

## Creative Music Therapy with a Boy with Multiple Impairments:

Stepping out of isolation into new experiences.

John A. Carpente, MA, NRMT, CMT – The Rebecca Center for Music Therapy

### **Abstract**

This case study describes how a seven year old boy developed openness to relationship, verbal skills, increased awareness, spontaneous expression, and an increased level of focus through 20 sessions of Creative Music Therapy. Creative Music Therapy is a form of individual therapy in which therapist and client improvise music together. The sessions lasted from September through June 2002. Through clinical improvisation within musical structures, and pre-composed adapted songs, Mikey gained the ability to form a musical and interpersonal relationship that led towards an exploration of alternate ways of “being” in the world. His process will illustrate how musical experiences helped guide him out of isolation and into a musical world of interaction—working through issues such as fear, intimacy, conflict, and resolution.

### **History**

Mikey is a seven year old boy diagnosed with Autism, Down syndrome, Attention deficit disorder, a communication disorder and a behavior disorder. In addition, Mikey is intellectually impaired, non-verbal (Apraxia), has a moderate hearing loss in his left ear and is diagnosed with XYY syndrome. Mikey is currently on the following medication: seroquel, dexedrone, nasonex, flovent, and synroid.

Mikey is enrolled in a five day per week school program where he receives speech, occupational, and physical therapy. He lives with both of his parents on Long Island, New York. His father is a computer programmer, and his mother is a community health nurse. He has one sister who is 12 years old at the time of this study.

### **Assessment**

#### **Interview with Mother**

According to his mother, Mikey can be very charming, but can get easily agitated and aggressive at times as well. At home he will interact with his sister and parents. At school he is in a small class and will not interact with other children. He can get agitated in large, noisy situations and will work in a corner of a room to hide in, when feeling uncomfortable. His attention span and level of focus is very limited, and although he learns through repetition he gets easily distracted.

His mother would like to see him develop an enjoyment for music, have fun, and find an outlet for his aggression. Mikey will listen to music at home, however according to his mom, “loves The Ramones.” (The Ramones were a 1970’s American, punk rock band.)

## **Clinical Assessment**

The clinical assessment took place through the course of five sessions. After five sessions I felt that I had an accurate “sense” of Mikey, and began to formulate a goal plan.

For each of the five sessions I had a variety of instruments for Mikey to choose from including hand drums, a xyimba, a guitar, horns, and a tambourine that I kept along side of the piano. I had placed a drum and cymbal in the center of the room.

My in-session observations focused on the following:

- 1) How did Mikey separate from his mom?
- 2) How did Mikey’s mom separate from him?
- 3) How did he adapt to this new environment?
- 4) His musical choices (instruments chosen, length of time with particular instruments, and initiating decisions)
- 5) His musical responsiveness (Did he respond to me or my music? Was his music related? What was the musical quality of his playing?)

The findings of my assessment of Mikey are based on viewing each session on videotape, writing a moment to moment log while viewing (index sheet), writing a synopsis of each session, and logging my personal reactions and reflections as to what my clinical rationale and intent had been.

After reviewing the videotaped sessions, and the index sheets of our first 5 sessions, I saw that each session had been almost identical in how Mikey reacted and responded to the new environment, physically, emotionally and musically. Session 5 is presented here as typical of these assessment sessions, which I termed, “Trying to find hello, behind the wall of drums.”

## **Summary of Session Five**

*As I begin playing our 4-week old greeting song, with the door wide open, waiting for Mikey to enter the room, I can hear him struggling with his mom. I stop playing and proceed to assist her in getting him into the room. As she picks him up and quickly runs him into the room, places him down and runs out before he can follow out her, he displays his struggling and frustration through wild kicking and grimacing facial expressions, however, he never utters a vocal sound. After the door closes, and he realizes that he cannot get out, he lies on his back and begins kicking the door frantically with the soles of his feet, making no vocal sounds. As this behavior continues, I begin to improvise on the piano within the structure of the greeting song that had evolved to date. Through the music, in D major, I try to make Mikey’s kicking communicative and thus more integrated into the music. I do this by matching his rhythm, dynamics, and intensity, while introducing him to music time, singing “hello, hello, hello,” in ascending intervals of a third, fourth, and a fifth based on D major. (Because the voice can be intimate and intimidating for a child with no language in a new environment, I sang intermittently using just the word “hello”). As Mikey continues to kick the door, he displays no obvious awareness of me, or the music that I am playing.*

