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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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ABSTRACT

This study explores what occurred between a mother and her son with high-functioning autism who were seen for 24 sessions at the Nordoff-Robbins Center for Music Therapy at New York University. This was the first time that a parent and child had been seen in music therapy sessions at the center in which the parent was an active participant. The study was conducted one and one-half years after the sessions had concluded. The primary data sources included the 24 sessions on videotape, transcripts from interviews with the mother and each therapist, therapist index sheets and notes, treatment summary reports, and parent conference reports. The findings support the value of including parents in the treatment of their children. In this course of therapy, relationship issues between parent and child were brought to the forefront where they could be explored through participation in musical experiences. The findings also specifically demonstrated how Nordoff-Robbins music therapy practices were applied to a new treatment context. Information regarding roles in the therapy, the value of drama and performance in therapy, and the role of music in this setting was examined.

*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.*

¹ I wish to thank Dr. Kenneth Aigen for his support and guidance in completing this study.

INTRODUCTION

I was first introduced to the case of Carly and Elliot in a staff meeting at the Nordoff-Robbins Center for Music Therapy at New York University 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 as this was the first time a parent and child had participated in therapy together over a period of 13 months. The team of therapists were excited about the rich nature of the work, noting that mother (Carly) and child (Elliot) 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. The case of Carly and Elliot 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.

Carly and Elliot had a total of 24 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 to 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 at New York University. 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.

The research question that guided my study was: What occurs in a mother-son dyad in Nordoff-Robbins music therapy?

CONTEXT FOR THE STUDY AND RELATED LITERATURE

Nordoff-Robbins Music Therapy

The therapists in this study practice Nordoff-Robbins Music Therapy which 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 Carly, the mother, is an active participant in the sessions has made this a case of special interest. 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 often 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/her perceptions of the clients' energy and emotional states.

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, 1977, 1992). Nordoff and Robbins make clear the capacity of music to unite and affect all who 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). 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) 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). He adds:

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 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 and 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 can 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 and 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 and Turry (1994) wrote about their work with an adolescent client with developmental disabilities. They used a series of improvised 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.

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 individuals with autism. 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 focused 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) describes current trends of treatment programs for children with disabilities. 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 the 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

There are many books written for parents of children with disabilities. These include not only “how to” books which describe how to find services and support, but also books that 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 did not find Carly’s story and her personal struggles raising her family to be particularly unique. Yet, according to one of the therapists, what made this situation different was the fact that 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 study. 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 child with disabilities 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 syn-

drome, “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).

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 and Warwick (1993) describe a quantitative research study with nine children diagnosed with autism 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, beha-

vioral 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 child with a disability, 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 children with autism and 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 children with disabilities. With the exception of the quantitative Muller and Warwick (1993) study, the music therapy articles reviewed were neither quantitative nor qualitative research studies, but rather anecdotal accounts that called for further investigation.

METHOD

Naturalistic Inquiry

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 the 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, 2007), 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 the 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. 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, 2007). 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. After each participant signed a letter of consent, and I had been granted official access to the videotaped sessions, I began studying the data.

Data Sources and Collection

The primary data sources for this study include the 24 sessions on videotape, the session notes and index sheets,² treatment summaries, parent conference meeting reports, the researcher’s log and analytic memos, musical transcriptions, and interview transcripts.

² 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.

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.

Interviews

Interviews are an important way to gain information because they allow "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.

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; Turry, 2009). 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 particular 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. Including these musical themes along with their lyrics will highlight the musical content that was so important in shaping the sessions.

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.

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 and Guba (1985), Erlandson, et al., (1993) and Ely, et al. (1991). 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). 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.

Credibility of the findings can also be established through member checking. Lincoln and 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 from *Discussion: 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 and 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. Including the voices of the participants broadened the discussion and led to lively correspondences regarding the findings revealed in this study.

Presentation of Findings

In the section entitled *Highlights from the Clinical Story*, I have woven certain vignettes, interview quotes, information from treatment summaries, parent conference meetings, therapist index sheets, and musical descriptions to guide the reader through part of the clinical process. The layered presentation of the clinical story, going back and forth between session 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 moves 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.

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 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 individuals with disabilities. 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 up to new ways of working in improvisational music therapy.

