

THE THERAPEUTIC SIGNIFICANCE OF COMMUNICATIVE MUSICALITY

– in the practice of listening to music within psychotherapy
and its psychobiological origins in early attachment experience

Mary Butterson

Kommunikativ musikalitet (som defineret af Trevarthen & Malloch) befinder sig et sted mellem personen og musikken. Den kan ikke lokaliseres entydigt hos personen eller i musikken. Den er dér, hvor personen og musikken overlapper hinanden, og dette er noget helt centralt i musik og i verbal psykoterapi, som de beskrives i denne artikel. Når en patient, der lider af et traume forbundet med problemer i den tidlige tilknytning, vælger musik at lytte til sammen med terapeuten, kan dette valg forstås som UDVIDET kommunikativ musikalitet. Komponeret musik fylder rummet, og den valgte musik forstås som musik, patienten har brug for at lytte til sammen med terapeuten. I denne udvekslingsproces mellem to højre hjernehalvdele gennemarbejdes puls, kvalitet og narrativ i de delte METAFORISKE BETYDNINGER af patientens oplevelse af at lytte til musikken. Dette foregår parallelt med den overlappende puls, den kvalitet og det narrativ, som er dynamisk aktive mellem patienten og terapeuten som personer. Gennem denne proces kan nye måder at være sammen på opstå for både patienten og terapeuten. Dette vises gennem en case study.

1. Introduction

Listening to music within psychotherapy is informed by modern studies in neuroscience, attachment theory, psychotherapeutic practice, and receptive music therapy. The theoretical understandings rely on attachment theory as a primary motivational system not rooted in hunger or instinctive drives, (a Freudian perspective), but in a contemporary Jungian approach which considers mind and meaning as emerging out of developing brain processes and the experience of interpersonal relationships (Knox 2003). Modern perspectives on transference and counter-transference are core clinical processes in the practice of listening to music in psychotherapy and are based

on understandings in affective neuroscience and attachment studies (Fosha 2003). But what of music?

From a philosophical perspective, one of the raw materials of music, namely pulse, is to be found in the natural world without the involvement of the human mind. For example the movement and sound of the waves on the seashore. This rationalist view (1956) is explored by Zuckerkandl (1973, p. 143). But he also states that it is humankind, who perceives this motion and adds the quality and narrative to this experience (Zuckerkandl 1973 pp.145-147). Taking this musical experience a stage further, Langer (1942/1996, p. 235) and Cumming (2000, p. 222) explore the pulse, quality and narrative of music as symbolic of dynamic human relationships. These perspectives inform the thinking which underpins this article.

Listening to music in psychotherapy is new and different from receptive music therapy in that the patient, as will be seen in this paper, chooses the music to be listened to within the context of psychotherapy. This is in contrast to the way of working in Guided Imagery in Music (GIM), an internationally well-known receptive music model. Here the therapist chooses the music, based on the patient's needs. There is a special training in this method, which was originally created by Helen Bonny, and the individual format is now referred to as The Bonny Method of Guided Imagery in Music (BMGIM) (Bruscia and Grocke 2002). Because there is a particular focus on the autonomy of the patient within the psychotherapeutic practice described in this article, it is appropriate that the patient chooses the music.

In this model of listening to music in psychotherapy the patient brings a CD to listen to in the consulting room, or he or she sings or plays a musical instrument. At the beginning of the psychotherapeutic work the patient is invited to bring in music to listen to or perform or draw or paint if he/she wishes. It is explained that these are options of expression and communication. A basic assumption behind this model is that the repeated dynamic process, which takes place between infant and mother/carer, sculpts the infant brain-mind (Wilkinson 2006) and resonates again in adult inter-relational psychotherapy. When the patient brings music into the room the mode of musical engagement is understood in this model as 'enhanced communicative musicality'. It is enhanced because the process of communicative musicality is hopefully already in dynamic motion between the therapist and patient. What then is communicative musicality?

2. Communicative musicality

Building on Zuckerkandl's 1956 philosophy of music as motion in the dynamic field of tones, communicative musicality occupies the dynamic field of sounding tones and, at the same time, the dynamic field of persons. It is not completely of musical sounds nor is it completely of persons; it is felt

in this dynamic flowing space without place around and between persons (Zuckermandl 1973, p. 290).

