When the music is created and organized according to strictly musical considerations without representing or referring to something outside of itself, it is called a ‘non-referential’ improvisation. Examples include any instrumental or vocal improvisation that does not rely on a program for its musical organization and meaning. (p. 10)

Carly often tried to engage Elliot in creating referential improvisations, such as when she would ask him to play what a particular person might sound like, or even in her wanting him to express how a certain experience may have felt. Carly’s approach to using the music referentially had only minimal success, according to the therapists. I agree that insight-oriented, referential work was challenging for Elliot requiring a high level of empathy that might not be possible
even if he were a typical 11-year-old boy. Carly’s approach seemed to be guided by her experiences in a psychodynamic or psychoanalytically-oriented approach to therapy. She seemed to believe that the way to help Elliot move on or get over painful past experiences was to revisit them using the music to work through these conflicts. Her hope was that through reliving these experiences, expressed in music and words, he would develop understanding and insight and come to terms with what had happened in his life. Perhaps, in some way, Elliot perceived his mother’s wish, and demonstrated this to her by reliving events of his life from age four to the present.

The therapists supported Carly in her efforts to work referentially with Elliot. Peter and Connor’s musical expressions enhanced the drama of the event that Carly was trying to portray. They followed her rhythmically, melodically, and harmonically. This occurred despite their reservations about the effectiveness of using this approach.

Peter, on his own, used elements of referential music with Carly and Elliot for what seemed to be a different purpose. If Elliot mentioned a movie or a song, or even words to a story, Peter, especially in the earlier sessions, would play music that related to what Elliot might be referring to. His responses to the words expressed by both Carly and Elliot were almost immediate. For example, when Elliot would say, “I want to do ‘My life,’” Peter would play Billy Joel’s song “My Life,” and shortly afterward if the words changed to “In My Life,” Peter would spontaneously play the Beatles’ “In My Life.” Peter seemed to use referential music, such as these popular songs to connect to Carly and Elliot in nonverbal
ways that they could relate to. He even said to Elliot after playing “My Life,” “Get it, Elliot?” meaning, “Get the musical reference?” Peter was attempting to converse with Elliot in a language that he might understand, one of versions, plays on words, and double meanings. In one of the sessions in which Elliot was seen without Carly, Peter played 14 different musical references to mostly popular and Disney songs. Often, Peter would reference music to which only Carly was familiar. She seemed to enjoy picking up on these references and it seemed to help her form a bond with Peter, as well as boost her admiration for his musical talent. Peter used music in a similar way to Connor’s use of humor and language in connecting to Carly.

Differing Approaches? Nordoff-Robbins and Psychoanalytically-Oriented Models

As stated above, Carly generally chose to work referentially with Elliot in trying to enable him to work through past conflicts. She wanted him to re-experience the feelings of past events in order to come to a new insight-oriented understanding about them. She seemed to feel that if Elliot worked through these issues musically, in some fashion, he would be able to move on, a wiser individual.

Carly’s approach, which involved much probing in an effort to get Elliot to express in words and music how he was feeling at a given time, would seem to be more aligned with psychoanalytically-oriented practices than those practices associated with Nordoff-Robbins music therapy. According to Priestley (1994), the originator of Analytical Music Therapy, it is:
The name that has prevailed for the analytically-informed symbolic use of improvised music by the music therapist and client. It is used as a creative tool with which to explore the client’s inner life so as to provide the way forward for growth and greater self-knowledge. (p.3)

Bruscia (1987) describes some salient features of the analytical approach that seem to explain what Carly was trying to do with Elliot in the sessions. These include the idea that a client’s improvisation is “guided by feelings, ideas, images, fantasies, memories, events, situations, etc., which the client or therapist has identified as areas needing therapeutic investigation” (p. 116). He also describes the improvisations as referential and programmatic when they are “titled” because “the music symbolizes or refers to something outside of itself” (p. 116).

The approaches of Nordoff-Robbins and the Analytical model were at odds in some ways with this treatment setting. Although improvisation is utilized in both models, Carly’s use of the music to relive past experiences and her repeated use of referential music was more aligned with psychoanalytically-oriented approaches rather than Nordoff-Robbins music therapy. The therapists’ open stance may have led them to support her endeavors for longer than may have been productive for this particular dyad. This may have delayed their initiation of particular interventions that would have been more aligned with the Nordoff-Robbins tenets. Such interventions might have included inviting the clients to play different instruments and improvise together, bringing in structured work, guiding and limiting Carly’s expressions with the use of musical and verbal/vocal cues. In particular, the therapists were interested in seeing how Carly and Elliot acted in music together since Nordoff-Robbins music therapists view the music as an agent of change in the relationship.
Aigen (2002) comments about the philosophy of Nordoff-Robbins work where music is considered its own language, not necessarily calling for explication or a verbal summation in order to integrate an experience, as is generally associated with psychoanalytic practice. Although Carly’s words were supported and dramatized with music, her initial intent was to help guide Elliot to past experiences through the telling and re-telling of events that occurred in his life. In this way, Carly’s use of language may also have seemed at odds with this “music as therapy” idea. Aigen (2002) discusses the incongruence of music and words:

The inability of words to capture fully the significance of a clinical-musical intervention is a natural and unavoidable consequence of the inherent uniqueness of the musical experience as a form of knowing and its incommensurability with verbal language, rather than a problem to be overcome through a better or more appropriate use of language. (p. 16)

Ruud (1998) considers how musical language may be understood in terms of verbal context. His statement may reflect how Carly was perceiving the use of music in therapy in a limited context that was associated with pairing words with particular sounds:

One of the problems we encounter in applying the concept of communication in music therapy is the implication that music is a kind of language conveying or referring to a concrete message. Musical communication is thus sometimes understood within a linear, mechanistic model: a message is sent via music from an addresser to an addressee and passes through different kinds of filters (notation, instrument, acoustics, and so forth). (p. 178)

Cross-fertilization between philosophical music therapy approaches is not uncommon and not necessarily unproductive. Therapists in a variety of clinical situations often take a more eclectic stance, especially when dealing with a dyad
of two people of very different verbal, expressive, and receptive capabilities.

Ultimately, the therapists in this situation seemed to support Carly in the ways in which she chose to express herself and allowed her to pursue her referential work with him. This occurred despite the sometimes incongruent nature of her analytical style in working with Elliot’s abilities with the philosophy of the Nordoff-Robbins approach.

Whitaker (1989) compares individual psychotherapy with family therapy. He specifically refers to the differences in dealing with past or present issues in therapy. He describes individual psychotherapy, in most types, as being focused on the past, but family therapy is dealing with the past, present, and the future at the same time:

The past determines the family dynamics, the future is always in the cross-generational projections, and the present is in the relationship between the family system and the therapeutic system. The challenge for the individual therapist is how to get in and stay in what some therapists have called “acting in” (the opposite of “acting out”), which is a process of intensifying the relationship to bring about greater effect. (p. 118)

Throughout the course of therapy, even when Carly was acting as a therapist, Peter used the music overtly and subtly to join in their work together. His use of all the elements of music, such as harmony, melody, rhythm, tempo, changes in articulation, use of pedal, silences, enabled him to enter into their dialogues and guide their interactions on a micro and macro level. At times, Carly and Elliot became aware that either Peter or Connor were attempting through their music to move the improvisation in another direction or dramatize what was being discussed. At other times, Peter’s changes in the music seemed to guide the direction of Carly’s agenda without her conscious awareness. For instance, Peter
could be rhythmically supporting Carly’s dialogue with a repeated melodic line. She might feel that support and pursue her vocal expression. In his left hand, though, he may be altering harmonies from a major to a minor mode, or moving his inner voices. The subtle changes in the music may have had the effect of reframing the tone in which Carly was verbalizing her thoughts. These changes might also alter the emotional character of the expression, perhaps adding tension or drama or providing a more stable consonant background in which she could express herself.

In a follow-up interview with Peter, I questioned him about the differing approaches of Nordoff-Robbins and the psychoanalytically-oriented model. He referred to other adult clients with whom he has worked as well as this course of therapy and did not see the two approaches as being at odds:

It’s almost inevitable when you are working with someone who has psychological awareness and someone who has been to therapy, whatever therapy, that she brings in past events. At one time the idea of becoming conscious of something that is unconscious was solely in the discipline of psychoanalytic therapy, and now that is so much part of common wisdom in the culture.

Is it possible to be employing two different approaches with two different clients in therapy at the same time? It is true that Carly brought in past events to explore, relive and dramatize, but Elliot also spent nine sessions reviewing past events of his life in extraordinary detail. Elliot’s life review was not overtly related to his emotional history. Yet, both clients did spend a fair amount of time incorporating past experiences into the present music therapy sessions.

Peter described the ways in which he could view the Nordoff-Robbins approach and psychoanalytically-oriented approach as similar: “Isn’t most
psychodynamic therapy improvised? People are sitting there and they’re improvising and they’re talking—free association. There is no activity and structure.” Although I agree with Peter’s description of the improvisational nature of psychodynamic therapy, musical improvisations do offer structure and activity. This illustrates a profound difference between verbal and music psychotherapy.

Peter alluded to an article that a colleague gave him about therapists being trained in family therapy. The article stated that, “their interventions were improvisational. They didn’t make a separation between improvisation and having psychological agendas.” Peter reiterated the benefits of allowing Carly to guide the agenda: “In a sense, allowing her to bring those things in brought her into the room. Because that’s what was on her mind, and it was a way of bringing her into the room.”

Within the music therapy community, there has been much discussion regarding applying psychodynamic theory to music-centered forms of practice (Aigen, 1999, Ansdell, 1999, Brown, 1999, Pavlicevic, 1999, Streeter, 1999). Some therapists say that music-centered work need not look towards a particular psychological paradigm in order to frame and explicate all aspects of joint musical experiences between therapists and clients. Others say in order to uphold therapeutic ethics, the opposite is true.

Streeter (1999) is concerned that music-centered music therapists are not taking psychological processes into consideration when treating their clients, and that this could have potentially harmful consequences for all involved. She sees the realms of experiencing music in music therapy and understanding what takes
place in improvisational music therapy as distinctly separate from psychological awareness. A balance is needed between these two realms. Her ideas, although framed in a generalist psychologically inclusive way, stem from a Freudian psychoanalytic stance exclusively. She writes about the usefulness of applying psychological constructs to the world of music therapy:

Many of our clients are able to talk to us—and do so whether we want them to or not. We need theories to help us support this process and that is why basic psychoanalytic concepts are so useful in helping make the link between the musical and non-musical. (p. 13)

Peter’s comment about allowing Carly to bring in her ideas to the session relates to the following statement by Streeter (1999) where she compares the act of free improvisation (in whatever form it takes) to the Freudian concept of free association: “When we offer free improvisation as the preferred method of expression in music therapy, the client, whether we intend it or not, is being invited to free associate in music.” (p. 13)

Peter spoke about some differences in training and practice—specifically in the Nordoff-Robbins approach—that relate to the differences of opinion among various practitioners. He specifically referred to the initial training in the London Nordoff-Robbins Music Therapy Centre:

The people in London that were doing psychologically or psychodynamically informed work with adults in Nordoff-Robbins saw that as going beyond the basic Nordoff-Robbins training. Their initial training was to learn how to do Nordoff-Robbins with children, and then when you go on to more advanced work with adults you go beyond what you learn in this approach. Whereas I think what we’ve done at the New York center, is learn about music psychotherapy, learn about psychological constructs and psychological ways, and then learn about this Nordoff-Robbins way of working with the music. So we’re already informed with a kind of awareness of relationship issues, psychological dynamics as we learn about working with the music as therapy.
Peter refers to music psychotherapy and the training that he and many of his Nordoff-Robbins colleagues’ received at New York University’s music therapy master’s program. His graduate training relates to his work at the Nordoff-Robbins Center. Hesser (2002), the director of this program, describes her music therapy training as inclusive of a variety of psychological constructs: “Since the early seventies, my clinical practice and my graduate training program at New York University have been predominantly focused on the art of music in psychotherapy, which I now call ‘music psychotherapy’” (p. 2). Hesser describes music as “an art that offers unique opportunities for human expression, communication and relationship” (p. 2). In particular she notes that music psychotherapy “can speak to the whole person and offer important possibilities for the treatment of emotional problems” (p. 2). She clearly specifies the necessity of advanced training required to practice music psychotherapy and has delineated different levels, such as supportive music psychotherapy, re-educative music psychotherapy, and reconstructive music psychotherapy.

Peter describes the spectrum of ideas among international Nordoff-Robbins practitioners regarding psychological thinking and improvisational music therapy:

There is a faction of Nordoff-Robbins people working with adults who see the talking as not relating or something they limit, and they might start a session by asking the client to sing a note, not talking about his/her issues. That isn’t considered relevant. Or it may be considered, yes, you allow the client to talk, but it is separate from what you want them to do in the music.
He related these ideas to his practice and how he viewed the work with Carly and Elliot:

I think we are trying to hold true to the music-centered philosophy as we are integrating psychodynamic constructs. I still see that as part of the framework of Nordoff-Robbins. Whereas some people would say as soon as you are making psychological considerations you are distorting the natural music-making process.

In a response to Streeter’s article, Aigen (1999) writes about the challenges in separating out the “psychological” from the “musical.” He asserts that the two processes are linked, and that it is impossible to have one without the other:

Why is it that musical awareness cannot be considered a type of psychological thinking rather than something opposed to it? Music is a multi-leveled phenomenon: what we take from our musical perception depends upon what level we attend to at any given moment. (p. 78)

Aigen writes specifically about the unique nature of music that informs the therapist about many aspects of a client’s condition on its own, and that one need not “leave the field of musical interaction, or the process of thinking through music, and enter the domain of psychological theory to tune into the inner state of client which is expressed musically” (1999, p. 78). Brown (1999) states that she finds “analytical precepts and models of great value,” and enriching to her work. By the same token, though, she stresses the necessity for music therapists to appreciate the nature of musical phenomenon when she states, “Surely if we have chosen to work as a music therapist, we need to give true consideration to what music has to offer that is unique—otherwise, why not only use words?” (p. 71)

In addition, Aigen (1999) addressed distinct differences in training between the United States and the United Kingdom. Since Nordoff-Robbins
music therapists in the United States are trained in the practices of music psychotherapy, as Peter described, the inclusion of psychodynamic awareness in the process of treating clients is a given and does not overshadow the primacy of the music-centered experience. In fact, as Peter reports, this training compels a therapist to integrate psychodynamic principles into the approach.

The music, both referential and non-referential functioned in a variety of different ways in the sessions. The process had a multi-level feel to it because of the nuances brought to bear in the piano and drum improvisations and how they related to the dialogue and drama that was being played out between Carly and Elliot.