*As his kicking tantrum subsides, he briefly wedges himself in a corner between the door and the wall with a look of what appears to be fear and anxiety. He then crawls to*

*three separate drums and drags each of them to the corner. He is constructing what seems to be a barricade. He is now sitting between the three drums (snare drum, a mid-size floor drum, and a floor tom) and the corner by the door. With his back resting on the door, as he is seated on the floor, the drums seem to tower over him. I am barely able to see him, as I am seated at the piano watching him construct this wall, deciding not to physically move into his space.*

*Staring at the mid-size floor drum, he begins to play one drum with both of his hands, his arms pointed straight out without any flexibility in his elbow. As he plays the drums, above his head, I attempt to support his playing, trying to find his tempo. He has difficulty playing a steady beat. I try to ground him musically, providing a steady quarter note bass ostinato, playing between a D minor chord and an E diminished chord while improvising a melody with my right hand. (I made a conscious decision not to use my voice, feeling that it would be too overwhelming, based on how he presented). The melody I am improvising is based in D minor and D Dorian, emphasizing the B and Bb.*

*At times our music meets for brief moments, followed by Mikey playing faster or in a disorganized way. Throughout this interaction he displays minimal eye contact.*

*For the duration of the session, Mikey remains barricaded behind the “wall of drums.” Moving into our good bye song, I decide to use the guitar and place myself physically closer to him. I begin strumming the chords lightly, singing “It’s time to say ----,” seeking verbal closure. Mikey does not respond in any way. I complete the lyrical phrase, “good-bye,” and I repeat it. This time I choose to hold the guitar in front him, looking for him to complete the musical phrase by strumming the guitar, he does not respond. I gently try to hold his hand and brush the strings with his right hand; he pulls his hand from mine. I complete the song, and repeat it once again. The song ends, and I say “Good-bye Mikey, thank you for your music.” He gets up and turns to the door, as he impatiently waits for me to open the door. He runs out into his mother’s hands and begins pulling her to leave.*

## **Assessment results**

Mikey appeared to have a difficult time separating from his mom. However, his mom seemed willing to do what was necessary to get him into the therapy room. My feeling is that this is something that is she accustomed to doing.

When Mikey would finally get into the room, he had a difficult time adapting to this new environment. In each of the five sessions, every time our music made a moment of connection, he played faster or stopped playing. This type of interaction displayed Mikey’s awareness to his environment and to my music, as he chose to “cut-off” musical contact by playing faster, or by stopping. His choice to change his music is a direct response to my music trying entering into his.

Vocally, he has yet to make any sounds during our sessions. I found it interesting that, although his mom stated that he can vocalize, he has never made a vocal sound when struggling with his mom before entering the room. I feel that he has made a choice to hide his voice from me, and wonder whether this may show his ability to be self-conscious. If so, how does he perceive his voice? And how does he perceive the way the world perceives his voice?

## **Planning the Treatment Process**

### **Goals**

The following goals emerged from the assessment following session 5:

- 1) Mikey will begin to feel safe in music therapy.
- 2) Mikey will begin to leave his “comfort zone” behind the wall of drums.
- 3) Mikey will begin to use his voice in any way during music.
- 4) Mikey To begin to explore other instruments besides drums.
- 5) Mikey will begin to sustain musical contact for 30 seconds.
- 6) Mikey will begin to play musically and inter-related fashion.

### **Self-Evaluation: Why am I playing what I’m playing?**

After watching the video and documenting our fifth session, I began to ask myself, why am I playing what I am playing, specifically during our greeting song? It appeared to me that I was greeting him with music based on how I wanted him to respond. In other words, my music did not appear to be taking into consideration who he was—his personality, his emotionality, and his capability to respond. While the greeting song rhythmically and dynamically may have mirrored the quality of his trantumping, it also may have been the reason why he continued to react in that manner. I began to realize that the tempo of my music had been “fixed,” it lacked mobility. The melody appeared to be extremely legato, leaving no musical space between each melody note. In addition, the musical phrases were too long (according to Mikey’s mom, he has an extremely short attention span.) and were demanding too much of Mikey’s attention for an extended period. In short, the music had been a “wall of sound,” it became wall paper. It lacked in excitability, unpredictable melodic leaps, and musical space (harmonically, melodically and rhythmically).