From a neuroscience perspective the flowing communication between persons, this innate ability, available from birth, which carries emotion from one to another, is first felt in the earliest engagement between infant and mother/carer (Malloch 1999). It is observed in the baby's gurgles of pleasure when, for example, the mother/carer gazes into the infant's eyes and smiles and coos and moves towards him. There is an exchange of delight between them. This is the beginning of the myriad later non-verbal and verbal sounds, looks and gestures between friends of any age. It is also the case that as soon as they are born, babies are able to engage musically with parents and carers and they may learn language by first recognising patterns in a caregiver's speech. However, the infant has learned to communicate with sympathy of purpose long before spoken language (Trevarthen & Malloch 2002).

The baby's brain is also set up to be co-authored in action, reflection and conversation in later years with persons such as teachers or doctors he comes across in society at large (Trevarthen 2006). This list may also include therapists when an adult's way of being in the world has become derailed through difficult circumstances. When words are not available or sufficient for the patient to communicate what he or she thinks the therapist needs to hear, the therapist may encourage the patient to communicate through music or painting. These media engage the patient's right brain and allow logical thought and speech to be by-passed and hidden feelings to come to the fore. This right brain hemisphere is the territory of communicative musicality and this phrase is used to explain the beginnings of using music to converse emotionally with others through pulse, quality and narrative (Trevarthen & Malloch 2002, p. 11). Listening to music within psychotherapy, therefore, is a therapeutic medium that may initially assist the restoration of a healthy way of being in relationship and re-regulate or literally begin to fine-tune this purpose of being alive in relationship with which we are born.

Music listening is similar in three aspects to communicative musicality in that it is the receptive side of the particular experience of *pulse, quality and narrative* that is always present in music (Trevarthen 1999). Outside the therapeutic context communicative musicality in adults is experienced and observed in shared time with others in music. Examples of this would be the rapturous applause on having listened and moved along with the performers at a pop concert or just listened to music in a more traditional sitting position at a symphonic concert but being inwardly moved emotionally and expressing this emotion outwardly by our appreciative applause.

But we know that emotional intimacy, the hallmark of psychodynamic and integrative psychotherapies, is observed and experienced in infancy through research on such mother/infant interactions (Beebe et al. 1979; Fogel & Thelen 1987; Tronick & Weinberg 1997). As noted above, Malloch

(1999) has identified 'communicative musicality' to be the vehicle which carries emotion from one to another, and it is held to be the wellspring or source of *stories* we tell one another of what we do and who we are in relationship (Trevarthen & Malloch 2002). This wellspring would also be the source of the narrative the patient tells the therapist within psychotherapy. These kinds of narrative between persons are said to enable the sharing of time and allow for the development of emotional envelopes, which are the very essence of human companionship (Malloch 1999: 45). These emotional envelopes could also be described as containers of emotional intimacy for the patient in the context of psychotherapy.

3. How do we understand this essence in babies in every day life?

We understand this emotional envelope directly in the dynamic right brain interchange between an infant's and his or her first carer(s). For example, by the tracking of the infants eyes as he or she follows the attentive carer's facial expression or the sound of his or her mother's voice, we observe that there is a shared dynamic *focus* between carer and baby which one perceives from the outside as it were. Here the new born baby's autobiography is begun and processed in the right hemisphere of his or her brain using the limbic system and the right orbitofrontal cortex. This right brain processing is fully dominant until the age of three and the infant is already adept at forming emotional narrative units. As the left brain linkages come on stream from about the age of three, the stories or narratives we tell as growing children and adults are dominated by the left brain speech areas which organise the information into linguistic codes and narrative units within linear time.

Music, however, and especially melody is read by the right brain in non-musicians, and it remains dominant in regard to most, if not all aspects of social emotional functioning (Valent 2001). It follows therefore that when we enquire of ourselves what music means for us, right brain and left brain are both engaged but the emotional content has its origin in the first right brain emotional narratives we experience as infants in relation to mother or primary carer. Meanings arise in the feeling narratives experienced in these early movements, sounds and gestures between mother and infant and become part of who we are as relating children and persons in the community. Trevarthen and Schögler (in press) write that

»From the first 'protoconversations' and in the earliest baby songs, meanings are made in emotional narratives, and forms of expression become habits that confirm the sharing of experiences over time. They become part of the history of companionship, first in intimate family relationships, then in the daily work of the wider community«.