Whittaker and Bumberry (1988) discuss the importance of actively working through issues rather than limiting their approach to educational lessons. Their statements relate to the benefits of engaging in experiential work rather than psychoanalytical work when dealing with families. They discuss their thinking upon beginning therapy with a family:

I want to engage the family in an interactive process that leads to an experiential exchange. In order for the process of therapy to be impactful rather than merely educational or social it must consist of real experiences, not just head trips. While education may seem useful, it typically leads only to a more sophisticated way of explaining life, not living. (p. 56)

In Elliot’s case, with the lessons Carly was trying to impart to him in music therapy, he was generally able to repeat her phrases and get a general understanding about what she was talking about. He would latch on to ideas, making statements in a sing-song voice such as, “we’re learning a lesson!” In one sense, he was getting the message she was trying to send, yet on another level, he
was intellectualizing the lesson rather than experiencing it on a visceral feeling level.

Peter commented about how much Carly and Elliot enjoyed improvising music together. The music need not be connected directly to a life lesson or “educational point.” He described his process in working within the music:

The music was relational, experiential, about being together in that moment. It was something that they both loved. They both loved music. And I would say, her questions and her psychoanalytic awareness influenced me and gave me ideas about what I’m playing, even intuitively. Am I straddling between two approaches? I don’t know. I can’t remember a time when I’m thinking, ‘here’s a way to answer your psychoanalytic question’ while I’m playing.

**Life Lessons Become Musical Themes “To Take Out”**

When I began my interview with Carly, I asked her what she thought were some of the most salient aspects of the music therapy process as she remembered it. The first idea that she mentioned was the “songs” created in the sessions that related to a particular life lesson, such as being patient. She spoke about music always having been a way to communicate with her son when words would fail; having these songs to refer to seemed to be very important to her. Carly and Elliot’s memories and recapitulation of these songs were the tangible product that they still had years after sessions concluded. As a result, the songs were quite valuable to her. The themes that emerged, such as “You’ve Got to Be Patient,” “Everything Real Changes,” and “Sometimes” provide Carly with another vocabulary in working with her son. This clear and tangible benefit of the music
therapy process could have ramifications for other families with disabled members.

Music that is derived or reflective of a particular lesson, feeling, or scene can become the language in which family members communicate with their disabled members. Although, in these songs, the lyric creation was initiated by Carly as part of some kind of life lesson, the musical whole was a combination of Peter’s ideas paired with hers. Peter improvised the forms—musical sound bytes, or short melodic ideas harmonized to reflect feelings around a particular topic. Through his harmonization and development of musical form, Peter was reflecting and interpreting the statements that Carly initiated. This collaborative effort had much saliency for Carly long after the process had been concluded. She was supported in her attempts at creative song writing. The songs remained memorable not only because of the nature of the compositions, but also due to the repetitions and recapitulations of the themes throughout the therapeutic process.

Aigen (1996) discusses how these themes are developed in Nordoff-Robbins music therapy for children and their purpose. Improvised themes, such as the “You’ve Got to Be Patient” blues, remained salient because they were created out of a feeling or idea in the moment. In the following quote, one can substitute the word “client’s” for “child’s.” Aigen states:

Ideally, the music therapist creates songs out of the moment that are based on the child’s present mood. These songs then become part of the organically evolving session form. Songs truly connected to the moment are the primary way to musically engage children. (p. 20)

Peter’s ability to spontaneously create musical form enabled Carly freely create songs herself and use this musical milieu to explore issues. As the
relationship progressed, Carly learned more about the potentials of music in helping her to communicate with her son. She also recognized Peter’s ability to be there in the moment for her as she initiated any musical or verbal idea. Since Peter was responsive to Carly and Elliot musically (through referential and non-referential music), she began to derive satisfaction out of creating music that was for herself and not solely for Elliot. On the other hand, Elliot did not typically seem impressed or surprised with Peter’s abilities to be in the moment with him. He had been a client at the Nordoff-Robbins center for several years prior to this dyad’s inception, and was fairly acclimated to the style of improvising music, which was reflective or related to something that was said.

**The Value of Improvisational Work**

Early on in their index sheets, Peter and Connor specifically write about wanting to help Carly and Elliot play more non-referential, instrumental music together. Although it was not yet articulated, they seemed to feel that there would be value in moving Carly away from insight-oriented work into visceral, experiential playing. Their theory was that working on their relationship through actually playing music together would have a more lasting impact than talking about the relationship or playing music about the relationship or other aspects of Elliot’s life. This relates to the experiential nature of Nordoff-Robbins practice where living in the music, in all of its elements; time, harmony, melody, is thought to help clients explore emotions, communicate with each other, and
facilitate peak experiences, or moments of heightened awareness and spiritual fulfillment (Nordoff & Robbins, 1977, 1992).

Whittaker & Bumberry (1988) use the term “joining” to describe “the process of developing enough of a connection to at least feel that continuing on is worth pursuing” (p. 57). I believe their term “joining” relates to the act of improvising between family members and therapists. Here they describe the difference between levels of involvement of therapists in relation to the idea of “joining.” They write, “While we often think of the process as something that the therapist does to a family, I’ve come to see it as something we do with a family. That is we engage in some kind of an experience with each other” (p. 57).

As with the pre-composed piece, Oriental Temple (1999), often when Carly and Elliot were engaged in instrumental improvisations together, the playing field between them seemed leveled. Each was part of the musical whole. Elliot had a tendency to follow Carly around the room to the different instruments that she was playing, but there were many occasions in which as I noted in my research log, “everyone is busy” creating the music in his or her own way.

Working in this way seemed to have significant meaning for the participants and their respective goals. For Carly, she was given the opportunity to be side by side with her son creating something together in which she was not necessarily “working at” or facilitating. She could put her teacher’s hat away temporarily and revel in being with Elliot in a co-responsive and natural way through the music. She was able to celebrate his musicality as he created interesting musical lines and rhythmic ideas during the “instrumental breaks.”
When he was engaged in the music, she could think about how she wanted to express herself, have fun playing the instruments, create interesting sounds, and hear them responded to by the therapists. For her the music served as an emotional outlet in which she could physically engage in the active and creative process of making music with other people.

Elliot derived certain benefits from engaging in instrumental music. First, he was able to activate his musical sensitivity and receptive capabilities through responsive and co-active playing with Carly and the therapists. Because of his level of musical ability, Elliot could successfully use music to relate to others in a genuine and meaningful way that seemed to supersede many of his autistic tendencies. Secondly, he was able to separate from his mother and see her as a distinctly different individual with different ideas. This was important for him in terms of developing his own self-identity. Thirdly, he was able to create new music that was non-referential. He was able to live in the moment with his mother and the therapists and have an experience that was not titled or related to past or future events.

In session nine, Peter musically reinforces the concept of improvisation—creating something completely new. After all four of them finish a boisterous improvisation based upon the “Whistle While You Work” theme, he sang, “We didn’t know what we were going to play and we’re making it up right now. It sounds very good. It sounds very good. We don’t know what’s going to happen next. Listen. Listen.” Although Elliot looked a little forlorn upon hearing these statements, when Peter intervened nonverbally adding chromatic lines and more
unpredictability in the musical phrase, Elliot immediately re-engaged in the music, jumping up and down while playing the drum. Peter stopped singing about what he was doing, and instead demonstrated it through his playing of new and unpredictable music. Elliot immediately responded by actively participating in making music rather than discussing the experience, which may have felt one step removed. In this situation, the therapists were able to show Carly the clear benefit of engaging in musical experience rather than merely couching an educational lesson in a musical context.

Ruud (1998) discusses the essence of improvisational music, not necessarily referring to the music therapy setting. The music-centered philosophy of Nordoff-Robbins speaks to the inherent forces in music to help anyone achieve moments of fulfillment and transformation:

Improvisation makes change possible, with or without therapeutic consequences. In jazz, this is often described as a peak experience in which participants live a drama that leads to the acknowledgment of wholeness, meaning, self-awareness, and so on. (p. 134)

Musical Styles

Most of the music that Peter improvised included diatonic Western harmonies. Often the music would be improvised in a ballade style that would be reminiscent of a Disney song or a popular song. Peter pointed out in his interview that when both Carly and Elliot were engaged in musical improvisation together, the music would often be something that each could relate to from his or her own experience.
In addition, Peter often played in a blues style or Latin style throughout the course of therapy. The structures inherent in these musical forms, rhythmically, melodically, and harmonically, were recognizable, predictable, and familiar to the participants. When Peter introduced the blues or Latin mode it would indicate a direction for the music for Carly and Elliot, either through song creation or free improvisation. He commented about how he was drawn to more popular idioms, such as gospel or blues, because of something he was “picking up” from Carly:

I think there is something about her. I find that she’s hip or something. Like maybe she’s putting it out there like that [in reference to Carly’s singing and playing]. And I think maybe that’s where the blues comes in a lot. I’m picking up from her. There’s something about her energy.

Aigen (2002) discusses how the use of different musical styles may indicate a clinical intervention, rather than merely providing a platform for clients to work on non-musical issues:

In Nordoff-Robbins theory, the style (scale, mode, or idiom) can itself be an intervention. And one can also make interventions through a style. Yet, there is a unique experience (or set of experiences) held within particular musical styles and providing a client with an opportunity to partake of this unique experience is part of the therapist’s clinical intervention and focus. It is not as if there is an inherently non-musical experience which one is conveying through a particular musical form; rather, the musical form itself is the intervention. (p. 16)

Aigen also discusses the qualities of popular musical idioms beyond scale tones and harmonic progressions and stresses the need for the therapist to choose and play these various styles sensitively. He emphasizes that how a therapist plays is crucial in conveying the essence of such musical styles:

Culturally-embedded styles of music (such as rock jazz, blues and country music) embody certain feelings, values and attitudes. Experiencing these
essential properties of the music is part of the value of using these styles in therapy. But the musical realization of these styles in an authentic way that conveys their essential attitudes is dependent on subtle-un-notable characteristics, making it clear that the how and the when of an idiom—the way the music is rendered and its timing in the clinical process—are as important as the what of the idiom—the actual intervallic structures and characteristic rhythms. (p. 17)

Love, Music, & Beauty

It was through the participation in instrumental improvisations, singing, as well as dancing to music that Carly was able to express her deep love for Elliot. The experiences were often physical ones, either of the two of them holding each other in dance, when they were playing the same or different instruments together, or when she was listening to him sing or singing with him. The music therapy setting provided an arena in which Carly could celebrate her love for her son. The moments in which she did so were poignant and moving. She is a very expressive individual, and admittedly very sensitive to music as is her son.

Preistley (1994) wrote about music therapy and love comparing it to “a spring of water” (p. 122). She commented that music therapy like most other therapies, “is used to clear away the blockages to the spring; but unlike them, it is also used to express the joy of the spring itself” (p. 122). She then compared music therapy with psychotherapy: “A psychotherapist friend said he could do this with his clients too, but I am sure there is not the immediacy and internationally understood mutual joyous expression that we can experience in musical improvisation” (p. 122).
Ansdell (1995) discusses beauty in music in relation to what people experience when they play music together. The moments of musical beauty were shared through creating, playing, dancing, and listening among all four people in the room. Ansdell specifically describes musical qualities that join to elicit feelings related to musical beauty:

The traditional yardstick of the beautiful in music involves a balance between form and feeling: the formal qualities of unity, integration and coherence balanced against expressive authenticity and taste. These parameters seem also to be fundamental to the beautiful in music therapy as well. ...in a music therapy session beauty is a quality which can happen between people, not just a quality of a music object. It follows that the potential for the aesthetic is reliant to an extent on the quality of the musical relationship between therapist and client. (p. 116)

Peter described his way of playing music as being a very visceral and physical experience. He metaphorically joins the two of them in their dancing by creating the music that they are responding to and moving with them, sometimes leading, and sometimes following. Music can create that invisible thread between people, and thus Peter could partake in their movement on his own level. When discussing and demonstrating his articulation at the piano and its relation to the seamlessness of the process, Peter said:

There’s something about the down motion (he strikes the keys) and the out motion (he leans into the keys as he plays) that are two different things. Something about the reaching, something about the voicing has to do with reaching out to touch something. And something about the down motion has to do with kind of grounding, but its more than that, it’s about emphasizing what they are doing.

He also described his approach to the piano and articulation in terms of a kinship with the participants and their experiences. He described this in a personal correspondence several weeks after our interview:
I think the way I play music relates to my own sensitivity or empathy with the emotion resonating between mother and son. This is related to my own history. It’s like when you can hear in a musician his understanding of suffering by how he plays. It’s not about the notes or the technique. It’s more about the resonation of the struggle and the appreciation for, the longing for something more.

The music had multiple functions in this setting. When responding to moments of love and tenderness between Carly and Elliot, all the musical elements (such as phrasing, harmony, silence, melody) seemed to be working together not only to enhance a mood, but to facilitate the clients’ deep involvement in each other as well as in the music being created.

Despite Carly’s struggles and difficulties regarding her own life, her frustrations regarding Elliot’s limitations, her quest for time and space, for personal expression and satisfaction, and an almost desperate wish for her overall family situation to be smoother, she loves and appreciates her son without question. This setting not only enabled her to see Elliot’s limitations more clearly, but also provided a place in which she could express her love and joy at what he could do and about his potential to change and grow. The theme that develops in the final session, “There Was a Moment” is an example of music created in celebration of an achievement of Elliot’s that occurred outside of the session.

After a visit to the museum of television and radio that occurred between the 22nd and 23rd sessions, Elliot was able to express his gratitude to his mother for the first time. The therapists bear witness to this achievement not only in listening to Carly relay the story about Elliot’s accomplishment, but also in providing a musical forum that encapsulated the experience. In this way, the theme becomes the tangible way Carly and Elliot can re-visit this moment. They
are able to rejoice in the event repeatedly; in sessions, as well as out of sessions. The theme, although a symbolic representation of a past event, is lived and experienced in the here and now. It becomes a concrete representation of what occurred and a reminder to Elliot and Carly about the human potential for change as well as how important it can be to stop and commemorate such a moment.

Camaraderie In Music: “Let’s Take It On the Road”

Throughout the course of therapy, Carly and the therapists make references to how good they sound together making music. The pure aesthetic value of creating art is significant in helping all present feel that they are participating in something meaningful and worthwhile. And although Elliot is not often able to verbalize this, on some level, he seems to appreciate the therapists’ high level of musicianship that is so responsive to him. This is one of the reasons why he may be having success in this setting. His musical expressions are not only supported, but the music created by the therapists facilitate his full involvement in playing and/or singing. Creating a beautiful product could be seen as a goal for all the participants.

Carly says in session nine, “I think we have to take this group on the road. We’re coalescing as a group; I don’t see us as separate.” Her statement illustrates the unity she experiences when playing music with the therapists. She seems to want to have more experiences like the ones she is having in music therapy sessions. The comment is made with humor and levity, but her joy about what
they are creating together seems genuine. By session 12, Carly talks about wishing she could have Peter and Connor at home:

And for parties. I’m thinking about [using you guys] for parties. How great it would be to just come home and think, ‘I’d like to sing a few songs, almost like a TV, just press a remote and have music!