Realizing that Mikey is an energetic, strong willed boy, I needed to be conscious of the fact that a battle of the “wills” during the early stages would have been counter productive, in that the sessions would have turned into power struggles that would have created patterns and structures that would have been difficult to change in future sessions

In addition, accepting him where he was, both emotionally and musically, while also creating reasonable limits, could be the core of the work. The entire process required a balance between the structured and the unstructured, and between conflict and resolution.

Musically, in preparing for Mikey’s session, I reminded myself that I needed to listen more attentively, be in the musical moment with him (to create music based on his needs and not my comfortability), and respond to him as opposed to reacting to him. Paul Nordoff (2000) was quoted in “*Being in Music*” as stating, “...preparation for clinical work has a Zen-like quality in which the therapist becomes cleared of any extrinsic thoughts, ideas, and feelings which inhibit a deep living in the moment.” He continues by saying, “The ability to completely be in the moment allows the creation of clinically potent music and this is the key to effective therapy (2000, pg. 10).”

## **Treatment Begins**

## **Breaking down the Barriers**

*Prior to the start of our 7<sup>th</sup> session, I decide to prepare the room for Mikey, creating his “drum wall” for him. At the start of the session Mikey enters the room with a struggle, but not with the intensity as in previous sessions. He appears to notice that the drums are set up to his liking. He sits down on the floor and begins to briefly explore each drum with his hand. I do not play anything at this time, waiting for him to complete his exploration, and free the room of sound. After he finishes hitting each drum, approximately 10 seconds later, there is a moment of silence. I am at the piano, purposely not looking at him, sitting in the silence. I abruptly play and sing “hello,” the melody on the piano mirrors my singing voice, singing the “a” (“hel”) above middle “c” and the “g” (“lo”) above middle “c.” The harmony in the left hand is based on a 1<sup>st</sup> inversion D minor7 chord omitting the 5<sup>th</sup>. I then use an abrupt silence, and then abruptly sing “Mikey,” again the melody on the piano mirrors my singing voice, singing an “a,” (“Mi”) an octave above middle “c” and the “g” (“key”) one octave above middle “c.” I repeat this several times, each time changing octaves, tempo, and dynamics. I notice that when I had extended the rests he looks to me, waiting for me in anticipation to complete the short phrase. I then utilized the tambourine, using it to punctuate the end of each phrase. Before bringing the tambourine to him, I model for him (i.e. after singing, “hel-----lo!-----Mikey!” ending the phrase by hitting the tambourine on the first beat of the next measure). After modeling this several times, I move from the piano each time the punctuation is about to occur, and bring the tambourine to him. Mikey plays it in the appropriate space. He does it again, and again! I then decide to hold the tambourine out, reaching towards him while remaining seated at the piano. I complete the phrase, holding the tambourine out, waiting for him to get up and come to me to punctuate the phrase. I patiently wait, sustaining the 2 note chord in my left hand (middle “c” and “d” above middle “c”). He gets up, walks cautiously towards me, and plays the tambourine at an arm’s length, and goes back to his familiar seat. I play the phrase faster with limited silence, hoping he would decide to stand next me for a sustained period of time. He seems to realize that he is controlling the music, and remains standing while waiting for his turn to play the tambourine. He watches nervously, waiting for me to pass him the tambourine. As the musical give and take continues, Mikey begins to make short and soft tonal vocal utterances whenever he would hit the tambourine. This musical exchange lasted for over 5 minutes.*

*The moment the activity concluded, Mikey reverts back to his usual spot on the floor behind the drums. I decide to use the guitar, looking to continue to develop his comfort level with me physically and musically. I begin to play in the key of A major, playing very casually with no intent other than to try and find a musical mood to convey, while physically moving closer to him. Finally, I get physically close to Mikey, sitting on a child’s size chair, approximately 2 feet from where Mikey is sitting, playing a I chord followed by a to V9 chord, each chord being played for 2 beats, in a slow fashion, with no fixed rhythm, changing tempo, and at times playing the chords in a legato manner or in a detached fashion. Mikey is watching me, the mid-size floor drum is between his legs. He begins to play, using the mallets for the first time, holding both mallets in his left hand, while supporting with the right hand. He is playing the drum in a rapid manner,*