The observant therapist may be aware of such early emotional gestures in the non-verbal psychotherapeutic encounter through facial expression, tone of voice, and movement of the patient. But when the patient's adult story about his or her emotional experience is shared and enhanced through listening to a passage of music in the consulting room, the pulse, quality and emotional story of the music allows for an intense emotional envelope to develop swiftly over shared time between patient and therapist, which may carry early traces of emotional experience for the patient that are encoded in his or her right hemisphere.

This is speculative at the moment, but we can refine our understanding of what happens in this kind of shared listening experience in the consulting room by looking to the work of Trevarthen and Malloch, who have identified the elements of *communicative musicality* or what exactly is musical and interpersonal about this shared musical time in early intimacy. This suggests that the elements of pulse quality and narrative can also be identified within the interpersonal intersubjective therapeutic relationship in the consulting room and be heard to overlap with the dynamic elements of music itself. Examples of this kind of overlap in the intersubjective meeting between therapist and patient and in the shared experience of music itself in the consulting room can be found in Butterton (2007).

4. The overlap of pulse, quality and narrative

This section presents the core elements of communicative musicality – pulse, quality, empathy, and narrative – with examples from the case study that is unfolded in the last part of the article.

Pulse

Work with one patient, Liz, who had been suffering from deep depression for many years, is an example of such a musical and interpersonal overlap occurring in therapy. During psychotherapy she chose to listen to »Come ye Daughters Share my Mourning«, the opening chorus from Bach's *St. Matthew Passion*. She was upset and her breathing was rhythmic with regular pauses as if she was controlling her sobbing. She writes about this experience:

»There is a strong pulse beat and I am aware of the flowing crotchet/quaver rhythm in the bass line. We have 16 bars introduction and then the chorus comes in, »Come ye Daughters, Share my Mourning«. This is so beautiful it makes my toes curl. The sound fills my body and head and for a few seconds blasts out all the stuff in there which seems to drag me down.« (Butterton, 2007).

We were both able to share the overlap of the experience in the consulting room but it was quite several months before its particular significance for Liz was more fully understood and she was able to link the present experience of listening to this music to the deaths of her mother and grandmother, daughters to one another in real life.

Another aspect of pulse is continuity. In the consulting room there is a regularity in pulse in the repeated frame, which builds into a sense of continuity or narrative for the patient. This is extremely important with patients like Liz who have suffered early trauma when the world and relationships were experienced as chaotic.

She was traumatized by temporary loss and disruption in relation to mother's illness when Liz was a few weeks old, and the later death of Grandmother when Liz was 10 years old. The pulse in the music seemed to be of particular importance for Liz as she mentioned it frequently in her writing on her musical experiences in the consulting room. Through listening to music in psychotherapy she was also able to link the present to the past. Such linkages in psychotherapy achieve a measure of integration, and new neural pathways and patterns of connectivity in the brain may be established (Wilkinson 2006, p. 30)

Another example of the importance of the pulse in music for Liz was when she arrived in the consulting room towards the end of our work together. It was spring and she came in very bright and sparkly. We talked of how beautiful the trees were on her journey and she remarked on how beautiful the world was at the moment. She told her story in a rush of enthusiasm, talking in a fast pulse. She had been listening to a very sparkling piece of music on the car radio. She did not know what it was, but she described it as a piano concerto and it was such joyful music that the notes »seemed to collide and trip gleefully over one another in a torrent of happiness« (Butterton, 2007). Without having seen anything about the programme nor having heard the radio that morning I seemed to know from her body language and the communicative musicality of her description that the piece was the Litoff *Piano Concerto no 2*. I took the risk of singing the melody to her and she smiled broadly and confirmed that this was indeed the case. This was a happy coincidence but perhaps informed by her body language and the pulse of her excited storytelling.

Liz's new joyous behaviour was resonant of Trevarthen and Malloch's (2002) writing on pulse in communicative musicality, which addresses this overlap between persons and music in infancy. When the regularity ceases at the end of the musical game for the infant there is a recognised kind of ending with the carer, a shared look or clap of the hands and the end is noted but the friendship and companionship continues. It is only an ending within the continuing relationship, not *the* end of the relationship. The repeated experience of regular pulse through time in shared music is an early shared adventure for the infant which lays down a way of knowing in the infant's

experience that some joyful episodes in time do end but he or she can look forward with hope to them starting again.