She also admires the temple blocks, an instrument that has been present at each session, wanting to find out where she could purchase them. It seems she wants to bring a piece of the music home with her. Peter comments several times during the course of the therapy about coalescing as a group making music together. At the conclusion of the last session he specifically says, “I thought we played some great music today.”

Revisiting a Structured Musical Activity

Oriental Temple: Leveling the Playing Field

In session 17, Peter and Connor introduced a piece a music that Peter had composed entitled, Oriental Temple (1999). Carly and Elliot sat next to each other, facing Connor as he directed them on their individual parts playing different instruments such as the gong and the temple blocks. The experience was new and different as Carly was no longer directing and guiding the music or leading the therapists with her playing. From this experience, much is learned about Carly and Elliot’s relationship and how changing the set-up of who is leading affects all the interactions of the participants.

In one sense, the playing field seems leveled. By that I mean that there is equanimity between Carly and Elliot; they are both experiencing something new.
and challenging simultaneously for the first time in this music therapy setting. Carly was clearly “out of her element,” saying she felt “stressed” as she tried to focus on the task of playing the temple blocks and resonator bells. She wanted to be successful and her need for perfection is heard clearly when she told Connor that mistakes *do* matter. As in past musical experiences, Elliot seemed to be getting in the way of her playing. But in this instance, the structure of the musical piece, made it clear that she did indeed have a particular part to play that was different than her son’s part, and was justified in focusing on herself at this time. The structured music and the organization of their playing together differed from improvisational experiences in which Carly had become more drawn in to the music in a more natural and progressive way over time. In improvisational work, her focus subtly and sometimes slowly changed from guiding and listening to Elliot to creating her own music and immersing herself in her own playing. With the structured music, it was blatant and overt as the music dictated, “This is one part and this is another.” There is a clear separation of two individuals playing together to create something.

In the session, Carly admitted that she was stressed with this new experience, yet also involved herself fully in the challenge. She leaned forward, focusing on her instrument and on Connor’s conducting. Her comments to Elliot, “Worry about your own bells” are curt and her tone implied an element of impatience in her voice, as if she were saying, “I can not be concerned about what you are doing now. I am busy!” With this piece, Carly needed to relinquish responsibility for guiding Elliot. It is the only time in the course of therapy in
which Connor directly guided Elliot to play a particular part. Although Carly did not necessarily seem relaxed in her role playing her musical part, there was an element of respite for her here as Connor now becomes the “responsible parent” making sure Elliot is doing what he is supposed to be doing. Carly did her best to block out Elliot’s comments as she became involved in her own playing. The struggle was similar to that in other improvisational work, yet in this instance it was the structure of the music that set up the parameters for this separation to occur.

This piece of music became an effective way for Elliot to see Carly as a separate individual who was not just reflective or reactive to his expressions. This was very challenging for him and he showed his discomfort saying that he did not want mommy to be stressed. Their symbiotic relationship is clearly illustrated when Carly began to display her insecurity in playing the new music. Elliot felt this lack of grounding in her presence. When she is not solid, confident, or comfortable, he immediately senses this, and his world seems shaken. He directly asked her how she was feeling, which had not happened up to this point. In other instances in their sessions together, Carly was desperately trying to get Elliot to acknowledge that she has feelings. Here, when it is clear she is not guiding the agenda, and is experiencing emotions that may relate to her anxiety, he wants her to return to that secure, facilitating role.

The structure of the music enables Elliot and Carly to separate and individuate from each other, albeit for a short time. As Carly described in her interview, her process in music therapy helped her develop an awareness of what
exactly would be necessary for her actually to separate from Elliot and for him to separate from her. She specifically spoke about needing to be physically away from him in order for this separation to be successful.

In music therapy sessions, it was very difficult for her to separate from him emotionally and physically when she was in such close proximity. With improvisations, she would move to a new instrument and initiate playing a rhythm or melody and he would often follow her. Elliot relied heavily on her musical cues. They often guided his expressions. With Oriental Temple, the parts were prescribed. He was required to play his part and she to play hers in order for them to play the piece successfully. The separation required was explicitly written in the composition and clearly highlighted their struggles with individuation. The emotional tone of the music itself seemed to set a thoughtful, introspective, and serious mood.

When Elliot began improvising new words to the music during the bell section of the piece, such as “fritzy fritzy,” a cloud seemed to be lifted as both Carly and Elliot relaxed and became involved in having fun with the music. Peter followed their lead and modified his tempo, playing more lightly and playfully to reflect the feelings he sensed from them. When Carly commented, “Zen is just not us” she might have been indicating that this was how far they could go in an exercise such as this one in which separation and individuation were a primary goal. It seemed a relief for both of them to leave their prescribed parts and play freely together.
With her comment she celebrated the joy she had in being spontaneous and having fun with her son. Both Carly and Elliot rebelled a bit against authority here as they moved away from the therapists’ agenda, and together created their own music. The structured music enabled them, although not without struggle, to move away from each other, and their spontaneous improvisation brought them back together in a unified way that seemed full of excitement and promise. The structured piece leading into the improvisation demonstrated how music and all of its forms enabled Carly and Elliot to try out new ways of being with each other.

Revisiting Carly’s Aside Comments to the Therapists

Elliot is Eavesdropping

Throughout the course of therapy, Carly talked to the therapists as if Elliot were not present in the room, although he was situated right next to her. Initially it seemed as if she was talking off camera to therapists about how she felt about what Elliot just did, or about the meaning of something he said as if he couldn’t hear her. She would then turn back to him, as if back “on camera” and speak to him directly, often changing her voice tone by becoming more high pitched and more lilting. I first thought it must be strange for him to hear his mother talk about him as if he could not hear or understand what she was talking about. Elliot shows his intelligence by demonstrating his uncanny memory and highly developed verbal skills for a child with a diagnosis of autism. Yet, as the sessions went on, it became more apparent that in actuality Elliot did not understand most of the
“grown-up talk.” His receptive language skills were quite limited, as opposed to his expressive capabilities which were quite high.

At these times, although he did not seem to comprehend what his mother was saying, he was aware that some conversation was taking place without his involvement and this caused him to tell his mother and the therapists that he was feeling “frustrated.” Carly’s aside remarks to the therapists varied in content, celebrating her son’s strengths and her love for him as well as pointing out problems, such as his sensitivity to horns and sirens. This seems to be part of Carly’s way of educating the therapists. She experiences something with Elliot and it is almost as if she were a director saying, “Cut!” to explain what exactly took place, then saying “Roll film” when she is ready to re-assume her role as mother and interact directly with Elliot. Whittaker and Bumberry (1988) also use the film metaphor in describing their work with families and the role that the therapist assumes in sessions:

When a family enters a therapist’s office, they have already decided what the problems are, who is at fault, and what needs to be done to correct them. In the drama of life, families create the roles, assign the parts, and direct the action. In one sense we’re much like the first-year film student who recommends sweeping changes in the favorite script of an Oscar-winning director. Who listens? (p. 36)

The drama therapy literature reveals parallels to Carly’s process as she seemed to pull herself out of the role of mother in order to relate to the therapists. Landy (1990) describes the concept of role in drama therapy that may apply to Carly’s participation in music therapy sessions: “The idea of the self as performed role is a powerful one that pervades all aspects of social, psychological, and even political life” (p. 226). Landy goes on to describe the purpose of roles are how
they are used in drama therapy: “The role is primary in drama therapy because clients are in search of those roles, either split off or buried, that will enable them to balance out their internal cast of characters” (p. 228). This description mirrors Carly’s need to change roles repeatedly in order to interact with her son and the therapists. This frequent transformation revealed an inner struggle that necessitated balancing a myriad of roles that she had taken on.

Landy (1988) distinguishes between two realities in which the client operates, the “everyday world and the dramatized.” (p. 246) In a sense, Carly’s use of aside comments creates emotional and psychological distance as she moves fluidly in and out of different roles. Landy (1990) describes this process:

Dramatic media are mediated forms as they stand between two levels of reality, that of the everyday and that of the fictional. In playing a role and telling a story, the client in drama therapy enters in the imaginative, fictional reality for the purpose of commenting or reflecting on the everyday reality. (p. 223)

In her role as educator to the therapists, especially in the early sessions, Carly comments about Elliot’s strengths and needs, dutifully informing them moment to moment how Elliot’s actions should be interpreted. This relates to the idea of mediating roles as part of social convention as described by Landy: “As a mediator between self and other, self and social world, role embodies qualities of thought, feeling and behavior taken on from another and represented in a way prescribed by social convention” (1986, p. 92).

By session 17, we learn that Elliot used the term “eavesdropping” to indicate he does not understand grown-up talk. He is frustrated that he cannot comprehend what the adults are talking about in the sessions and feels he is
missing important conversations that are taking place. This is a pivotal moment in therapy, as Elliot is able to express this concern to his mother outside of the session, and then with her help talk to the therapists. She shows concern about Elliot’s issue of eavesdropping, she and the therapists become more conscious of when it occurs from this point forward. Although Carly continues to make “off camera” comments, these asides seem to be shorter in duration and allow Elliot to be brought into the conversations more quickly.

Carly’s Expressions Take Center Stage

Riding on the Runaway Train

The different levels of verbal and musical discourse that take place in the sessions are prompted by the functioning levels of the clients and the degree to which each therapist would focus on each client’s agenda. Early in the 17th session, when Carly, Peter, and Connor were enthusiastically singing and playing gospel music in what Connor refers to as the “church of music therapy.” Elliot seemed desperate for her attention, reaching out to her, calling, “Mommy, mommy.” Both therapists agree they decided not to focus on Elliot at this time. The moment feels tense as the therapists fully immerse themselves in this musical experience with mom despite Elliot’s protests. There is a sense of danger, almost as if the four of them are on a runaway train but the adults are not aware of the danger. Elliot tries to alert his mother that he does not feel safe by moving closer to his mother, grabbing her arm, and anxiously calling out her name repeatedly. It
is almost as if he is pleading, “This train is out of control, don’t you realize this?”

Yet, the adults do not immediately respond to him.

Connor makes a statement in his interview about how Elliot has to handle his mother’s singing and playing in this moment because “He doesn’t have any choice. She’s all he’s got. So he has to.” This is a provocative statement that illustrates the uneven power balance in the relationship between Carly and Elliot, and any parent and child, and how that power can be weighted even more heavily toward Carly when the therapists fully support her. On the one hand, Carly is the parent, Elliot is the child, and she is in charge and he needs to listen to her and follow her lead. In another sense, though, when all present are clearly focused on Carly, Elliot may feel outnumbered and powerless in the relationship. Mid-improvisation, Peter begins to sing, “I can hear you Elliot,” assuming responsibility for both clients.

On a purely aesthetic level, the music was exciting, boisterous, lively, and creative. Carly expressed her feelings through her lyrics and Connor supported these impressions with his own lyric creation related to the content of what she was singing. I can relate to being drawn into such driving, energetic and passionate music. The rhythms and harmonies have the effect of propelling the participants forward and encouraging more movement and playing. This was music that Carly could relate to from her past, so she was more inclined to immerse herself in the experience. Elliot, a very musical individual, did not respond to the rhythms and harmonies of the gospel improvisation. He continued to watch his mother become more involved in the music and perceived she was
less interested in what he was doing. The more immersed she became, the more threatened he seemed to feel. He may have felt he was losing her, in some way, to the music, and to these other adults, Peter and Connor. It was, at the very least, a fight for attention. And he seemed, at times, invisible.

The Performance Nature of the Work

Carly often referred to herself in the third person, as “Mommy,” in sessions. This sometimes occurred in her “off camera” remarks. Especially in the early sessions, she seemed to be providing information partially for the therapists’ benefit. She was sharing Elliot’s story, his past difficulties in the ABA school, and her own struggles living with his disability. When Elliot was not responsive or receptive to her approach, it seems she was saying to the therapists, “See what I have to go through every day. See what it is like for me!” Frequently in sessions, she appeared to go back and forth between acting as a therapist or educator for the therapists to a person involved in musical experiences for her own enjoyment. The following is a construct of what she might have been trying to say to the therapists in her multiple roles, as they were played out in the sessions:

This is what it is like for him and this is what it is like for me. These are his limitations. This is the wall that I cannot penetrate. This is how far he can go. I am going to push him to that limit so you can know what I’m dealing with. And in doing so, you will see and understand my frustration, my anger, what our lives are like. You can understand me and help me. And even if you can’t help me, at least you will be able to get a sense of
who I am and who ‘we are’ together. Look at our connection. Isn’t it amazing? Look how well I work with him. I am at my rope’s end sometimes, just trying to keep it together. Look at how much work it is for me and how tired I am. But maybe in music I could share my deepest feelings. If these feelings are framed in a musical context, on one level removed, as if we were acting out a play, but at the same time, on another level, super-powerful because they are live and being improvised in the moment. It feels like a show for you, the therapists, my audience, but at the same time it is real live theater based on real life events. And because of that, it feels very meaningful for me.

Landy (1990) reflects upon what he refers to as “a primary dramatic process of identity.” The following statement relates to Carly’s struggle to acknowledge her various life roles as they played out in this music therapy setting:

And that capacity (to develop an identity through drama) is expressed through role, the taking on and the playing out of heroes and demons, fools and wise people, lovers and sons and daughters and parents. Roles are the containers of all the thoughts and feelings we have about ourselves and others in our social and imaginary worlds. When those thoughts and feelings are given a dramatic form and safely played out, one has the potential of seeing oneself clearly, but not as a self, not as an ‘I.’ It is in the doing and seeing and accepting and integrating of all the roles, the ‘me’ parts, that the person emerges intact. (p. 230)

Ruud (1998) also describes the value of musical improvisation in providing an arena to try out different personae or ways of being:

Musical improvisation allows us to experiment with meaning, to invest our fantasies and test other possible ways of being. It may be seen in the same way as the playground of play therapy, but with music as the frame surrounding the investigation of biographical experiences. (p.180)
Elliot lives in a world of parodies and versions of stories, songs, and movies that are meaningful to him. In these versions, he alters an aspect of a lyric, a character’s name, or combines two story lines to create a new ending. For Elliot, characters from movies never change. This is reassuring and comforting to him.

In the real world, people are constantly changing, growing, and moving away. People in the real world are not just images or characters for Elliot to manipulate—they can be unpredictable. Carly asserts that this is a threatening concept for Elliot. A song emerges that relates to this idea entitled, “Everything Real Changes, Everything Make-Believe Stays the Same” in session three. Elliot seems to be most present and engaged when he is re-enacting a story or creatively changing lyrics to a song that he knows well. It seems like an enjoyable and intellectual challenge for him to alter songs and change story lines.

While Elliot was reviewing his life story, there was a show-like atmosphere to the sessions. Elliot would share an event within a time and place and Carly would use aspects of the event to impart a life lesson about feelings he might have experienced. Peter and Connor supported both of their expressions with music that enhanced the interactions and propelled them forward. Even when lessons arose about distinguishing between what is real and what is fantasy, such as when people in Elliot’s life moved away or his siblings’ were born, the feeling of dramatically performing or playing out a scene was prevalent. Near the end of most of the early sessions, Connor would dramatically proclaim, “Ladies and gentlemen” to announce that the session was concluding. In a sense, he was acting
as the master of ceremonies, calling their attention to the end of this week’s episode.