*appearing to be trying to play as fast as possible, with no apparent attempt to be musically connected. However, he watches me as he plays, looking for approval or acceptance. I begin to mirror and reflect his playing, adapting the above chord progression to his playing. I try to organize the rhythmic structure by creating pauses, and over emphasizing the down beats. During the repeated pauses, Mikey plays through them, and appears to enjoy this as he clearly hears his playing with and without me. I then change the placement of the pauses, and create more tension in the V chord waiting to venture off into a different musical direction, bringing in my voice and exploring melody with him. I ornament the V chord, making it into and V7raised9, creating a build-up to move into the Ramones song, "Sedated." I begin to play the song, using a I-IV-V progression in A major; he continues to play the drum in an excitable fashion. I bring in my voice, singing the melody without words, using a "raspy" voice style, and singing and playing with a lot of energy. Leaving pauses in the song, Mikey fills the pauses with excitable vocalizations. I get so excited, and continue this, Mikey again sings through the pauses. The musical dialogue lasted over 8 minutes.*

*At the conclusion of the session, I had introduced our good-bye song, leaving spaces in the music as I did earlier; Mikey does not respond instrumentally or vocally. He appears to understand that we are ending as he stares at the door waiting for me to let him out; however, he makes no effort to want to be a part of our good-bye song*

## **Evaluation**

My decision to prepare the room for Mikey, may have sent him a message saying, "I am here to help you, if you like the drums set up this way, that's fine. If you need me I'm here, and I'll be waiting for you" How much of an impact that had on the session, I am not quite sure. However, what it did achieve was to keep his attention away from building his "wall," and potentially be more attentive to our greeting song.

The usage of tempo mobility, "open" harmonies, short phrasing, and unpredictable silences attracted his attention, and persuaded him to play music in a related fashion. It appeared, when listening back to the session, that the music of the greeting song had been a reflection of his personality: high energy, unpredictability, detached and fragmented, suspenseful (anxiety and unsure), playful, and a longing for connection.

The fragmentation and disconnection of the music called out for his involvement, providing him with the "job" and responsibility of connecting the music and moving it forward. The silences and the long pauses awaiting his involvement seemed to empower him, as he realized that he controlled the forward movement and resolution of the music. Cognitively, through this activity, Mikey displayed his ability to predict and sequence. He also showed his "want," to be connected in some fashion, as he is begun to trust this new environment.

My choice to use the guitar following the greeting song was to maintain and increase physical and musical contact. The guitar, because of its portability and mechanics can create a greater feeling of intimacy. Mikey and I had entered into a new "space," and I felt that I wanted to widen that "space" by utilizing the guitar and my voice. Because we had increased the level of our relationship, musically and interpersonally, he and I had entered into new territory. I chose in the moment to bring in music that would be

somewhat familiar (According to his enrollment form) to him: The Ramones, “*Sedated.*” This intervention created a sense of security, by evidence of his smile, and his more intense musical involvement (vocally and instrumentally). While adapting this song for Mikey, I kept in mind that he is unable to say words. I chose to sing non-verbally as way to meet him where he was. His tonal vocalizations showed were musically related and displayed his sensitivity to pitches.

Interestingly, during our good-bye song, Mikey chose not to participate or acknowledge me. However, he did acknowledge the fact that we were saying good-bye as evidenced by facing the door and waiting for me to open the door for him. Why did he choose not to engage during the good-bye? Did the level of intimacy during the session reach a peak? Was he afraid to say good-bye? Did his lack of language contribute to his fear? Or, when he was so intensely engaged, was he so “living in the music” that he experienced himself and the world in a new way, transcending him beyond his pathology?

Ken Aigen describes a concept in Nordoff-Robbins Music Therapy, “*living in music,*” where by the therapist and client are “*living in the music*” as completely as possible, and the client is able to experience the world beyond his pathology (1996, p. 12). During this process the client’s “entire physical, emotional and spiritual being is becoming manifest in the music and the music functions as an extension of the person” (Aigen, p.12).