This repeated dynamic process, which takes place between infant and mother/carer, sculpts the infant brain –mind (Wilkinson 2006, chapter 3) and resonates again in adult inter-relational psychotherapy. The linking of brain and mind here is quite deliberate as mind arises from the brain (Cozolino 2006 p. 81) and continues to develop through relationships. Brain and mind are interdependent and as Siegel (2003, p. 14) writes, »...relationships may not only be encoded in memory but may also shape the very circuits that enable memory to be processed.«

However, although not proven at the moment, new neural pathways in the right hemisphere of the adult brain are said to become established through repetition of early attachment experiences within psychotherapy such as the happy example described with Liz above. It is therefore the intention to re-establish such new neural pathways for the patient (and the therapist) through listening to music in psychotherapy.

It is suggested in general that the music chosen by the patient suffering from early trauma may engage with early nuances and patterns of love and loss. In the new musical affective encounter between patient and therapist there may be a more regulated flow of attentive engagement for the patient and attention to pulse and continuity would have to be closely observed by the therapist. In the process of psychotherapy, for example, any ending may resonate with early loss and disruption and must be thought about carefully, whether it is because of the ending of the session or a holiday break. In this adult relationship there is therefore an experience of the careful regular attention of a ‘good enough’ mother/therapist, and a new and restorative emotional engagement for the patient may come into being. This brings us to the second element of communicative musicality, which is quality.

Quality

In the musical exchange between infant and carer, the lively melodic leaps of joy or gentle falling phrases carry the *feeling tone* along with matching hand or arm gestures. Such movements and shared vocal contours present the *quality* of sympathetic communication. Quality in this context refers to »the contours of expression moving through time« (Trevarthen & Malloch 2002, p. 11). We are concerned here with the *how* of the sympathetic communication.

But exactly *how* do these contours of changing expression in sound contribute to the quality of human expression? Trevarthen & Malloch (2002) write that in a loving exchange, a parent will listen attentively to the pitch contour, tone and timbre and harmony or dissonance of the child’s vocalisation and will usually respond appropriately. The parent may also imitate directly the pitch contour of the infant. For example, a climbing, exuberant squeal of delight from a baby might be immediately imitated precisely by

the mother/carer or with variations. Or the parent may do the opposite and respond with a contrasting melodic and feeling contour. In a 'good enough' infant/mother/carer relationship there will be a balance of imitation and contrast. The timbre of the carer's voice, its sharpness or gentleness will contribute to the quality of the exchange. The mother/carer and infant will attend closely to one another and move together in shared time through the different phases of expression (Papousek and Papousek 1981; Trehub 1990). Building on this research Trevarthen and Schögler (in press) write:

»Infants show rich and powerful motives of *musicality*, the 'inner meaning' of music. Their selective orientation to musical sounds, critical discrimination of musical features of sound, and vocal and gestural responses that are timed and expressed to contribute to a joint musical game, confirm that music has its roots in human nature«.

In the consulting room this means that the *quality* of the shared attention to the chosen music is of great importance. The patient's non-verbal gestures carrying the emotional quality of the music for them must be carefully tracked and shared. The *quality* of the musical sound and the *quality* of the shared emotional feeling combine to form the most intimate overlap in communicative musicality. An example of the qualitative power in the shared musical experience in the consulting room was also to be found in »Come ye Daughters Share my Mourning«, from Bach's *St. Matthew Passion*. The atmosphere in the room was as if we were both suspended in a breathless experience of grief. Liz looked sad and hung her head. The choir's falling musical phrases were doing the weeping, as it were, and we were both caught up in this shared grieving experience. May be in this listening and containing musical experience Liz had a sense of being truly met and of being held in the mind and heart of the therapist. It is a paradox of intimacy. The intimacy is between persons and at the same time it is held in music. It is an experience of at-oneness, which at the same time allows for distance. Because of the right-brain coding in the musical tones, there is an appropriate distance between therapist and patient and especially because it is the patient's *own* choice of music. The coding is the patient's own inner response to the music which sounds within, between and around the therapeutic dyad. The therapist's own response to the music must be monitored and then laid to one side, so as to engage more fully with the patient's experience. This could be called radical empathy on the part of the therapist but what is really meant by radical empathy?