Ansdell (1995) wrote initially about the apparent incongruity of therapy and performance:

…the idea of performance would seem to sit uncomfortably with most of the main features and tenets of therapy: as a private and largely introspective business concerned with authenticity and precisely not the ‘acting a part’ which the concept of performance can suggest. (p. 118)

Despite this initial statement, Ansdell’s ensuing discussion described the ways in which aspects of performance did fit well with Nordoff-Robbins practice and supported the philosophy of reaching for a person’s utmost creative potential. In the following excerpts, he refers to Nordoff-Robbins music therapy as Creative Music Therapy:

Performance is a natural context for music-making and a natural part of music experience. …That there is often an element of performance in the process of Creative Music Therapy is not to contradict its therapeutic aspect. A good performance is, after all, not an inauthentic ‘show’, but something where the conditions have given rise to an enhancement of the performer’s ability and inspiration. So too with Creative Music Therapy, where the context gives an energy and an encouragement of potential. (1995, p. 118)

Ansdell (1995) described a story of a client of who had a psychological illness and believed she had multiple sclerosis. She said to Ansdell, “for just an hour a week you showed me another ‘me.’” He wrote about her process: “In her music therapy sessions…the music often unexpectedly ‘moved’ her and she found the seed of a new way of experiencing herself—that she could dare to ‘try on a new form’” (p. 218-219).
In family therapy literature, Nichols (1984) refers to J. M. Moreno, a psychotherapist who used psychodrama in his work and wrote extensively about it. Nichols concurs on the power of incorporating dramatic techniques in therapy with family members. In particular, he refers to the therapist’s role as director.

This method resonates with many of the performance-oriented improvisations, inclusive of dramatic verbal content, that occurred in the present study. Nichols defined psychodrama as consisting of “dramatic enactments from the lives of participants, using a number of techniques to stimulate emotional expression and clarify conflicts” (p. 13). He described the process as a “direct and powerful means of exploring family relationship, and family and problems are often the direct focus in psycho-dramatic performances” due to the interpersonal actions that take place between members (p. 13). Many group leaders and family therapists use Moreno’s role-playing techniques today. Nichols refers to Minuchin, a prominent family therapist, who “conducts family treatment as though he were a theatrical director, and insists that interpersonal enactments are essential for capturing the real drama of family life” (p. 13).

J. J. Moreno (1999), a music therapist, describes his clinical work of combining music therapy and psychodrama as effective treatment collaboration between two disciplines. Although his method and techniques are somewhat different from those employed in Elliot and Carly’s therapy process, there are strong similarities:

In utilizing improvised music to support verbal expression in psycho dramatic enactments in an ongoing way, we are realizing a kind of music psychotherapy that retains and parallels the verbal interaction characteristic of most psychotherapeutic interventions. (p.15)
Music was dominant in creating the theatrical atmosphere of the sessions. It was often a soundtrack to the dialogue and drama playing out between Carly and Elliot. For instance, Carly would physically confront Elliot trying to get him to remember his strict teacher Glynnis from the ABA school and to get in touch with the feelings of anger that he had toward her. Peter would immediately play dissonant, loud music in the bass register of the piano while Connor pounded on the tom drum and played a cymbal crash. The moods created by the music provided an emotional field in which Carly and Elliot could reflect upon past and present experiences.

In the example provided above, music intensified the emotional climate and Carly herself acted as therapist in helping Elliot relive and get in touch with negative feelings toward his ABA teacher, Glynnis. J. J. Moreno (1999) describes the client enacting stories as the protagonist. In this case, Elliot could be seen as the protagonist embracing an empowered stance toward his teacher as Carly assumes the role of therapist. Moreno describes some benefits of musical psychodrama: “Musical psychodrama provides a wonderful way of further dramatizing inner divisions and encouraging the protagonist to move towards definitive decision-making” (p. 50).

Moreno (1999) compares the use of music therapy in psychodrama to verbal group psychotherapy and expounds upon the benefits of incorporating drama into music therapy work. A group member may engage in a dramatic soliloquy as a means to disclose personal information while other group members are improvising music. The music is utilized as a source of empathy and
immediate support. He discusses the stark differences between the music therapy and psychodrama processes and what occurs in even a supportive verbal group therapy setting. In a verbal group therapy session, an individual must first speak without “any direct evidence of group support” and then wait for responses:

With the use of supportive improvised music in psychodrama . . . there is virtually no delay between the verbal expression and the empathetic support. Rather, these are both realized simultaneously, and the entire group can communicate this musical support at the same time, rather than individually, as is normally the case in verbal expression. (1999, p. 15)

In Nordoff-Robbins music therapy, therapists often bring in stories to be dramatized in music as a way to help clients live fully in a variety of emotional landscapes, overcome psychological obstacles, experience myth, and provide a framework and metaphor for expression. Although this differs from what occurred in Carly and Elliot’s sessions, it does illustrate the historical basis of dramatizing events in music as an effective technique in helping individuals and groups move toward self-actualization. In Aigen’s (1998) text, Nordoff and Robbins describe their reasoning for bringing the Grimm’s fairy tale of Cinderella to their seven year-old client, Audrey: “Nordoff and Robbins were motivated by a desire ‘to bring into her desolate environment something of beauty and mystery, something that would be a great and true emotional experience for her’”(p. 32).

Aigen (1998) notes that Nordoff and Robbins were influenced by their work in the Steiner schools in Europe where all areas of artistic expression were supported and encouraged. This led to their composing such musical plays as “Pif-Paf Poltrie” (Nordoff & Robbins, 1969) and “The Three Bears” (Nordoff & Robbins, 1966). In their compositions and openness to the various creative art
forms, Nordoff and Robbins created a respect among music therapists for the use of stories and dramatizations of events in clinical practice. Scenes and stories can be brought back to future sessions, so the client may perform the roles and action again, perhaps modifying the content to reflect his or her current emotional state.

Nordoff & Robbins (1983) discuss the functions and saliency of the music in the plays that they composed and performed:

The realization of effective dramatic work with handicapped children depends to a great extent on the way music is used to support it. Comprehensive, vital experiences, which are not otherwise possible, can be created for all types of handicapped children when music is used to bring life and movement into a play, to give expression to its characters, atmosphere to the story, and structure to the action. (p. 150)

Nordoff & Robbins (1992) also describe the ways in which improvised or pre-composed songs are utilized to dramatize action in plays. This relates directly to Peter’s use of improvised songs, such as “There Was a Moment” and “Sometimes” to support an idea and heighten the feelings associated with the ideas that are being dramatized in the clients’ expressions. Although the following quote refers to particular pre-conceived characters in a play, it relates well to the drama of Carly and Elliot’s interactions and feelings:

Songs may be composed or chosen to lend their special qualities to the musical-dramatic structure. They can establish mood and effect abrupt changes of mood. They also further the action of the play by arousing feelings of suspense or anticipation. Songs are an appealing vehicle for the expression of a character’s emotions; these, set to music, may reveal a deeper aspect of his personality. (p. 168)

Robbins (1996) describes the restorative act of creating music in a therapeutic milieu. In this statement he shares his vision of the art and drama of music therapy:
In the improvisation of music in therapy, there is an element of performance in the making, giving, and clinical shaping of music: creative performance in the service of healing and growth. In the spontaneity of the clinical moment, the living knowledge of music—of its elements, dynamics, and expressive techniques—is augmented by a professional knowledge of the human condition, to become ensouled by the intuitively responding persona of the therapist-artist. (p. vii)

Connor embraces the role of master of ceremonies as he announces “ladies and gentlemen” at the end of several sessions. Elliot’s heavy involvement with fantasy as expressed through his obsessions with stories, movies, stars, performers, television shows, as well as Carly’s multiple roles of mother, woman, therapist may have led Connor to give his role as therapist a dramatic context. Moreno (1999) discusses what he refers to as the “performance of healing” and describes the necessity of therapists to assume roles as called upon by their clients. His comment also relates to the skills that a music therapist must have in order to improvise music dramatically:

In order to be convincing and helpful to patients, whether in traditional practices or modern psychotherapy, the healer must be an effective performer. This goes beyond knowledge and expertise in a field, but is rather connected to the ability to bring that knowledge to life, to dramatize it in a way that fully involves the patient. No amount of knowledge or training can substitute for this ability. (p. 88)

Anatomy of a Scene

*In the beginning is the role, and theatre begins with an imaginative act of telling a story in role. In keeping with its theatrical roots, role is mask and type, a particular form of action and characterization that embodies a universal conception* (Landy, 1990, p. 228).
The following description adapted from part of session three is written as if a scene from a play. It serves as a transcript of what occurred when the musical theme “Everything Real Changes” was improvised for the first time near the end of the session:

**Characters:**

Carly, the mother  
Elliot, the son, an 11 year-old boy with autism  
Peter, the primary music therapist/pianist  
Connor, the co-music therapist

**Scene from Session 3: Everything That’s Real Changes**

A large room with a wooden floor. There is a grand piano on stage right and Peter is seated behind the piano. There are several musical instruments, such as a conga drum, snare drum, tom drum and cymbal, large xylimba, tambourines, and bells scattered around the room. Connor is seated behind the snare drum and cymbal. Carly and Elliot sit facing the therapists. The lights come up and Carly and Elliot are in mid-conversation.

Carly: *(To Elliot)* How about Jenna, your old babysitter? Can we call Jenna on the telephone?
Peter is playing soft chords in a major key, holding them, occasionally playing a single line melody in the upper register that relates to their verbal phrases rhythmically. Connor taps softly on the cymbal.

Elliot: (in a robotic, monotone manner) I hope, someday.

Carly: (energetically) How about all of these people who were in your life?

(Opening and closing her hand dramatically) And poof! (Peter plays a short staccato chord) They’re gone!

Elliot: Mommy, I want to do a version of it. I love versions.

Carly: We always have to do versions. Why can’t we talk about the real thing?

Elliot: Because it makes me frustrated.

Carly: What happens with real people like Jenna? Why is that frustrating to talk about them?

Elliot: Make believe people you don’t find anywhere. I don’t want them to come over.

Carly: (with intensity) Do you wish real people would come over? Does it make you feel sad to talk about real people? Why do make believe people make you happy?

(pause)

Carly: Because make believe people are always there.

Elliot: I wish make believe people could come.

Peter plays circus sounding music in middle and upper register. There is some dissonance with a repeated melody.
Carly: (dramatically) Sometimes I think you would be happy if you opened the door and it would be just Jenna, your old babysitter, with no husband and no baby. And it was just Elliot before other people came in her life. With real people, do things stay the same or do they change?

*Peter plays triumphant sounding music in a major key in ¾ time. The music flows and waits as Carly adds each statement. Connor punctuates the phrases with the cymbal lightly.*

Carly: (feigning anger as if in a child’s voice) Why do people have to change all the time? Everything changes. How do you feel about change?

Elliot: Even Ricky Martin’s hair. I want Ricky Martin’s hair the way it used to be.

*Peter plays a melodic phrase based upon the rhythm of the words, “Everything changes.” The melody consists of a descending triad for “everything” and moves up one half step from the tonic for “changes.”*

Connor (sings with drive) Everything changes. Everything that’s real changes.

Carly: (sings) Everything that’s real changes.

Elliot: Let’s get back to the “My Life” story.

*Peter leaves the theme and plays lightly holding chords again in the bass while playing a delicate melody in the treble.*
Musical Theme 11: Everything Real Changes

Connor: *(emphatically)* Ladies and gentlemen! *(All music stops)* This is going to be the end of part two of Elliot’s life. Things are slow, fairly steady and I think at least at this point we’re learning more about Elliot’s life. Maybe more than we really want to know. *(Carly laughs briefly)* And we’re learning a lot about Elliot.

Peter: I like the idea for the songs. Maybe sometimes we can sing those songs about not wanting things to change.

Carly: *(sings)* Everything real changes. *(Speaking)* It’s the number one hit of the session. Everything that’s real changes and everything that’s make-believe stays the same. *(Muttersthe phrase several more times under her breath as she gets up to leave)*

Connor: Maybe you can work on it.

Peter: See you next week.

Carly: *(waves)* Thank you.
Elliot stands up, waves toward the therapists as he faces the door. He moves toward the door at stage left.

Elliot: (To Carly with tense voice in fast pace) What is the difference between real people and make believe stuff? Mommy, what is the difference between real people and make believe stuff?

He repeats the question several times as he follows Carly out of the room. Connor and Peter remain seated looking after them as they leave the room. Peter plays “Everything Real Changes” as they leave altering the last chord of the theme so that it is more consonant sounding than the first time that he played it.

In order to more fully understand what each character in the reconstruction of this session might be experiencing, I have written an analysis of their responses to the situation in the form of soliloquies by actors. The soliloquies are written in the actors’ voices as they try to fully immerse themselves in the characters being played. The interpretation provided is gleaned from the data that has been transcribed above as well as the interviews with the participants. In addition, Carly, Peter, and Connor reviewed the scene and the soliloquies as part of member checking. They modified my interpretation of their statements to accurately reflect what they were experiencing. I included all of their changes in the following soliloquies. The goal of this exercise is to get closer to the
participants’ actual experiences in this particular situation and further understand the dynamics of the relationships and the effect and impact of music in this process. Since the role of performance and drama in the music therapy process was significant, I have continued to explore what occurred in therapy using dramatic techniques such as the above-written scene as well as with the following actors’ soliloquies.

**Soliloquy 1: Carly**

*I have a responsibility to my son to help him deal with issues in his life that he may not be willing to face. I know he will be fighting my agenda, and me, so I have to be diligent and forthcoming in my questioning, as when I am asking him about people in his life from years ago. I believe expressing feelings about past events will help him. I have to keep my energy up as I bombard him with questions or it will not seem as if I am really “going for it” with my son. I need to find a desperate quality in my voice that reflects the desperate nature that I feel, wanting to save him, wanting to cure him, wanting to prove to the therapists that I can make a difference in his life. I glance over to the therapists several times as I am working with my son. I am trying to prove to them that I am doing a great job and show off how I am working with him. After Elliot tells me that he wants to do versions, I assume a defeatist posture. I imagine I would look a little blank. My body posture would indicate that I am weary of these ideas that he has. How can I get him to understand these important*
lessons that I am trying to impart? I feel as though I am on the brink of giving up. My strength and perseverance need ultimately to come through. Despite my feelings of being pulled in by Elliot’s agenda, I need to continue to pursue my questioning in a manner that indicates I have not given up yet. Despite my despondency, I have some hope. Perhaps I will look over at Peter and Connor when they begin playing and singing the theme “Everything Real Changes” to acknowledge their understanding and assistance in putting my lesson to music. Near the end of the scene, as I am preparing to leave, I will hold on to the theme, “Everything Real Changes” in my head as Elliot is trying to get my attention. I can disconnect from him and repeat my own monologue in order to glean something tangible from this music therapy session. The ability to separate from him, and at the same time hold on to something gained in this session will help me maintain my sanity as I am bombarded by Elliot’s endless chatter.