## **Treatment Summary After 12 Sessions**

### **Mikey’s responses**

Following 12 sessions, Mikey has learned to adapt to the new environment. He can enter the room willingly, with anticipation and enthusiasm. He has begun to explore more areas of the music therapy room, as opposed to confining himself to one area near the door.

He has displayed an increase in comfort with me, and in communicating what instruments he wants to play through pointing. He has continued to reject any melodic instruments, such as the reed horn, xylophone, xylymba, and resonator bells. (My feeling is that, due to a moderate hearing loss in his left ear, as reported by his mother, he may have difficulty hearing certain pitched instruments, and may feel more grounded by the deep sound of the various drums available to him.)

He has increasingly used his voice (non-verbal singing) during music making. He has responded to my mirroring and reflecting techniques in our musical exchanges by increasing his musical-relatedness while playing drums and singing. In addition, this technique has been effective in helping him increase his awareness and strengthen our client-therapist relationship, musically and interpersonally; as he has realized the importance of his music and the role it has played in the musical whole during our interactions; he is aware that his music matters.

His non-verbal vocalizations through singing are tonal, communicative, loud, and “grunt-like,” with limited flexibility in dynamics and range. He has displayed an increased ability to complete musical phrases, and has appropriately filled in musical spaces. He continues to have difficulty moving into my music, in terms of dynamics and tempo. In short, the music has been following and chasing Mikey, and he decides when

he wants the music to catch him. However, Mikey doesn't seem to either want to, or know how to chase the music and insert himself in it.

His drumming has become increasingly related to my music for brief moments. Sustaining musical contact on the drum continues to be difficult for him, as evidenced by him playing faster or stopping to play at times when musical contact is established.

### **Session Form**

The sessions have begun to take form, as I imposed the importance of completing songs and improvisations, rather than just moving aimlessly from music to music. This has been extremely challenging, completing activities while, what seems to be, me always chasing Mikey musically. I worked on structuring the sessions by using clinical songs as separate entities, each containing their own identities and structures, but together make up a session. Each clinical song contain layers of different forms of musical expression and experiences being offered to Mikey. Each of the clinical songs, although structured in its harmonic composition, contained improvisation within their chordal structures. I would change tempo, use variations in the melodies, and rearrange the harmony depending on Mikey's responses. The sessions are structured as: 1) "Hello" 2) Improvisation 3) "Sedated" 4) Improvisation or an adapted version of a pre-composed activity song 5) "Good-Bye"

## **The Next Phase of Treatment**

### **Updated Goals after 12 Sessions**

After 12 sessions the following goals have emerged:

- 1) Mikey will continue to utilize his voice in a communicative fashion
- 2) Mikey will begin to increase the dynamic range of his voice
- 3) Mikey will sustain musical contact, beating a basic beat for the duration of 1 song

### **Musical Intimacy vs. Destruction: Resistiveness**

*Ten minutes into our 13<sup>th</sup> session, Mikey chooses to play a reed horn (B) during an improvisation based in F Lydian in  $\frac{3}{4}$  time, in which I am playing the guitar. The harmony is based on 3 chords: F/A (3<sup>rd</sup>, 5<sup>th</sup>, Root), Dmin6/B (6<sup>th</sup>, 3<sup>rd</sup>, Root), and Cadd6 (Root, 5<sup>th</sup>, 6<sup>th</sup>). Mikey begins playing the horn, for the first time, by blowing softly and cautiously. I am simultaneously playing the guitar and a reed horn (F) to model, and attempt to create a dialogue between both horns. Mikey's horn playing begins to get louder and confident. As he randomly blows, the music is attempting to surround his tone, and "make" his "B" fit into the harmony of the Dmin6 chord. I begin singing to try to organize his blowing: "You can blow"-----"Your horn!"----. My vocal line begins on the first beat, each word gets 1 beat: F ("you"), G ("can"), A ("blow"). Mikey responds by blowing on first beat of the next measure. After repeating this sequence 6 times, I chose to remove my voice. The interaction continues as Mikey blows his horn in the appropriate spaces in the music. I then leave the familiar sequence, changing the tonality to G major; basing the harmony between the I and V chords: G major 9 (Root position)*