Radical empathy

Radical empathy is a fluid process, which is first experienced, in early life with an attentive carer who mirrors and attends carefully to the infant's non-verbal physical and emotional needs. In the consulting room however

there is an adult present and not an infant, and Schore describes empathy in this context:

»The attuned, intuitive clinician, from the first point of contact, is learning the non-verbal moment-to-moment rhythmic structures of the patient's internal states and is relatively flexibly and fluidly modifying her own behaviour to synchronize with that structure, thereby creating a context for the organization of the therapeutic alliance.« (Schore 2000b, p. 317)

A particular example of radical empathy in Liz's therapy was when she brought in a CD of Dvorak's *2nd Symphony*, the 3rd movement. I knew this piece very well but it was Liz's experience of listening that was important. When I put my own feelings on one side, Liz was able to tell of a very significant memory for her concerning this piece. She remembered that it had been used to introduce the reading of Dickens' *Nicholas Nickleby*, presented as a serial story on Children's Hour on the radio. *And her mother had listened to it with her*. Here was a direct repetition of pulse and quality in relation to her first carer. Liz had enjoyed it so much that her mother had written to the BBC and found out what it was and bought the record for Liz who was about 9 years old. Liz writes:

»These minutes spent with my mum listening to the Dvorak must have been a special time. When I look back, any time she had for me only was rare, so perhaps my present sadness is about not having enough 'special times' and wishing we could have had more« (Butterson, 2007).

This was her precious experience evoked by listening to the Dvorak passage. I needed to attune to her feelings in radical empathy so that this retrieved memory could begin to fill out the story of her childhood of which she had little memory until we started working in music. – We now turn to the third element in communicative musicality:

Narrative

»Narration allows two persons to share a sense of passing time, and to create and share a particular experience in relation which evolves through this shared time.« (Malloch 1999, p. 45).

In psychotherapy two persons are also sharing a sense of passing time and there are at least three narratives encountered in listening to music in psychotherapy.

The first arises from the pulse and quality of the patient's verbal history. This shared experience of the patient's autobiography has its own flowing

narrative or broken narrative resulting from early trauma. A second narrative develops within the patient's mind, as his or her right brain hemisphere begins to become more integrated with the left brain hemisphere. Then the meaning of the music heard is not only shared, and the quality of the experience felt between the dyad, but this meaning may be further captured in symbolic form, such as in painting or poetry. These paintings and/or poetry deal with the 'categorical' or core emotions of fear, anger, joy, sadness and disgust and are initially processed subcortically (Damasio 1999, p. 236). A third narrative traces the story of the emotional attachment encounter between therapist and patient.

In the second narrative, the developmental process in the shared therapeutic encounter, three stages may be identified. The first stage is to do with *how* the patient expresses herself in the initial telling of her story. This may be in simple expressive movement and sound. For example, the hesitant sobbing sentence from the patient as she tries to find some words to frame her grief.

The second stage is the *how* and the *what* within enhanced communicative musicality as the expressed symbolic meaning of the music takes its form. Pulse and quality are still present, as the *how* of the shared interpersonal experience of listening to the passage of music, but the *what* or the symbolic meaning of the musical phrase emerges from the *how* of pulse and quality.

An example of this was Liz's subconscious choice of music which contained her early trauma as it emerged in the consulting room. The trauma evoked was the fear of death in relation to her mother's illness and her own fear that she might not survive as a child. She could not of course remember this herself but was told about it later in life and she would have felt, as an infant, the traces of early confusion and fear. In this instance the music of the Angel Aria from the *Dream of Gerontius* by Elgar may have resonated with the soothing voice of her grandmother who was herself a singer, and who had looked after Liz when her mother was ill. But how might we link this early experience of pulse and quality in the infant brain-mind with the pulse and quality in the adult experience of listening to music in the consulting room. What more can be said about the right brain –in-relationship as it develops?

In infancy the cingulate cortex in the brain-mind coordinates maternal behaviour, nursing and play. It is also involved with sound as an aspect of social communication (Cozolino 2006, p. 104) and organizes the early sense of the body as gradually a sense of self –in-relationship begins to be formed. During this time, the orbital medial prefrontal cortex, amygdala and related structures are adding networks of attachment and affect regulation with our primary carers. Our autobiographical memory is said to rely on these »somatic, emotional and physical sensations to construct the stories of the self that will further shape our identities« (Cozolino 2006, p. 72) These

stories may be the remembered narratives made up of the pulse and quality of the shared musical experience in the consulting room. The patient's early experience of pulse and quality of the somatic, emotional and physical sensations may govern the patient's musical choice; music that she knows and needs to share. This right brain experience is then communicated to the therapist.