Soliloquy 2: Elliot

I generally will speak in a high-pitched voice that has a sing-song and rushed quality. There will be times though, such as when I say “I love versions” that my voice will sound more monotone, as if I have said this phrase a thousand times. In my attitude, I need to demonstrate to my mom that I have my own agenda. This may mean that I will not look directly at her at times, and repeat my statements under my breath. I might begin
saying my line before she has finished giving me her lesson to indicate that I am not that interested in what she is talking about. I know some children with autism can be very single-minded in pursuing what they want to do at any given point. I need to access a perseverative quality of behaving that I have seen in less high-functioning children with autism into the character of my speech and actions. When I get excited, I will flap my arms and jump up and down a little. When my mom begins to talk about my former babysitter and pretends that she doesn’t have a baby or a husband, I show my anxiety. I am resisting what or whom she is talking about. My body will be tense. I may move my hand to my mouth and look down. I will hear her mentioning Jenna, the former babysitter, but only appear more relaxed when she lets me pretend that Jenna is still the same. I will be focused clearly on her, listening intently. I’ll also be excited (jumping and smiling) to show that I understand what my mom is talking about. I will flap and jump up and down. When I mention Ricky Martin’s hair, in relation to “Everything Real Changes,” I will get excited again. I am trying very hard to understand what this lesson is about and find a way to connect to the idea of change using references that makes me feel comfortable, such as celebrities. Upon hearing the musical theme, Everything Real Changes, I will turn my head toward Peter, drawn to the musical experience. Music seems to pull me out of my own thoughts into this world with other people, albeit briefly. As I exit, my speaking will have a driving quality to it as I try to get my mom’s attention. I will lean in
to her, and on my tip-toes, as we are leaving. As she speaks, I will continue to speak over her and there should be this feeling of perpetual motion in my movements and speaking voice. My voice will be high-pitched as I do not pause for her answers to my questions, but just repeatedly continue to ask the same question several times as we leave the room. I will wave back to the therapists but not look at them as I continue to talk to my mom.

Soliloquy 3: Peter

As a musician I need to be flexible in incorporating changes in my playing that reflect an improvisatory style of working. I will be “playing off” the feelings that I am sensing from the others and will modify my playing to reflect subtle changes in their actions. Initially I may be tentative in my playing, showing my openness and receptiveness in creating an atmosphere of creative expectation. I need to make sure to leave room in my music for Carly and Elliot’s dialogue. The music should be initially wistful as Carly begins to talk about Jenna, the old babysitter. I have to remember to take my cues from Carly as she is the one guiding the dialogue. Therefore, I will be relating my music to Carly’s energy a lot. I imagine I will be searching in my music initially, as I am looking for an event or a topic in which to develop a musical theme. When Carly says, “Poof,” describing all of the people in Elliot’s life that disappeared, I have to be immediately there to reflect that disappearance. My music will
have a “wait and see” attitude as I follow Carly with short melodic ideas and harmonies after she speaks her dialogue. In most instances, I will be reacting directly to what she has said, rather than playing directly along. This should give the scene a feel of somebody following someone else, to enhance a character’s action. My presence will be felt, but my music will seem more as an afterthought than something that was actually scored for the scene. My musical references, such as the circus music, will be aimed at giving Carly more energy as she tells the story of the babysitter returning without baby and husband in tow. The music will also be a way to engage and energize Elliot. I will create the theme for “Everything Real Changes” right after Carly speaks those words. I will play it rather quietly until Connor begins to sing along and the theme develops and repeats. The last note of the phrase should be emphasized as it is a departure from the descending triad and really gives the verbal phrase an ominous quality. This unexpected note at the end of the phrase reflects the idea of change. My job will be to convey the not so happy feeling that Elliot might be experiencing as he thinks about change. Emphasizing these altered tones and including dissonance occasionally in my playing will broaden the palette of feelings that the actors are trying to express with their words.
Soliloquy 4: Connor

I will be focusing my attention on Carly and Elliot initially as they speak. My drumming should be rather quiet as I do not want to overshadow the dialogue. My playing may be a little behind the beat, even of what Peter is playing, initially. My facial expression will be somewhat serious and not overly reactive to the other players in the room. Yet, Carly and Elliot should have the sense that I am intently listening to what they are saying. My posture and drumming will indicate that I am involved in what is happening. I will not bring attention to myself, but remain in the background as much as possible. I can look down at my drum instead of looking directly at Carly and Elliot at times. I will play out more when Peter’s music gets more boisterous, still being careful not to play over their dialogue too much. As soon as Peter plays the theme to “Everything Real Changes” I need to be ready to sing out the line with driving energy. I will be direct and strong in my singing to let Carly know that she has been heard and that I am supporting her lesson to Elliot. I will take a look at my watch after Elliot begins to bring up “My Life” story again. As soon as he begins saying, this I should be right there with my big announcement, “Ladies and gentlemen.” My tone will indicate that I am in charge. I will not be addressing Carly or Elliot I might caustically say: “Maybe more than we really want to know” regarding Elliot’s life story. I will not necessarily look at anyone in particular as I say these words. I should convey the sense that I don’t necessarily feel that Elliot will
understand what I am saying here. I will look down at the floor and continue to talk even as Carly and Elliot begin to talk themselves. As they leave, I will watch them go and the door will remain open.

Soliloquy 5: Director’s notes

One of the most interesting ideas that needs to be shared with the actors is the almost “performance within a performance” feel that this scene illustrates. The actors will be working to portray these characters as if this is a real music therapy session. Yet, the content of the session relates to differentiating between fantasy and reality. Elliot’s resistance to working with these concepts should be palpable in his expressions and in how he speaks his dialogue. The lesson that Carly is trying to impart should be dramatically portrayed. She should be persuasive in her attempts to get Elliot to understand and acknowledge that everything real changes, and should become despondent when she feels he is not “getting it.” The music will seem like a soundtrack to the lesson in how it is played immediately after Carly speaks the words “Everything real changes.” At this point, the actors playing Carly, Peter, and Connor should be united in their attempts to help Elliot understand this concept; although Carly will definitely be leading the way and moving the scene forward. When Connor announces “Ladies and Gentlemen!” the audience is moved to ask, “Were we just watching something real? Or were these people play acting a scene about real things changing?” This particular line that Connor utters reminds the
audience where they are, and pulls them out of this therapy situation. They expect the actors at this point to take a bow, assume their off-stage personas and exit stage left. The fact that the actors do not do this will add another dimension to the experience for the audience and hopefully enable them to see the performance within the performance nature of this scene.

Connor’s Dramatic Response

As part of member checking, Connor read and responded to the playlet and soliloquies. He immersed himself in the drama metaphor and eloquently shared feelings about his role and what he was sensing from Carly and Elliot during session three:

Initially, I am accompanying a dialogue; a kind of rendition of what is real life to Carly and Elliot. I am, more than anything else, simply a musician. I am the pit orchestra, invisible, but adding a certain parallel “thread,” both highlighting and coloring the recitative that continues above me. As I play, I absorb what the characters are saying and doing, and I live in the reality of its profound understatement. I sense an almost sociopathic conflict within Elliot: determinedly, aggressively clinging to a world of fantasy yet desperately clutching at the one aspect of reality that he can consistently admit, his mother, drawing her to enter and co-create that world with him; to verify and authenticate its existence, and his. I sense an equally desperate Carly, caught in a whirlpool of conflict among love, responsibility and survival, having reached the point where the only force that can successfully defend against the fatal power of the current is the resistance, the contrary energy of out and out hostility. I am aware of the futility of words, of their powerlessness, their cowardice, their ultimate dishonesty. I sing out “Everything Real Changes,” combining the verbal elements with the strictly musical. I am interjecting the authenticity, the clarity, the authority of music. Absorb this; remember this; figure out what it means later. It is the music that will transcend, that will bridge the real and the imaginary, for it is both. I announce “Ladies and Gentlemen.” I am very much Elliot here. In my tails and top-hat, I am the Master of Ceremonies. I announce what has happened, what will happen, and by placing myself in that position I give the impression that everything that goes on is somehow under my control, a manifestation of my own
creativity, my imagination. Yet there must be enough irony, enough sarcasm, enough perspective, to indicate to Carly that it is imagination, a recapitulation of events largely fantasized. It is of finite duration, and will end. It is a play within a play (within a play), and will inevitably leave us. Patience, tolerance, humor. We will soon be at work again.

Revisiting the Therapists’ Open Stance and the Evolution of Roles

“I’m Not Sure What We’re Doing But This Is Pretty Cool”

Carly’s statement as she enters her first music therapy session speaks to a central idea about how the therapy situation was initially set up and how the open stance of the therapists charted the course of the work from the very first moment of therapy. The process began with a feeling of walking into the unknown on both the part of the clients and therapists. There were no guidelines as to how to incorporate a mother and son in Nordoff-Robbins music therapy sessions together. Because of the initial set-up, issues relating to Carly’s relationship to her son, her own need for time and space in the music and in her life in general, as well as the power of music to affect both mother and son came naturally to the front.

In particular, the therapists’ open stance enabled the process to move in certain directions. Connor stated, “…it seemed clear at the beginning that the mother was in the role of a therapist…And I think, she sort of became more the client, ultimately, the client.” Still, they did not necessarily agree with the ways in which she was working. In their index sheet from session two, they write:

Can we get Carly to let him play instruments without controlling what his expression will be? She seems to assume that he has the same feelings that
she has, and that she wants him to express the feelings that she actually has. Is this necessarily true?

Even with their questioning, the therapists decided it was important for Carly to express herself naturally, and to support her in the ways in which she felt most comfortable.

Specifically in the music, Peter often followed Carly’s initiative, playing familiar songs that related to Elliot’s “My Life” story. The music was reflective, enriching, energizing, and helped frame the life lessons that Carly was trying to impart. Rarely at this stage did Peter initiate a particular musical theme. Most ideas were derived from songs that Carly or Elliot initiated or talked about. This evolved as sessions progressed.

Peter and Connor met with Carly for the first time in May 2002. During this meeting, a plan was developed in which Carly and Elliot would take turns, enabling each client to participate equally. After this meeting, she seemed more relaxed and confident with the new “taking turns” approach with her son. She welcomed the plan by which the therapists took a much more active role in guiding and directing the process.

In a follow-up interview, Peter clarified his philosophy about the open stance that he incurred during the course of therapy with Carly and Elliot. Peter explained that this approach enabled Carly to become involved in the process and explore issues:

This person came in with these things, and we worked with her with what she brought in. Because she didn’t do it like, ‘let’s stop the music now I want to talk to Elliot about…’ Her ideas about thinking psychologically were so tied into her musical expression. It wasn’t like she was doing this separately. It was a way for her to get involved in the music.
Family therapists commonly discuss the initial set-up of family therapy situations. Although the writings relate to work conducted generally with entire family systems and families in which no member has a developmental disability, there is relevance to Carly and Elliot’s dyad. Whittaker & Bumberry (1988) shared their expertise regarding setting up family therapy situations:

There are at least two levels to attend to in considering conditions for therapy. One deals with the reality, factual component—who attends the sessions, who is asked to talk first, what the therapist accepts as a definition of the problem, etc. Those decisions are always made (even deciding not to decide is a decision) and merit direct attention by the therapist. (p. 56)

The way Whittaker and Bumberry (1988) construe the importance of defining the therapist’s role in relation to the family therapy situation supports Peter’s and Connor’s open stance:

One of the initial issues to address is that of defining what a therapist is. How do you define your professional role and function? What are you willing to do? How will you choose to respond in various clinical situations? There is really no pre-packaged clinical model you can adopt. Your idiographic interpretation of the ideas of others creates your unique brand. (p. 45)

Lakin (1994) asks questions and elucidates challenges regarding the family therapy set-up in an evaluative study about standards of group and family therapy practices, which he calls multi-person therapies:

Who gives consent for the family members? Who in the family wants the therapy, and who is being dragged into it? How capable are potential participants of understanding the processes they are about to be involved in? (p. 347)

Lakin discusses role ambiguity between family members in therapy: “When family dynamics are salient, it is rarely clear who is the ‘real’ patient or client. It
is not easy to avoid conflicting roles in a therapy process that almost certainly elicits them” (p. 347).

Carly’s role was undefined, and since she entered therapy with a clear agenda, she adopted a role that resembled a therapist, guiding the process and setting goals. This role evolved as she became more involved in playing music herself and began to focus less on facilitating her son’s involvement throughout entire sessions.

Peter writes in reaction to this part of the analysis for the member checking process: “Carly’s needs and desires were not necessarily clear. We wanted to allow the situation to define itself in a mutual manner.” This way of working can be supported in the Nordoff-Robbins philosophy and literature as the therapists were assessing the nature of the relationship in the early sessions and not pre-determining a course for the work. Peter continued, “We all together were defining the situation, because the situation was novel. A significant part of the process of the therapy was in the emerging need to clarify what was happening.” Connor wrote during the member checking process that, “The question was more about how the therapy was to be conducted, and how attention was to be given to issues as they arose.” Thus, the ways in which roles evolved was inherently connected to the manifest and latent content of the unfolding clinical story.

Understanding New Treatment Contexts

In a new treatment context, such as the inclusion of a parent with a child in Nordoff-Robbins music therapy, ethical guidelines need to evolve in response.
When therapists are beginning in a new treatment milieu, it is impossible to foresee what guidelines may be called for. In particular, issues pertaining to consent, releases, and roles may need to be examined. It is inevitable, in a first time case, that some of these areas are not clearly delineated at the onset of the therapy process.

Community music therapy is an example of a new treatment setting in which ethical guidelines previously associated with more traditional forms of music therapy are being explored in a new context. Community music therapy is a form of music therapy in which life beyond the therapy room is included as part of the treatment setting. The literature about community music therapy highlights some of the challenges brought to the forefront when embarking on a new treatment model. Pavlicevic & Ansdell (2004) describe the “broad and flexible approaches” of the pioneers of music therapy, such as Priestley, Alvin, Tyson, and Nordoff & Robbins. The pioneers’ were open to various ways of working when first developing their approaches. These approaches included a variety of programs for clients that were inclusive of both traditional “private” music therapy sessions as well as public performances that relate to the new movement toward community music therapy.

Pavlicevic (2004) discusses working with a community of women (Thembalethu) trained to work with people stricken with HIV/AIDS in South Africa. She re-examines the traditional ideas regarding boundaries and suggests that in this setting, new guidelines need to be established: “These boundaries make no sense whatsoever within the Thembalethu work context —and had we
insisted on culturally neutral work, we would have lost one another along the way” (p. 41).