*and D 13. Mikey changes the quality and placement of his horn blowing, blowing initially on each beat, in a staccato fashion. I begin to slow the tempo; Mikey's blowing slows down as he continues to blow "on the beat." I then bring my singing voice back singing, "That's Mikey!" That's Mikey, blowing his horn!" Shortly following this, Mikey begins to bang the floor with the horn and then throws it up in the air. He then runs to the drum, and intentionally knocks it over. He runs to the cymbal, tries to knock it over, but I get there in time to hold it up. He runs to his chair and knocks it over. I decide to remove the instruments out of his vicinity and group them all together next to the side of the piano where I can "stand guard." He then points to the door, signaling that he wants to leave. The session is nearing its end, but I didn't want to end without singing good-bye. I express to him, "We have to sing our good-bye song first." He proceeds to go to the door and stand in front of it. I sing good bye to him, and the session ends.*

## **Evaluation**

Mikey's level of trust in me and the new environment continues to increase, as evidence by the intimate musical exchange that occurred during the "horn/Lydian" improvisation. The use of Lydian created intrigue and tension through the chosen harmony combined with Mikey's horn (B). Mikey's tone, which truly "brought" out the idiom (This particular Lydian improvisation is based on F major, lowering the 4<sup>th</sup> degree of the scale, in this case changing Bb to B), "placing" his tone in the "spot" light before resolving the harmony to a Cadd 6 (The B resolves to A, the 6<sup>th</sup> in the C chord; and the A remains for the F chord). The use of ¾ time appeared to create a sense of urgency leading into each measure, while also shortening each phrase, as opposed to 4/4 time. The ¾ time also created the effect of the music "running away," and that Mikey's music would need to "work" in order to catch the music.

The change in tonality, Lydian to G major, was intended to give Mikey a new experience based in diatonic harmony; deepening his musical involvement and creating more "flow" and less harmonic tensions.

The intimate musical experience of the "horn" improvisation may have provoked his destructive behavior. This form of defense, after a heightened level of intimate musical contact, is a concept that Nordoff & Robbins have coined as *resistiveness*. Nordoff and Robbins (1977, p.182) discuss how resistive behavior is a natural occurrence in therapy related to the relationship between the child and therapist; in which the child is reluctant to participate and respond to the music.

Not all response in therapy is participatory: with autistic, post autistic, or other emotionally disturbed clients, resistiveness appears in many forms to impede, and in effect *influence* the development of relationship. With many clients, resistiveness is a corollary to participation—a progressive response is generally preceded and/or followed by one that is resistive in some way." (Nordoff & Robbins, pg.182)

According to Bruscia (1987), resistiveness is the child's need to integrate the experience of increased intimacy brought on by shared musical peak experiences. (p, 62-63).

### **Negotiation: Choosing to "Music" over Isolation**

Session 16 had been the 4th consecutive session that Mikey had shown destructive behaviors following sustained musical contact; throwing drum sticks and knocking over drums. However, in session 15 he introduced a new behavior following his outburst: he laid himself on the floor, lying on his stomach, faced down and wedged himself between the floor and wall nodding his head "no" when I would ask him to pick up the drum sticks)

*In session 15, the pattern continues, as he knocks over 2 small chairs and throws the sticks across the room. Following this behavior, I begin to improvise music on the guitar playing in 3rds, 5ths and octaves going into and out of diatonic harmony, whole tone and a pentatonic idiom in a gentle and slow fashion. The music is not directed towards him. The music shifts its attention to just "me." I purposely do not look at Mikey, but I can I see his reflection on the piano. He looks up and seems puzzled that I have no reaction to his outburst, and my music is not reaching for him. He seems to be intrigued or caught off guard. I begin to sing in a gentle, falsetto voice as the music begins to form itself. Mikey begins to vocalize in his familiar way, grunting tonally and loudly, attempting to re-direct the music to him. Mikey sings louder, trying to get the attention of me and the music. I initially give the impression that I am ignoring him. I finally look to him while singing and playing, and I begin to sing, "pick up the sticks" "Oh pick up the sticks." I play the melodic rhythm on the guitar, using detached strumming to mirror and emphasize each word. Mikey slowly walks to the sticks, picks them up and hands them to me one at a time. The music continues as I sing "thank you, what a good boy." I repeat the phrase, "Thank you what a good---- (leaving the word "boy" out for Mikey to fill), Mikey fills in the space with a vocalization while jumping once on that beat. I then change the lyrics and sing, "Now...you have to pick up the chairs, pick up the chairs, you have to pick up the chairs before we say good-bye." The music never reaches resolution until all of the articles are picked up. (Rather than going to the I chord at the turn around, the music eludes to resolve by going to alternate/substitution chords, such as vi7, iv7, iii, and bIII). Mikey picks up each chair, one at a time. After completing this task, as the music continues, he walks over to me and lays his cheek on my shoulder, and I complete the song singing "thank you." Preparing to sing good-bye Mikey runs to his chair, and taps the chair next to his, signaling for me to come sit with him.*