Given the uniqueness of this 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 two sons, I identified with Carly. I am sensitive to the complex nature of the mother-son dynamic. 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 (I had one son at the time) did not have a disability. 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.

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. Writing analytic memos 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. It also helped to provide some distance, and enabled me to reflect upon my time with Carly 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. 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 might 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 continue 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, shared poignant stories relating to struggles in raising a child with a disability. 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 her or his 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 child with a disability.

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, began to change. Communication increased between parents and therapists, and staff members were encouraged to forge strong relationships with the parents from the inception of therapy. I have instituted similar practices at the outpatient center where I now consult and practice. 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 a parent's impact on a child's treatment.

HIGHLIGHTS FROM THE CLINICAL STORY

A New Venture

Peter and Connor (music therapists) 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 took note of what Carly and Elliot brought into the sessions, observed 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 watched the videotaped recording and dis-

cussed, as well as wrote about, their hunches, questions, thoughts, and future plans. Working in a team enabled them to 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 learns 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

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 and tense. 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. 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

Carly is a well-educated 40 year-old woman. She is a writer, photographer, and artist. She is married and has three children, ages eleven, 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 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 banters with the therapists. She generally plays music with gusto and energy, committed to each sound that she makes.

Peter

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, relating music to stories, and creating 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

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 xyimba, 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.

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.”

Why was Carly here in this session with her son? Parents were only included in sessions when 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:

I proposed that to them. . . . I wanted to actually do family therapy in music therapy. 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 [*sic*] 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 one by one (Carly has two other younger children who do not have disabilities). 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. Nobody was getting along terribly well with anybody, I think. But mainly the two younger children were not getting along with Elliot. 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 model, demonstrate, and teach how to do these things, and how to be nice to each other and how to appreciate each 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 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 (SEE MUSICAL THEME 1).

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.

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 and me.
I like to watch TV, I have lots of fun.
My favorite channel is VH1

Carly says: "But what about when Bonnie and Zach say,
'Elliot get out of here . . . Go away Elliot. Go in the other room!'"

MUSICAL THEME 1:

I Only Want My Mommy Blues

G7

I got-ta share my mo-mmy I got-ta share my mo-mmy I got-ta

C7

I on - ly want my Ma - ma, no, I don't want to share. I

G7 D7

have to have my Ma - ma or get out a there! I'd like to tell Bon - nie and I'd

C7 D7 etc.

like to tell Zach. I'd e - ven like to tell Dad - dy "Just get on back!"

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.”

The “I Only Want My Mommy Blues” puts a spotlight on the nature of this 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 as Therapist: Here’s Another Way to Cure Him

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.”

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 improvised song played in many of the sessions entitled, "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 rea-

lized 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. We would have little updates and they would say "Let's bring it into the session, bring everything into the session." That's when I think that evolved. I started to think "Wow, maybe it's 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 which seemed to focus on expressing and reliving 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 couldn't 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?*"

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 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. 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 re-

ally 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."

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 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, it's going to be pain. Velcro is a good metaphor. It's going to feel like a rip of Velcro.

Clarifying Roles: Who Is The Client?

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.³ 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 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.

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 we didn't actually say that overtly at any point.

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 . . . 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 [having a disability]. 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 pathologi-

³ Connor and Peter were co-leading a music therapy group for parents of children and adults with disabilities that was held one time per week at the center. Carly was not included in this group.

cal, but that it's an issue to keep an eye on and possibly work on. And certainly as a parent, I can identify.

Peter 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.

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, 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. . . . 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.

Shared Musical Experience

Thirty minutes into the tenth session, Elliot moves to the xyimba where Carly faces him and joins him in playing together. The music reflects 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-four time.

MUSICAL THEME 2: Instrumental

Thoughtfully

The musical score is written for piano in common time (C) and consists of eight systems of two staves each. The tempo marking 'Thoughtfully' is placed above the first system. The piece begins with a series of chords in the right hand and a simple bass line in the left hand. The melody in the right hand is composed of eighth and quarter notes, with some phrases being slurred. The bass line consists of quarter and eighth notes. The score includes various musical notations such as slurs, ties, and triplets. The final system concludes with a double bar line.