Aigen (2004) describes three examples of community music therapy in which he interviews therapists involved in performances with their clients. He notes the necessary growing pains when established ways of working are applied to new treatment contexts. These older methods are seen to affect the new approach treatment of a mother and child in therapy together within the Nordoff-Robbins model:

The point is not that any of these activities should necessarily be avoided. Instead, it is that the sphere of professional music therapy practice is changing in a way that demands new ethical, self-reflexive, and conceptual signposts. It is essential to formulate guidelines in these areas, especially the ethical domain, so that these new forms of practice can continue to flourish and provide the profession of music therapy with an important bridge to the community at large. (p. 213)

**Ethical Considerations**

Dileo (2000) discusses the more traditional ethical considerations therapists need to reflect upon in their work. She describes the importance of informed consent when entering into a therapeutic relationship with clients. In other words, the individuals undergoing treatment optimally should agree and willingly participate in a clinical process. The clarity of the initial therapy set-up has ethical implications regarding roles and expectations. Understanding and comprehending these expectations may facilitate the process and help clients have a realistic and educated awareness about what is possible in this setting.

Providing clients with opportunities to give informed consent is both an ethical and legal requirement in treatment. Its purpose is to provide information to clients about what music therapy involves, so that they may
make a knowledgeable decision concerning its appropriateness as a
treatment for themselves. Consent may be considered “informed” when
clients are competent, when they are given adequate information, and
when their consent is completely voluntary. (p. 90)

She delineates specific content areas that the informed consent should include
such as “information about music therapy assessment, treatment and evaluation,
information about the music therapist, information concerning confidentiality and
its limits, and information concerning financial and general policies” (Dileo,
2000, p. 90).

In this particular clinical process, Carly signed a video release/consent
form for Elliot when he began sessions at the center, but never signed one for
herself. This was most likely an oversight, but if her role as a client was not
explicit at the onset of therapy, acquiring this consent might not be something to
be considered. She did sign a retroactive video release and consent form for this
study.

The payment fee for the sessions also did not clearly indicate the type of
treatment setting. Although Carly was charged the fee amount for an individual
music therapy session, it was unclear whether she was paying solely for Elliot’s
session or whether or not her participation was included in this fee.

therapies (group and family), writes about the necessity of informed consent due
to the complicated natures of families and the issues that they present:

The reader will not be surprised to find that obtaining informed consent is
high on the list of ethical issues that characterize family therapy.
Specifically, beyond descriptive adequacy, the family therapist faces the
following challenges: Who gives consent for the family members? Who in
the family wants the therapy, and who is being dragged into it? How
capable are potential participants of understanding the processes they are about to be involved in? (p. 346)

In particular, Lakin addresses the issues of role ambiguity in his reference to the ethics code of multi-person therapies:

It should be noted that Standard 4.03, which deals with couple and family relationships, states that the psychologist attempts to clarify at the outset which of the individuals are patients or clients and the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the service provided or the information obtained. … When it becomes apparent that conflicting roles (for the therapist) are involved, such as the role of witness in a divorce proceeding, the therapist tries to clarify and adjust or withdraw ‘appropriately’ (1994, p. 346).

Lakin proposes a focus for education and training for family therapists:

Training programs at the pre- and post-professional levels must take into account the need to educate practitioners about how ethical pitfalls are inextricably embedded in the methods used to bring about therapeutic change, how ethical competence is related to technical competence in conducting these therapies, and how deficient comprehension of contextual elements can lead to harmful intervention strategies. (p. 348)

After reading this section of the analysis as part of member checking, Connor expressed his views about the incongruity of applying ethical standards written for verbal psychotherapy to situations in which music is involved:

In its own oblique but discernible way, the whole world has recognized the uniqueness of the musical situation and its departures from the ordinary. Should the ‘conventional’ ethics that was invented for verbal situations, even verbal psychotherapy, simply be applied to musical situations, or does it need to be adapted in some— many— ways? Should it not at least be accounted for?

Leaving Music Therapy

The therapists expressed concern that Carly might decide to leave therapy if she was technically labeled a client rather than a mother who was facilitating work with her son. The therapists noted in their discussions that the role of mother
seemed comfortable for her. At the same time as they were acknowledging Carly’s role as a facilitator, they were witnessing her becoming more involved in the musical activities herself. As early as the first session, her question, “What about Mommy’s life?” is heard often and strongly. Peter acknowledged the evolutionary nature of Carly’s role: “We were treading lightly in this territory. Let’s see what it is that it actually will be rather than defining it and losing her.” He later added, “I think it’s safer for her to feel in the role of mother it’s OK to play music but by herself she might feel more exposed. I think she feels permission to do things and also contained by us too.” After reading this analysis, Peter commented that:

Her issues about being in the role of mother transcend the therapy room. I think the lack of definition regarding whether she was there as a client or therapist or mother reflected her ambivalence about what she wanted. The external lack of definition reflected her intra-psychic role struggles. That’s one reason why it was effective to let the therapy emerge without clearly defining it.

One of the concerns of treating such a dyad is that if the higher functioning individual (in this case, Carly) decides that he or she does not want to continue the therapy, the child also loses the services as a result of this decision. In some way, this occurred with Carly and Elliot. Carly discontinued services for a variety of reasons, the most pressing of which was the need to address Elliot’s health issues. It is clear that it was her decision to end therapy. One could say that all parents of disabled children determine whether or not therapy services will continue based on a myriad of reasons. Such reasons may include their perception of the effectiveness of the treatment, the fear that involvement in a particular therapy will expose them as “not good enough” parents, or facing and accepting
feelings regarding what is revealed about their child’s abilities. In addition, logistical and practical considerations include: travel time, expense of services, and family commitments.

In this case, though, since Carly was involved in the music as a client in therapy, her personal issues may have been a factor in determining whether or not she continued music therapy after the crisis of Elliot’s health issues was resolved. Her reluctance about scheduling individual music therapy sessions for herself may also have played a role in her decision to discontinue music therapy for both herself and her son. Even when the therapists called her home, to check in long after sessions had ended, she knowingly did not return their calls, avoiding the discussion of resuming music therapy either for herself alone, for both of them, or for Elliot alone. She stated,

I’ve been toying with the idea of going down and talking to the therapists. Peter called me and I felt so….Oh, I’ve got to call him, but then I don’t because I’m so nervous because I know I want to have therapy for myself. Would I give that to myself? Could I give that time to myself? I don’t know.

Carly explains in her interview that she “skirted the issue” of individual music therapy for herself, because of challenging feelings that might surface as a result of the music therapy process, and because her concern about the therapists’ ability to handle what she termed “the fallout.” She also talked about the way she immerses herself into activities and projects, like her sports activity; how she gives it every ounce of energy that she has, and then burns out and abruptly stops.

It seemed that Carly’s way of dealing with life’s commitments and priorities had an impact on whether or not sessions continued for her son. Elliot’s
needs were occasionally overshadowed by her own in their sessions together as well. At the onset of a new clinical situation, it seems unlikely that the therapists could anticipate how the therapy might end. This is understandable since in her early role, Carly was assisting the therapists in facilitating her son’s goals, rather than openly and consciously working on her own issues.

In their first meeting in May 2002, Carly initiated discussion about how she was benefiting from the sessions. This validated similar impressions of the therapists as expressed in their index sheets. The conflict between taking over the therapy for her own needs and helping her son was becoming more and more of an observable struggle. Had they explicitly addressed Carly’s role in the early sessions, she may have become self-conscious and she may have discontinued therapy earlier. On the other hand, had she been clearly identified as a client, she may have been more fully able to embrace that role and felt less conflicted about “getting therapy for herself.”

While reviewing this section of analysis as part of member checking, Peter wrote that he did not believe that the only reason that he and Connor did not expressly identify Carly as a client was because they thought that she might leave. He shared, “I don’t think that was the predominant concern. It was a concern that it would impede the natural emergence of important dynamics.” Ultimately, her decision to leave was based on a variety of reasons, including an awareness of personal issues as well as the perception of the therapists’ capability in working with her.
A Balancing Act: Two Very Different Clients in Therapy

The therapists’ attention was drawn to Carly and her lively and direct manner. Connor, in particular, was attracted to her humor and sarcasm and often bantered with her. She was responsive and receptive to this mode of therapy, and therefore an easy client to engage in the music. When one of the clients in a therapeutic dyad is more receptive, higher functioning, more verbal, more ready to engage deeply in musical experience, is it more likely that the therapist(s) will be drawn to this individual? Is it the responsibility of each team member to monitor this process, so that attention can remain somewhat equitable? Connor specifically says, “More and more it was for the mother. I became more concerned about her as the more intensely feeling, directly involved person who was coming to some kind of a life decision.”

I wondered if Connor’s feelings might be a possible result of working with a parent and child dyad. A parent’s needs can be so overwhelming. She shared her feelings of exhaustion regarding dealing with Elliot on a day-to-day basis. I observed Elliot’s perseverative manner and repetitive statements when viewing the videotaped sessions. In this setting her struggles with Elliot are played out in the music. Connor describes the music therapy sessions as being a microcosm of what happens for her in real life. Carly is trying to play music, and Elliot, Connor states, “simply won’t allow her to do this simple thing.” Peter seemed to be responsible for monitoring the overall process and of including Elliot in discussions and decision-making on occasion.
Whittaker and Bumberry (1988) distinguish between forming alliances with a family as a unit and with individuals within the family system:

The whole idea of forming a therapeutic alliance with a family is tricky. My intent is to identify the family as the patient. I’m not interested in accepting the black sheep they offer, or the white knight they revere (Be careful! The white knight is every bit as vulnerable as the black sheep), or even a subsystem as a valid patient. I’m not even willing to accept them all as patients in serial order. It’s the family I make the deal with. The family transcends the sum of the parts. (p. 67)

Although this discussion focused on treating the entire family, not just two members, it seems to relate to the process that occurred between the therapists and Carly and Elliot.

In his interview, Connor specifically discussed change in relation to each client’s goals for therapy and asked, “Who is more likely to change?” He believed that Carly was more likely to change since she was not impaired as Elliot was and entered this situation with a level of awareness about therapy and how the process works. She was a person who could dialogue with him and be very present, whereas Elliot was very limited in his ability to be present with other people due to his disability.

Connor supported both of their musical expressions by providing a grounding beat, embellishing instrumental playing, and adding lyrics. For Carly, he used humor and language to support, interact, and enhance her verbal and musical statements, and to appeal to her intelligence. She was very tuned into this style of communication and responsive to it as demonstrated often in their banter. Through these humorous and often sarcastic exchanges, Carly was able to develop
a trusting relationship with Connor, one in which she felt heard and understood.

She commented that Connor was a “wise man.”

In his second interview, Peter referred to Whittaker & Bumberry’s (1988) idea of the “black sheep” in terms such as “the symptom” of the family difficulty.

He described his understanding of Carly and Elliot’s dynamics in reference to this model:

You could argue that Elliot is the identified symptom of the family dynamic, or no, he really is— he really has this condition that makes it difficult for her to be herself. It’s both. That’s one of those concepts that is kind of in my mind in family therapy. Is he a way for her to avoid stuff about the family? It’s Elliot. It’s his problem. It’s like the idea that the family has a homeostasis as roles stay the same and people’s assumptions about who is healthy and who is not change. In order to move toward that change you work to create the potential of new ways of looking at it and new roles.

Since Carly and Elliot were working in a therapeutic dyad, I found it helpful to relate the family therapy literature to the group therapy literature.

Nichols (1984) contrasts these different types of practice, citing that many group therapy techniques are inappropriate for use with families. He says group therapy situations are designed to “provide an atmosphere of warmth and support” (p. 17).

He goes on to describe other differences between families and groups:

This feeling of safety among sympathetic strangers cannot be part of family therapy, for instead of isolating treatment from a stressful environment, the stressful environment is actually brought into treatment. Furthermore, in group therapy, all patients have equal power and status, but this is not true of family situations. The official patient in the family, for instance, is likely to remain isolated, and to feel unique and stigmatized. After all, he or she is “the problem.” The sense of protection felt in being part of therapeutic group made up of strangers, who will not have to be faced tomorrow, cannot be part of family therapy, where it isn’t always safe to speak openly because no therapist will be there to protect you from retaliation on the ride home. (p. 17)
Whittaker and Bumberry describe the family unit as “one multi-faceted organism, massively interconnected.” One of the authors reflects that the families with whom he has worked “can sense that I’m interested in them as a unit” (1988, p.67).

Is it possible to consider Carly and Elliot a “multi-faceted organism” when each individual is so different in terms of level of functioning? Carly stated in her interviews that the differences between the energy required for each of her three children varies “by degree.” They each need her time, attention, and assistance. Elliot often requires more of it. In his follow-up interview, Peter relates more about his experience not only studying family therapy, but also participating in sessions with his own family. His comments relate to Whittaker and Bumberry’s (1988) idea of the family as a unit:

I would say, and maybe it’s from my own background, being in family therapy and taking a family therapy course that I wasn’t really thinking about them each being individual clients. But I was thinking about them as a system, a relational thing, and I guess I wasn’t always measuring—we’re working with him or her. It was always like a duo. But I was definitely drawn to her, and she was intense. But Elliot could be intense too.

As Carly becomes more involved in playing music for herself, the struggle becomes more and more apparent between having an experience for herself and facilitating work for her son. The quest for individual independence is played out through the music. In session 17, when Peter, Connor, and Carly were singing and playing gospel music, she seemed to want freedom from her son so that she could play music independently of him and his needs. Yet the manifest reason she was in music therapy was for her son. Thus she was constantly torn between roles.
Peter spoke about balancing each client’s individual needs in session and how challenging that was. When viewing the videotape of session two, he chuckled at his own response to hearing Elliot say, “Excuse me” to his mother as she was talking to the therapists. He shared the motivation for his intervention:

I wonder if I was sensing that when Elliot said ‘excuse me’ that’s why I sang the words that gave him a place to be in the music. I think it was a way for me to invite him into it, because it seemed like it was so much about Carly, and getting into her own thing. There was so much to balance with that.

Whose Goals Are These Anyway?

The implicit and explicit goals of each participant emerged as the sessions progressed. It was clear that each participant had different goals that sometimes intersected, and at other times were at odds. As a music therapist, I create goal plans for my clients that address a variety of areas such as the communicative, emotional, social, spiritual, musical, physical, and cognitive ones. The goals described below refer to what I perceive to be each individual’s personal goals for this situation, not necessarily related to clinical and developmental areas. These goals were gleaned through observation of the sessions and through discussion in the interviews.

Carly had several goals initially: She wanted to use music to communicate with her son; she wanted to educate the therapists about Elliot’s limitations, abilities and her approach with him; she wanted to play the instruments and experience the music personally; she wanted to express her anger and frustration about what life with Elliot could be like; she wanted to find a way to be with
Elliot that felt meaningful and satisfying to her; and finally, she wanted somehow to enable Elliot to get along better with his siblings. In addition, she had other needs and wishes that she wanted to express to the therapists such as wanting to “show off” her close connection with Elliot as well as flaunting her accomplishment in raising a child with autism.