### **Evaluation**

During Mikey's resistiveness in session 16 he showed several new aspects of himself: 1) he showed a new sense of himself and an awareness of me, as he realized that the music and I were avoiding him 2) he showed how much he likes to be a part of the music, when he began to sing louder trying to draw the music to him 3) he showed that he enjoys "being heard." 4) he displayed affection towards me as he laid his cheek on my shoulder,

and later invited me to sit next to him. 5) he understood me when I sang “pick up the sticks and chairs”.

I felt that Mikey needed to take responsibility for his actions in picking up what he had knocked over. Instead of battling him and making him do it, I gave him a choice, either 1) pick up the instruments if you want to be a part of the music or 2) do not pick up the instruments and choose to keep yourself isolated from the music. Mikey’s choice to join the music and to be a part of something bigger than himself, shows his new sense of “being;” someone who wants to share his world and be a part of someone else’s world, as opposed to remain in the “comfort” of his own isolation.

Mikey missed the next 2 weeks of therapy due to illness.

### **The Birth of a New Voice: “Let’s Sing a Song”**

*Seventeen minutes into our 20<sup>th</sup> session, Mikey and I are both seated on the floor facing each other as I play a pre-composed song, entitled “Let’s Sing a Song.” (Ritholz & Robbins, 1999, p. 44). It had been part of our clinical repertoire for several weeks, with Mikey typically completing the musical phrases with tonal grunts.) As I play the A section of the song, Mikey listens to me singing and playing, I improvise a new B section (as I usually did in previous sessions), to add anticipation of the A section. As the B sections comes to an end, before moving into the A section, I slow down the music vamping on a diminished chord in several inversions for 2 measures to create additional tension and anticipation. I finally resolve to the I chord (C), singing, “Lets---, Mikey completes the phrase and “takes the song on” himself, singing different vowels sounds (e, ah, and o). His singing voice takes on a new life, expressing itself in a new way; his melodic lines are connected (legato), tonal, and extremely thoughtful and sensitive to the music being played. Watching him sing, I see the amount of energy it is taking for this little boy to get these sounds out of his body. It seems as though he is squeezing the sounds out of himself, closing his eyes and cringing his face. I am trying to move him along in the song, by creating tensions with his struggle, trying to “time” the music’s resolution to his vocalizations, strumming and sustaining chords, waiting for him to lead the music into the next note.*

*Following this activity, I begin to sing and play our good-bye song using the same musical interventions used in “Let’s Sing a Song.” Hoping for the same results, I incorporate additional tensions in the song, playing inversions and open harmony chords (placing 3rds and 5ths in the bass): C/G, G/B, C/E, C/G, G/B, Gmin7, C9/G, F/A, F#dim, C/G, etc. I sing, “It’s time to say---, and Mikey miraculously sings “bah, bah.” I repeat this leaving space for the word “bye,” Mikey again completes the phrase, singing “bah, bah” and flapping his hand up and down. The music moves into the B section (F/C, F#dim, C/G, Amin7, D9/A, G#dim7, C/E) in which I address both of our names. (The music in the B section is similar to a gospel type of style due to the chromatic bass line. I sing, “Good---,” Mikey sings “bah,” I sing “To Mikey,” he points to himself and sings “bah, bah” on his own initiative; I then sing “Good-bye to---,” referring to me. Mikey grunts a sound and then uses his pointer finger to tap my chest, as he expresses good bye.*

## Evaluation

During session 20, Mikey asserts his “will” in that he expressed and experienced himself in new ways, utilizing, and manipulating his voice to be a part of the music. This “leap” into a new way of being continued to display an increase of his sense of self and others, musically and interpersonally. In addition, during this session Mikey displayed his ability to make decisions that allowed him to accept and integrate new experiences. Mikey’s struggle in trying to connect the internal (his internal music) to the external (our music) had been facilitated and supported by and through the music, as it waited for him, and recognized and reflected his struggles and ambivalence in harmonic, dynamic and rhythmic structures.