Carly smiles at Elliot as they play together. 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 glissandi that lead him back to the melodic phrase. He moves into a 3/4 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 3/4 time with strong drum playing on the down beat 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 child [with a disability], what is that like? To have a child is so hard, and then to have a child [with a disability]. 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." . . . It seemed like at some point she just felt the music with him and she could be in the experience with him. And 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 xyimba 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. It's 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 [feel] . . . 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 [is] 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 xylimba]. 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.

As Carly was viewing this session in our interview, she noticed when Peter changed from 4/4 meter to a waltz feel (3/4 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.

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 Elliott. 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.

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.

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 Elliott in session 10 during the xyimba playing and the dancing. Peter describes his process while improvising music:

I'm a physical person when I'm playing. I find myself moving and affected by physical . . . and it's 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—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.

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.

She is Fighting for Her Life

In session seventeen, Carly becomes more and more drawn into singing and playing in a gospel musical improvisation 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 admire her a lot. I 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 said:

We 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 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.

How About Individual Music Therapy For Carly?

Peter and Connor both thought that Carly would benefit from participation in individual sessions 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 [a very driving] gospel improvisation [which she was leading], “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. 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 enjoyed 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. . . 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 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.

Sometimes Mommy's got To Talk

During the middle of the eighteenth session, Elliot talks in an emcee type 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 grown-up 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."

MUSICAL THEME 3:

Sometimes

Solely

Am Bm E Am E

Some-times. There's Mo - mmy talk.

Am Bm E

Some-times. Mo-mmy's got to talk. Mo-mmy's got to talk.

The musical notation consists of two staves in G major. The first staff has a treble clef and a key signature of one sharp (F#). The melody starts with a quarter note G4, followed by a quarter rest, a quarter note A4, a quarter note B4, and a quarter note C5. The second staff continues with a quarter note B4, a quarter note A4, a quarter note G4, and a quarter note F#4. The lyrics are placed below the notes. The second staff has a similar melody but with a different rhythm: a quarter note G4, a quarter note A4, a quarter note B4, a quarter note C5, a quarter note B4, a quarter note A4, a quarter note G4, and a quarter note F#4. The lyrics are placed below the notes.

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 grown-up 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. . . . I want to talk to grown-ups sometimes. Sometimes you have to share me.

In My Next Life I'm going to be Shallow and Naturally Thin

Carly is not present for the nineteenth 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 feeling "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. . . . 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.

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 . . . 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.

Carly speaks about a reason why the 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. [Carly refers to her involvement in a particular sport] 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:

I think that's what happened. I was just so worn out [Elliot's] 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 [anything] anymore. OK. I've got to step back because it's not really fair to be his everything.

Clarifying the Process

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. After the parent meeting, the therapists met alone to discuss what transpired. They recorded this discussion and I transcribed the recording. The therapists then drafted an end of year clinical report regarding the work thus far. The following information is copied directly from the therapists' final report:

- 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 child [with a disability] 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 in groups. It was Carly's finding fulfillment in music personally, and seeing its facilitating qualities in her interactions with Elliott, 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 child [with a disability] on 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 children [with disabilities] 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 Elliott forge a relationship that remains fulfilling while supporting, even encouraging independence for each of them.

There Was a Moment

Five minutes into their final session together, Carly 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. Elliott 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 4:
There Was a Moment

The musical score consists of three systems of piano accompaniment and vocal lines. The key signature is one flat (B-flat) and the time signature is common time (C). The first system contains the first three measures of the piece, with lyrics: "There was a mo-ment. There was a mo-ment. that". The second system contains measures 4 through 6, with lyrics: "I - under - stand. that you un - der - stand. that we un - der - stand. Each". The third system contains measures 7 through 8, with lyrics: "o - ther There was a mo - ment." The piano accompaniment features a steady eighth-note bass line and a more active treble line with various rhythmic patterns.

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 every day. 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."

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 following section revisits particular 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.

Referential and Non-Referential Music in this Setting

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. . . . 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. (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 11-year-old boy without a diagnosis

on the autism spectrum. 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; a musical life review.

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 (see Priestley, 1994).

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 a psycho-analytical model were at odds in some ways within 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 perceived 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.