Elliot appeared to have a different set of goals. For Elliot, having exclusive time with his mother in this creative milieu was extremely satisfying. He wanted to review his life; talk about characters and stories that he knew; and to create versions and parodies. Having his mother present facilitated this since she was aware and understood what he was talking about. She was his reliable interpreter. Elliot also seemed to have another goal that emerged later in the process, related to trying to understand and make meaning of what was happening in music therapy. This can be interpreted from his statements like, “This is an educational point. We are learning a lesson.” Clearly, in these moments, Elliot is trying to make sense and create order out of what he is experiencing in music therapy. He is stating what is happening in a very succinct although simplistic manner. In a way, he may be trying to understand what the purpose of music therapy actually is and trying to engage more directly with the adults present as opposed to feeling like he is “eavesdropping.”

Connor and Peter’s goals shift and change as the therapy process moves forward. Connor states that he was interested in somehow finding a way to make the relationship between Carly and Elliot “a livable relationship, a tolerable relationship.” I believe this was a goal shared by Peter who described his interest
in helping Carly and Elliot have a smoother existence. Connor believed that the best way to address this goal was to find a way to help Carly feel more fulfilled and give her an opportunity to express her feelings about her life and her relationship with Elliot in the sessions, no matter how challenging that might be. According to Peter, Connor was more willing than he to let the process get “difficult,” whereas he was more likely to try to use music to “take care” of everyone by creating musical forms to “make it better.” I believe as Connor became more aware of Carly’s needs as she expressed them in her language, her lyric creation, her attitude toward her son, and her involvement in the musical activities, his goal moved beyond just supporting them in their relationship, but to actively encouraging Carly to become more aware of her own feelings and begin to work through them. Since Peter was the primary music maker in this quartet, his role in helping Carly and Elliot could be more subtle. It seemed that his goals were to help Carly and Elliot interact in the music with one another and to help Elliot express himself in ways that were meaningful and productive.

Each participant’s goals were different, yet in this setting, in some ways, and at certain times, each person’s goal was at least partially met. For example, when Carly and Elliot were changing the lyrics to “My Favorite Things,” it was possible for Carly to work on imparting life lessons to her son, while her son, on another more aesthetic and creative level, was sharing information about his life through rhyme. They seemed to have different agendas, but were at least able to meet half way. Both succeeded in creating something musical and interesting and seemed satisfied at having met a personal goal, to some extent. Peter succeeded in
his goal to provide music to help Carly and Elliot develop and work out their relationship. He provided the platform, guided the phrasing, supported their vocalizing, and modified his tempo and key in an effort to help them feel secure as they created. Connor’s goal of enabling Carly to share her personal story was also met. Her lyrics are reflected in Connor’s repetition of certain phrases, and both Carly and Elliot were supported musically in the grounding beat that he played on the drums and cymbal. The therapists allowed Carly to sing about anything she wants. This freedom enabled Carly to express herself within the structure of the song or improvisation.

In his second interview, Peter reflected upon Carly’s agenda and how the therapists decided to work with her. He also commented about her growing awareness of what was possible with her son over time:

She had an agenda, and I think that was something that kind of steered us. ‘Oh, is that what you want?’ One of our stances was, ‘Let’s let emerge what her desires are because that is going to inform us about what the dynamics are between Elliot and his mother.’ What she wants to have happen is an understandable wish but can’t be a reality. I don’t think we aligned ourselves with her goals, and more realistically saw what was possible. We really reflected on what her desires were. I think she changed. I think her attitude about what she wanted and what was possible changed as we worked together.
CHAPTER V
RECOMMENDATIONS FOR FUTURE WORK

How might the experiences of Carly, Elliot, Peter, and Connor inform future therapeutic dyads such as this one? After completing the research process, how might I answer the research questions initially posed? One of the benefits of this research process is that it has enabled me to look at this course of therapy in detail to understand what occurred, and make recommendations that might shape and guide future work.

Answering the Research Question

What occurs in a mother-son dyad in Nordoff-Robbins music therapy?

The study described the interactions between mother and son as they played out in a music therapy setting. The data revealed that through the use of improvised songs, instrumental improvisations, structured musical experiences, and verbal exchanges that were supported musically, the clients involved related to each other in novel and productive ways. In addition, all the participants involved in the research developed a better understanding about the nature and depth of this mother-son relationship. This awareness has enabled the mother to find healthy ways to engender separation and individuation from her son, as well as more openly acknowledge her own needs for personal time.
Answering the Sub-Questions

1. *What are the goals of this process?*

As stated in the clinical story, each participant had different goals depending upon his or her agenda. These goals, although often seemingly at odds, still were met to some degree due to the nature of the musical improvisational process. With the use of improvised music, each participant is able to find a way to meet in the music and satisfy his or her goals to some extent.

2. *How are songs employed in the process?*

Songs were improvised to relate to feelings expressed in the moment. They were utilized to facilitate working through conflicts, understand challenging concepts, and to celebrate achievements. In addition, a variety of pre-composed songs were utilized throughout the process in Elliot’s life review as well as a means for the clients to express themselves.

3. *How are instrumental improvisations employed?*

Instrumental improvisations enabled the clients to experience the equanimity of shared music making. It was at these moments when Carly did not necessarily feel that she needed to “teach” Elliot a lesson. She could enjoy participating in the musical experience and being creative with her son. From early on in the process, the therapists identified the idea of making music together as being important for Carly and Elliot’s relationship.
4. How did Carly and Elliot experience the music therapy sessions?

Carly assumed many different roles during the course of the music therapy process. It was in these roles that she experienced strong emotions and was able to more definitively understand the nature of her relationship with Elliot. Elliot also had a range of emotional experiences in sessions with his mother. He felt empowered when his lead was followed and threatened when his mother expressed her own issues through music-making. Despite experiencing some challenging feelings, Elliot continued to be enthusiastic about participating in music therapy with his mother throughout the process.

5. What are the therapists' roles and experiences in this setting?

The therapists acted in many different roles during the course of therapy. At times, they seemed more in the background providing supportive rather than challenging musical experiences. At other times, their interventions changed the direction of the interactions taking place. They acknowledged being very moved by the intense struggle that Carly was enduring and had great respect for her willingness to engage in this process with her son.

6. What are the influences of psychodynamic philosophy and training in a parent-child dyad in Nordoff-Robbins music therapy sessions for each participant?

With Carly, her prior experiences in psychoanalytically-oriented therapy sessions clearly guided the ways in which she tried to get Elliot to relive past experiences and work through them. Elliot reveled in reliving his past experiences through
song and musical accompaniment. Yet, he could become overly obsessive regarding the details of events. He seemed to flourish when working in the moment in instrumental improvisations. These were moments when he was able to create something new to which he had no prior association or context. Peter spoke about how his knowledge, experience and training in psychodynamic practices informed his understanding of Carly’s approach, but did not necessarily dictate or support her ways of working with Elliot. Connor independently discussed similar ideas that concurred with Peter’s thoughts in his interview.

**Nordoff-Robbins Music Therapy for a Parent-Child Dyad**

There were many benefits to applying a Nordoff-Robbins approach to this new treatment context. Peter’s use of music included a wide variety of clinical improvisation techniques that were successful in guiding, leading, and challenging Carly and Elliot.

The music facilitated Carly’s expressions, and brought to light the essential conflict between working for her personal goals and continuing to work solely for Elliot. Carly was responsive to music and willing to enter into this improvisational way of working freely. Peter and Connor’s sophisticated and rich use of musical form offered both Carly and Elliot a structure and platform in which to explore their relationship to each other as well as other individual needs. The use of dramatic music propelled the participants’ dialogue and lyric creation, energized their movements and playing of instruments, and channeled feelings of anger and exasperation. In a more subtle fashion, the music also gently guided the
tone of the participants’ expressions, delicately framed their moments of introspection, and held them when they were experiencing feelings of love and tenderness.

In the 17th session, the therapists introduced Peter’s composition, Oriental Temple (1999). This was the only time that the therapists brought in a pre-composed piece that was unfamiliar to both Carly and Elliot. Much was learned about their relationship when Carly and Elliot were engaged in playing this piece. Carly became anxious not being in control or directing the action, needing to follow Connor’s lead. She strove for perfection in playing, wanting to “get it right.” Elliot felt increasingly insecure because he sensed his mother was out of her comfort zone. In these moments, one could observe how her insecurity affected him so profoundly.

On many levels, playing this piece exemplified their symbiotic relationship and highlighted the importance of creating or bringing in musical structures in which each participant has a distinct and separate part. With musical compositions such as these, it is possible to be working toward individuation in the performance of one’s part but at the same time feel connected to a greater musical whole. Separation and individuation needs to occur, but not completely, since although the two musical parts can be distinctly different (as are Carly and Elliot) they are still related and essential to each other in the piece. I would recommend that therapists consider music in the literature that might facilitate growth and change in the dynamics of parent-child relationships.
Goals

During the first weeks of Nordoff-Robbins music therapy sessions, therapists begin to establish a musical relationship with their clients, musical themes begin to emerge that are brought back for continuity, and potential areas of need are identified. In this case, Carly entered music therapy with ideas about goals that facilitated the direction of the work from its inception.

The therapists’ use of music facilitated the successful achievement of some of the goals of the participants. As described earlier, even though each participant had different personal goals for this process, the use of music enabled each one to achieve some degree of satisfaction and fulfillment. Carly and Elliot’s enjoyment and involvement in music-making with each other speaks to the benefits of using music to facilitate and work with four different people with multiple agendas.

The therapists seemed to have a fairly clear idea about Carly’s goals when she began music therapy. She had initially shared her plan to eventually have her entire family come to music therapy. By knowing what she was working for, the therapists were able to support her in her efforts to work with her son. This knowledge helped guide their focus in the therapy sessions toward helping mother and son relate better to each other. They learned more about both Carly and Elliot as sessions progressed and this helped determine the most efficacious ways of working. This growing awareness of how to work with this dyad was expressed in their index sheets. For example, they wrote about wanting to get Carly and Elliot
to play more music together, feeling that the act of improvising together would be beneficial.

Since Elliot had been in therapy for two years prior to beginning work in this dyad, goals had been established, continued, and modified by his former therapists, which included Peter. Elliot’s goals focused on developing co-active relationships with peers, increasing his ability to listen and respond musically to others, to develop self-expression, sustaining his attention and focus, and expanding his musical resources, aptitude, and creativity. Since Elliot was now being seen with his mother, new goals regarding their relationship emerged.

It must have been challenging for Elliot to acclimate himself not only to Connor as a new therapist with him, but also to a shift in the focus of the clinical work that had been established in previous years. The therapists and Carly tried to accommodate Elliot’s interests by going over his life in detail (“My Life”), yet Carly’s agenda and goals were also incorporated from the beginning.

It may be a help to therapists working with children to have an awareness of why a parent has brought his or her child to music therapy and be able to address his or her expectations regarding progress. This is called for both in situations where the parent is participating in sessions as well as when the child is seen without his or her parent individually. A discussion about the improvisational nature of music therapy and the openness and fluidity of the process may also facilitate a parent’s understanding about what may be possible in this setting.
Clarifying Roles

Roles have been discussed from different perspectives in this dissertation. These include ideas relating to the dramatic as well as to the organizational. Who was Carly in this situation? She was the mother of a child with autism who was facilitating his involvement in therapy. She was also a woman deriving benefits directly from experiencing music during the therapy that her son was receiving. When was she considered to be a client by the therapists? Was it necessary that she fully realize the role she was assuming in order for the therapy to be successful? These are important questions in understanding what occurred in the process.

If Carly’s role as client had been made explicit, perhaps she could have fully embraced this role and the issues that surfaced such as having therapy individually. Yet, paradoxically, the therapists might argue that if they clearly defined her role as a client, the primary issues regarding her need for time and space may not have surfaced. According to the therapists, allowing her role in the sessions to evolve naturally enabled Carly and Elliot to guide the therapists in the direction that they needed to go. In future dyads, therapists might consider addressing issues such as roles in therapy earlier in the process.

Thoughts about Discontinuing Therapy

The possible ramifications of a parent’s decision to discontinue parent-child therapy is an important issue to explore due to the impact it may have on the child participating in the dyad.
Carly withdrew from therapy for a variety of reasons. She admitted to a history of throwing herself into activities and then burning out, ending activities abruptly without explanation. It was what she referred to as “the way she operated.” In this case, not only did she prematurely end her own participation in therapy, but her son also lost out when his therapy was discontinued.

It is a challenging issue due to the myriad of reasons Carly had for ending therapy. Yet, some of these potential issues, such as the parent’s desire to stop, need to be addressed in the beginning of therapy, if possible. Peter and Connor wondered as to why Carly and Elliot stopped coming. They were not totally sure why she ended the work so hastily. In my interview with Carly, her reasons for stopping were complex and involved both family commitments and personal issues that were being brought to the surface as a direct result of the music therapy work. The therapists may need to, as best they can, address these potential issues regarding termination when therapy begins so as to minimize the possible loss of service for the client in the dyad who does not hold the decision-making power in the relationship.

**Knowing your Therapists**

Carly had great respect for Peter and Connor’s musicality. She was in awe of Peter’s ability to play any song in an instant. She was emotionally moved by the music that was created and became very sensitized to the subtle nature of improvisational work and the potentials of it. She enjoyed opportunities to be musically supported by the therapists as she was engaging in music making
experiences with her son. Her personal issues arose naturally to the surface, as she was admittedly so responsive to this musical milieu. She also spoke highly of Connor, enjoying her interactions with him and valuing his wisdom.

Carly had unexpressed concerns, though. She was not sure that the therapists were qualified to handle “the fall-out,” referring to the raw feelings that might come to the surface if she were to pursue individual music therapy sessions with them. Since this was a unique, new, and experimental dyad, and roles were somewhat fluid, perhaps Carly had not anticipated what it would mean to become a client in this setting. In this case, the work took on unexpected directions that were unforeseen to all involved. When she was presented with the opportunity to become a client in individual music therapy, her reluctance to pursue this was somewhat based upon her insecurity about the professionals with whom she was working. She obviously felt secure about Peter and Connor working with her son. As a mature adult, one could assume that if she were looking for a new psychotherapist for herself, she might inquire about a potential therapist’s experience and background. However she did not know that Peter and Connor were trained, qualified, and experienced in working with adults. She had never asked.

Peter and Connor’s experience working with families was somewhat limited. Yet, their experience in working with adults was substantial. For therapists beginning work with families, especially at a center that primarily treats children, it may be important to educate clients about the therapists’ qualifications. I was surprised in my interview with Carly that this was something
that she was concerned about. My surprise (reacting as a music therapist) may be a clue that I, and perhaps other therapists, assume that our clients trust we are well trained and experienced.