Mikey’s intent to *sing*, physically touch *me*, and wave to *me* as he expressed good-bye displayed his appreciation and integration of the new relationships being formed interpersonally and in and through music. In addition, his realization that “we” (the music and I) were there for him, accepted him, and waited for him manifested itself through his increased level of trust and acceptance of me and my music.

## Discussion and Conclusions

Creative music therapy proved to be an effective approach for Mikey. In the music, a safe and playful environment had been created for him to explore and encounter musical experiences that lead to his developments, musically, interpersonally and developmentally.

For Mikey, the music provided a vehicle of communication that would allow him the opportunity to be “heard,” and understood. In addition, it created a place where his “voice” mattered and played an important role in the music, empowering him and providing him with an opportunity to be a part of something larger than himself. In being a part of a larger whole, Mikey’s self-awareness and consciousness expanded allowing for him to experience new ways of being.

At a Rebecca Center for Music Therapy fundraiser in May 2003, Mikey’s mother prepared this testimonial:

*“... His father and I were always looking for a key to tap into Mikey’s abilities. And with music therapy, I think we found a way to approach my son’s abilities. It is actually one of the few therapies that we think reaches Mikey. He started working with John last September. Mikey recognizes John and plays musical games with him. That is a big step since he does not acknowledge many people.*

*The naked eye may not see any changes in Mikey, but his Dad and I do. Instead of spinning around in circles, he actually dances to music. And just the other day, he took a can and played with it as a drum. It was so typical, just like other kids. All I could do was cry because instead of*

*seeing a temper tantrum or a bizarre play skill, I saw a typical kid...my typical kid.*

*Music therapy is one of the things that create an equal playing field for Mikey, and for that I am very grateful.”*

It has been a pleasure and a privilege to work with Mikey. Experiencing his growth has been a true gift, and a constant reminder as to why I became a music therapist. Personally, he has taught me how to listen more carefully, to trust the music, and to be more aware of whose needs I am meeting in each musical moment. He has helped me grow as a musician and as a therapist, and I look forward to our future work together.

## **Glossary**

Autism- Autism is characterized by impaired social interaction, problems with verbal and nonverbal communication, and unusual, repetitive, or severely limited activities and interests.

Apraxia - Apraxia of Speech is considered a motor speech disorder. Children with apraxia have great difficulty planning and producing the precise, highly refined and specific series of movements of the tongue, lips, jaw and palate that are necessary for intelligible speech.

Dexedrine - This medicine is used to treat attention deficit disorders.

Down syndrome - Down Syndrome is a defect of the chromosomes leading to a characteristic set of abnormalities including delayed development.

Flovent – Flovent is an inhaled steroid that prevents asthma attacks

Mirroring (Paul, 2002)

Nasonex - Nasonex is a nasal allergy spray that helps relieve an itchy, runny nose; sneezing; and congestion

Seroquel – Seroquel is used for the treatment of schizophrenia, acute manic episodes associated with bipolar I disorder, and obsessive compulsive disorders.

XYY syndrome - Some children with XYY are developmentally delayed, but XYY is less common among the delayed population than in the general population. Children with XYY can have low, normal, or above normal intelligence. The extra helping of maleness does seem to have some effect on intelligence, though. These boys tend to score about 10 to 15 points lower than their siblings on standardized IQ tests (Paul, 2002).

## References

- Aigen, K. (1996). *Being in music: Foundations of Nordoff-Robbins Music Therapy*. St. Louis, Missouri: MMB Music, Inc.
- Bruscia, K. (1987). *Improvitational models of music therapy*. Springfield, Illinois: Charles C. Thomas Publishers.
- Nordoff, P. & Robbins, C. (1977). *Creative music therapy*. New York: John Day.
- Paul, Michel (2002, September). Personal Communication.
- Ritholz, M & Robbins, C. (1999). *Themes for Therapy from the Nordoff-Robbins Center for Music Therapy at New York University*. New York: Carl Fischer.