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 the inner voicings. 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 psychoanalytic 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 a psychodynamic 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 often 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. 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 the 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 music therapists, 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), family therapists, 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.

Love, Music, and 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.

Priestley (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 in this process 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)

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

Despite Carly's struggles and difficulties regarding her own life, her frustrations regarding Elliott'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 Elliott'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 Elliott's that occurred outside of the session.

After a visit to the museum of television and radio that occurred between the 23rd and 24th sessions, Elliott 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 Elliott's accomplishment, but also in providing a musical forum that encapsulated the experience. In this way, the theme becomes the tangible way Carly and Elliott 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 Elliott and Carly about the human potential for change as well as how important it can be to stop and commemorate such a moment.

Carly's Expressions Take Center Stage

The different levels of verbal and musical discourse that took place in the sessions were prompted by the functioning levels of the clients and the degree to which each therapist focused on each client's agenda. Early in the seventeenth session, Carly, Peter, and Connor were enthusiastically singing and playing gospel music in what Connor refers to as the "church of music therapy." Elliott seemed desperate for Mom's attention, reaching out to her, calling, "Mommy, Mommy." Both therapists decided not to focus on Elliott at this time. The moment felt tense as the therapists fully immersed themselves in this musical

experience with Mom despite Elliot's protests. There was a sense of danger, almost as if the four of them were on a runaway train, but the adults were not aware of the danger. Elliot tried to alert his mother that he did not feel safe by moving closer to her, grabbing her arm, and anxiously calling out her name repeatedly. It was almost as if he was pleading, "This train is out of control, don't you realize this?" Yet, the adults did not immediately respond to him.

Connor made a statement in his interview about how Elliot had 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 was a provocative statement that illustrated 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 have felt outnumbered and powerless in the relationship. Mid-improvisation, Peter began 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. The music was driving, energetic, and passionate. 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, to be losing the battle.

The Performance Nature of the Work

Carly often referred to herself in the third person, as "Mommy," in sessions. This sometimes occurred in "off camera" remarks to the therapists. 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 a school with an applied behavioral analysis philosophy 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 personas 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 reviewed 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.

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 [Nordoff-Robbins] 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 [Nordoff-Robbins] 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 in this study. It was often a soundtrack to the dialogue and drama playing out between Carly and Elliot. For instance, when Carly physically confronted Elliot to try to get him to remember his strict teacher Glynnis from a former school and to get in touch with the feelings of anger that he had toward her, Peter immediately played 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 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 assumed 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, in order for a client to perform the roles and action again, perhaps modifying the content to reflect his or her current emotional state.

Nordoff and 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 and 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)

As previously mentioned, 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)

Revisiting the Therapists' Open Stance and the Evolution of Roles

Carly says, "I'm not sure what we're doing but this is pretty cool," as she enters her first music therapy session. This statement 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 fore.

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 and 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 as part of the member checking process in qualitative research: "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.

Ethical Considerations

In a new treatment context, such as the inclusion of a parent with a child in Nordoff-Robbins music therapy, ethical guidelines need to be developed. 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.

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 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. She writes:

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)

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.

Lakin (1994), in his review of the 1992 ethics code for multi-person 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" (p.346). In particular, Lakin addresses the issue 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:

Should the "conventional" ethics that were invented for verbal situations, even verbal psychotherapy, simply be applied to musical situations, or do they need to be adapted in some—many—ways?

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 a 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 children with disabilities 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 of 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 a discussion about how she was benefiting from the sessions. This validated similar impressions that the therapists had expressed in their index sheets. The conflict between taking over the therapy for her needs and helping her son was becoming more and more of an observable struggle. Had the therapists 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.”

CONSIDERATIONS FOR FUTURE WORK

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 seventeenth 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.

Clarifying Roles

Roles have been discussed from different perspectives in this study. 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 she ended her son's as well.

The myriad of reasons Carly had for ending therapy makes this a complex issue. Yet, some 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 rose naturally to the surface, as she was admittedly very 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 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 psychothe-

rapist 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 that we are well trained and experienced.

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," and 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.

CONCLUDING THOUGHTS

The data has revealed the multiple layers and complexities in this mother-son dyad. 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.

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 child with disabilities, 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.

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