**Treating Two Very Different Clients in Therapy**

It is important for therapists to be aware of their counter-transference regarding their clients. It seems particularly relevant when two clients function at very different levels. One therapist may be more drawn and be aligned with the higher functioning client. Another therapist may feel more responsible for addressing the developmental goals of the lower functioning client. With a team of therapists, there is potential for splitting as each therapist may align him or herself with a different client at times. It is natural to have these alignments, yet it is important for the therapists to be aware of his or her motivations.

Family therapy literature talks about treating the family as a unified system. Carly and Elliot’s functioning levels varied so greatly that there were times when Carly was treated to the exclusion of Elliot and vice versa. Therapists often grapple with balancing and sharing time within groups of clients. However, this is not a typical group. These clients are related to each other and one is even responsible for the other. Thus, the dynamics become even more complex and attending to individuals may impact on the entire family system. It may be helpful if therapists working with family members are aware of the literature that refers to treating the family as a system. This knowledge should serve to inform
them about the nature of families without necessarily dictating one approach over another.

Communication Outside of the Music Therapy Room

Traditionally, parents of children seen in sessions at the Nordoff-Robbins center meet with their child’s therapists one time per year and have phone contacts for updates as needed. The meetings held with Carly were seen as part of the therapy process since she was considered to be a client. Elliot was seen in individual and group music therapy for two years prior to the inception of this mother-son dyad and Carly had attended several parent meetings to discuss the progress of her child. The meetings with Carly when she was participating in the dyad were very different than typical parent meetings. In order to highlight my recommendation in this area, I will revisit what occurred in the Clinical Story (Chapter III) regarding meetings and communication outside of the music therapy room.

Carly needed a “day off” and is absent for session 19. Her despondency was apparent near the end of session 18. She was desperate to talk to the therapists about what might be happening in the sessions, and even tried to drop by one afternoon during the week before the 20th session. She was unable to get through to the therapists via phone that day. When she returned for the 20th session, she again requested a meeting with the therapists. At that meeting, the therapists shared with her what they perceived to be happening in therapy. They
also supported her willingness to engage in this process, and encouraged her to continue even though it had become ever more challenging.

After this meeting, Carly re-entered music therapy with a newfound awareness of the process and seemed invigorated and reassured as the therapists took a more active role in guiding the sessions e.g. incorporating taking turns in the sessions between mom and son. Connor specifically monitored Carly when she began to discuss issues that related to Elliot reliving a particular emotion from the past. She was receptive to his monitoring and thanked him for intervening.

I am aware that there were several phone conversations prior to this meeting in which Carly and Peter spoke about the process, but I do not have information on the specific content, except that Peter encouraged Carly to bring whatever concern she had into the music therapy room. Carly confirmed this in her interview. Both therapists included these “out of session” meetings and phone contacts to be part of the therapy process. The therapists truly wanted to deal with any issue in the therapy room rather than in a separate meeting that would exclude Elliot. I imagine that it might feel unfair in some respect, to see Carly, and not Elliot. However, they did see Elliot two times by himself during the clinical year. Yet, due to the newness and uniqueness of the clinical situation, and of Carly’s more psychoanalytically-oriented approach, sharing some of their thoughts about what was occurring between them earlier in the process may have been beneficial.

In the therapists’ index sheets, they noted even from the first session, particular ideas they had regarding what was occurring in therapy. From discussing the process with them, I understand they did not want to interfere with
Carly’s momentum, inhibit her in any way, or decide upon a particular direction for the work. Therapists might consider meeting the parent early in the therapy to clarify roles, delineate realistic goals for each client, and provide a forum for therapists to share their observations about the relationship.

**Drama and Performance**

Each combination of clients and therapists develops its own way of working together based upon interests, talents, and needs. In this case, drama, performance, a fluidity of roles, the use of parodies, versions, and serial-like themes such as “My Life” were prevalent. Elliot and Carly were very theatrical in their expressions and the therapists wholeheartedly supported this, entering into their play musically and as Master of Ceremonies. Carly and Elliot felt supported in this way to explore role-plays and boisterously act out scenes from the past. This is congruent with Nordoff-Robbins practitioners who value the performance aspect of the work in both improvisational and pre-composed forms.

The actual performance of Carly’s lessons to Elliot within musical structures often felt staged and planned. The music sounded like a soundtrack to the dialogue that Carly was speaking. In this way, the lessons sometimes felt rehearsed and arranged. Yet, despite this, the improvised music brought immediacy to the lesson that tangibly grounded it in the present moment.

Therapists might consider how performance is being utilized in their work, not only to enhance and bring clients into experience, but also in the ways that therapists and clients can distance themselves from actually experiencing certain
feelings in a direct way. Carly explained that this was “how Elliot learned” thus, she demonstrated her approach to the therapists, and they joined her. As it has been observed in this case, performance and drama can be an effective tool in helping clients express themselves and work toward meeting their goals.

Final Thoughts

In my most recent conversation with Carly, we talked about the playlet that I shared with her as part of member checking and she remarked about how wonderful it is to be represented so accurately. She returned a written section from part of “Understanding the Clinical Story” with these comments:

As I said on the phone, I love how you’ve framed our sessions as a playlet—it’s a perfect way to reinforce the performance quality of our sessions—and the way that Elliot learns. You really have captured our dynamic.

What I have gained through this research is a deeper understanding regarding the struggles of this family and countless other families like it. The recursive nature of qualitative research enabled me to examine each element of the process from different angles, providing rich detail about the lives I was studying. With each viewing and re-viewing of the videotaped sessions, I was humbled by the immense power of music to reach out, frame, emotionally move, and capture the complicated dynamics of this relationship.

Much has been revealed from the intense scrutiny of this particular mother-son dyad. Treating a child in the context of his or her family is paramount to a successful course of therapy with that child, whether or not the parent is actually included in sessions. Carly’s willingness to engage in this clinical and
research process has provided a window, not solely to her experience as a parent of a disabled child, of which there are many examples, but more exceptionally, to her experience in and with music.

The therapists’ willingness to apply their improvisational music therapy skills to a new treatment context required risk and an abiding sense of trust in the potential of music to support and ease this relationship. The participants’ generosity of spirit, time, and information will no doubt have positive repercussions in all fields in which parents and children are treated.
REFERENCES


APPENDIX A

LETTER OF CONSENT FOR MOTHER

Dear ______________________

You have been invited to take part in a study to learn more about the inter-relationship of a mother-son dyad in music therapy. This study will be conducted by Suzanne Nowikas Sorel of the Music and Performing Arts professions department of the Steinhardt School of Education at New York University. This is part of Suzanne’s doctoral dissertation work. Her faculty sponsor is Professor Barbara Hesser, Director of Music Therapy in the Steinhardt School of Education at New York University. She can be reached at 212-998-5452.

If you agree to participate, Suzanne will need your permission to view the videotaped sessions. You will also be asked to take part in one to two interviews concerning your experience in music therapy. You may be shown excerpts of videotaped sessions in which you participated and asked to comment upon your experience. You may be asked to review some written material regarding the findings of this study and asked to comment upon them. Suzanne also needs your permission to interview the therapists regarding the course of therapy in which you and your son participated.

Participation in this study will involve a maximum of three hours of your time: up to one and one half hour for each potential interview. Your participation in this study is voluntary. You may refuse to participate or withdraw at any time without penalty.

Confidentiality will be strictly maintained by the use of pseudonyms and the locked storage of data that contains identifying information. Your interviews will be audio taped. You may review these tapes and request that all or any portion of the tapes be destroyed.

There are no known risks associated with your participation in this research beyond those of everyday life. Although you will receive no direct benefits, this research may help provide a better understanding of mothers and sons and the value of music therapy for this kind of dyad.
If you have any further questions about this research study or wish to report a research-related problem, please contact Suzanne at 516-678-5000 x6975 or via e-mail ssorel@nyc.rr.com. For questions about your rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects, Office of Sponsored Programs at New York University, 212-998-2121. You will receive a copy of this consent form to keep. Thank you.

Check all those items that you agree to:

_____ I give permission for Suzanne Sorel to view the videotaped sessions in which my son and I participated.

_____ I agree to be interviewed a maximum of two times for this study.

_____ I give permission for Suzanne Sorel to interview the therapists regarding the course of therapy in which my son and I participated.

_________________________________    _________________
Subject’s signature     Date
Dear ______________________

You have been invited to take part in a study to learn more about the inter-relationship of a mother-son dyad in music therapy. This study will be conducted by Suzanne Nowikas Sorel of the Music and Performing Arts professions department of the Steinhardt School of Education at New York University. This is part of Suzanne’s doctoral dissertation work. Her faculty sponsor is Professor Barbara Hesser, Director of Music Therapy in the Steinhardt School of Education at New York University. She can be reached at 212-998-5452.

If you agree to participate, you will be asked to take part in one to two interviews concerning your experience in music therapy sessions with a mother-son dyad. You may be shown excerpts of videotaped sessions in which you participated and asked to comment upon your experience. You may be asked to review some written material regarding the findings of this study and asked to comment upon them in a second interview.

Participation in this study will involve a maximum of three hours of your time: one hour for each potential interview and 30 minutes to review a document that I will send you. Your participation in this study is voluntary. You may refuse to participate or withdraw at any time without penalty.

Confidentiality will be strictly maintained by the use of pseudonyms and the locked storage of data that contains identifying information. Your interviews will be audio taped. You may review these tapes and request that all or any portion of the tapes be destroyed.

There are no known risks associated with your participation in this research beyond those of everyday life. Although you will receive no direct benefits, this research may help provide a better understanding of mothers and sons and the value of music therapy for this kind of dyad.

If you have any further questions about this research study or wish to report a research-related problem, please contact Suzanne at 516-678-5000 x6975 or via e-mail ssorel@nyc.rr.com. For questions about your rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects, Office of Sponsored Programs at New York University, 212-998-2121. You will receive a copy of this consent form to keep.
Thank you.

__________________________    _________________
Subject’s signature     Date
APPENDIX C

SAMPLE SESSION LOG DATA

Session 20
5-18-02

Reviewed on February 5 & 6, 2004

M plays “sometimes” theme.

Large gong is prominent in the room and new temple blocks.

Then patient music.

C: they’ve added a gong—like China.

P: talks about how.

E: I like your haircut. You got your haircut. He goes close to D.

P: it’s hard to get an old haircut.

Nice moment between E & C

You thought you were going to get away with nobody noticing.

M: I apologize for last week. It was, I was in the neighborhood, found the place was closed. Message on machine…? Was going to do a drop in.

E: Excuse me, can you sing with me?

M: I’m doing it again, I’m so sorry. That was a bit of eavesdropping. Hanging out on your time, boring group talk, not playing with E which is why I’m here.

Over there doing some illegal hanging out with P on your time, busted (plays gong). I’m here—spreads arms.

E: can you talk about

M: we need to have a meeting—plays gong, wheed around get respect.

Did we discuss this? Did we agree what we were going to do?

Perhaps get into the music and play happy fun songs and you play diff instruments and play along or we can sing or we have fun. No versions, only instrumentals or perhaps a little singing.

5:07

E: funny time

M: Funny time w/o versions: Can we just have fun? Without versions?

5:44

E: without tricky part versions.

P & E: do you think it is possible?

E: not versions.

What would that be like? M asks.
APPENDIX D

SAMPLE INTERVIEW TRANSCRIPT

Interview with CT 3-18-04

S suggests that we watch first. I’m just looking for your experience and impressions. Starting out with something that you chose.

S: Thoughts? Memories?

C: Certainly. Absolutely. Over time I’ve given so much thought to this relationship. I think, that was a time of extraordinary, artistic unity. There was a real synchrony movement that showed, almost like a possibility.

S: Of what?

C: Of what something might be like, or what could be achieved. My recollection of their interactions was that it was so often about _not really being mutually fulfilling_. That somebody was always sacrificing, or felt that they were sacrificing. Or somebody that was always unfulfilled or felt that they were unfulfilled and this was just an unguarded moment where it seemed like for the most part that the music enabled them to just be with each other in a very sort of equal way doing almost identically the same thing. So that was a nice moment.

S: How do you see your role in all of this?

C: In me as an individual, or me as a team member.

S: If you can discern…

C: I see it as giving them an opportunity to be together in a way that is very different than the way that they ordinarily were together. And to kind of explore themselves and their relationship in that different capacity.

Tape 2/side A. To see for each of them what could come out of it. What could they learn about the other person, what could they learn about their own feelings their own needs and what kind of a way of relating could they arrive at that would somehow be mutually meaningful and satisfying. It seemed to me that that’s what this was about. Particularly for, more and more it was for the mother. When it started it was therapy for the son. Three therapists, therapy for the son. And then I think the mother began to find therapy in the situation for herself. When she realized there were things that she wanted to do in the situation in this particular environment and that naturally connected to the fact that there were things she wanted to do also outside of the environment and that they were similar. That they involved creativity and expression and her own kind of identity. And then it became
APPENDIX E
SAMPLE ANALYTIC MEMO

Analytic Memo #1
January 20, 2004
Session 1-4

Distance and bodies in space
Something I am struck by immediately is the distance between Mom & E and the therapists. They position themselves facing the therapists. The person videotaping focuses almost exclusively on the interaction between the two of them and this sets up a feeling like the therapists are accompanying the action rather than a part of the therapeutic process (in a very direct way). As stated in my log, I know that I am being influenced by the filmer’s perception of what is taking place here. Why did this filmer keep the therapists out of the picture? What did he/she perceive this process to be? Did he/she perceive the mother to be acting like a co-therapist?

Mom gets very close to E on many occasions. I write it as “in his face.” He also moves his face and body close to her at times when he is excited and flapping his hands a little bit. I feel the intense energy between them emotionally and physically in how they are in space with each other.

Mom sits herself often in a very powerful position. Sitting very straight, with legs apart and head up. She often moves her feet and hands to the music’s rhythm. Is very moved physically by the music (session 4 first indexing time- dancing into the room). Marching to the music. During construction in session 4, both are also up and racing around the room in a frenzy. E really enjoys this interaction, although at all times it feels edgy- how far will they go in movement, in words?

Parental pride expressed as perceived progress in therapy
There are several periods in these first sessions where I feel M is trying to validate what is occurring in therapy and let therapists know that good things are happening and progress is being made. By session 3, she says “he’s really been talking about this- it’s really great.” M wants to know that this is working. How is parental pride displayed in kids with disabilities? By obvious gains in therapy, rather than typical ways, like grades in school, or athletic, musical achievements (more related to how the child is doing in the community, becoming a person in the world)? With therapy, parents can show pride when they perceive changes in their children-something is working, they are getting somewhere. “All week you have been counting the days.” To E: To therapists: “He has been excited to come back. Never seen anything like this.” She becomes more invested in the process because he is so excited about it. It elevates it for her, perhaps making her think that she is on the right track with her own interventions. Validation of the work – comes up a lot. ?

Referential/symbolic music & imagery
From the first minutes of the first session, the music is described referentially- clip/clop of horses. This comes up repeatedly where scenes, people, events are paired to certain sounds. L is particularly sensitive to musical style, genre, and associations- this seems to