The *meaning* of the shared experience is the third stage. This may be expressed through the media of painting, poetry or autobiographical narrative. Liz expressed the what or the symbolic meaning of the grief and sorrow as she struggled to integrate the experience of traumatic loss in her early life and the later unmourned deaths of her mother and grandmother. She combined the pulse and quality of her inner world and produced the *what* or meaning of her experience in a poem. This was written 7 months into our resumed work together. The psychotherapeutic work was in fortnightly sessions using music in psychotherapy. She writes:

»I have been depressed for the last two weeks or more. I decided that I should write something to remind me of what some of my pain might be about. It feels as if it might be about some of the loss, loneliness and emptiness all those years ago; the pain in my heart, which I could not talk about, the pain, I now feel in my body. *'My returning Journey'* is about this«.

MY RETURNING JOURNEY

When I enter the tunnel, I must remember
Who it is who is suffering

I am a babe in arms, with no arms to hold me
I am alone in a lonely place
No sound, no music, no voices

My little body is in pain
Breathing is difficult, pain in my chest
Why do I feel this? I have no words
I want it to go away forever, but it still keeps coming back.

Curtains are drawn, nothing to see, nothing but brick walls
Cannot escape, just have to sit here and wait
So very tired. Have to sleep. Might feel better when I wake
Sleep takes me to a peaceful place

I am a tiny child unable to process what is happening to me
Circumstances put me here, I blame no one
Whatever I feel as I grow up

How I feel is not my fault'

I see the tunnel behind me

And as I emerge exhausted

I must remember that all this was in the past

And not happening now

I look at my tiny child with compassion

I hold her close and share her warmth

I must always remember my tiny child is blameless

I must hold, protect and love this child with unconditional love

(Butterton, 2007).

Symbolic meaning emerges as the patient grows and develops his or her sense of being in a regular, supportive relationship in therapy. This therapy will have been attentive to the sought after growth in the patient. Trevarthen & Malloch (2002, p. 11) have named this process in the carer/child dyad as »the cradle of thought« after Hobson (2001, p. 28). This is when an awareness of symbols grows at the close of infancy. This »cradle of thought«, however describes the good enough process of birth and early emotional attachment for the infant. Liz did not experience this good enough attachment, and her early traumatic experience is described in the following case study.

5. Liz's story

Liz was separated from her mother at the age of six weeks because her mother was ill. This is when her grandmother began to look after her. Father was working hard at this time and also looking after mother when he returned home from work. He visited Liz and Grandmother when he could during this difficult time. When, after some months, her mother felt a bit better, Liz was returned to her mother, who remained physically and emotionally fragile for many years.

It was interesting that the first music that Liz brought into the consulting room was the Aria sung by the Angel in Elgar's *Dream of Gerontius* as she bears Gerontius' soul to God. The feelings of bitter sweet sadness mingled with the soothing comforting of fear would be something sad to remember of what her grandmother's feeling state might have been as she began to fully care for this tiny baby of six weeks old. This tiny baby would have felt this experience of grandmother and this experience may have laid down connections in her early brain-mind.

Liz survived this first loss of mother because of her grandmother – whom she then 'lost' when Liz was returned to mother. We now know that the first months of life are vitally important for how our brain-minds develop and how we relate to others in the world along with the effects of this early

damage for adults and children who enter psychotherapy (Green 2003; Wilkinson 2006; Gerhardt 2004; Solomon & Siegal 2003; Cozolino 2002; Corrigan & Wilkinson 2003; Schore 2003).

Development of early trauma for Liz

Liz's experiences of loss were imprinted in her developing right brain, and the accompanying sadness and bewilderment felt at the first loss of the presence of mother and then grandmother after two or three months would have been encoded there in implicit memory. As Liz grew through her early childhood her mother became increasingly ill and these sensations of loss were further established in her developing right brain. But what does this imprinting mean in terms of growing up and relating to other people?

Modern attachment theory holds that these early destructive patterns of relationship are set in train, as it were, to be repeated throughout life simply because they are familiar and understood (Knox 2003, p. 10).

But how do children as Liz manage the internal feelings of intense loss and loneliness that are imprinted in the right brain hemisphere? One answer is that they do this by a process of dissociation. Attachment trauma »induces an enduring impairment of ...the primordial central integrating structure of the nascent self« (Schore 2005, chapter 9). These children literally dissociate themselves from the early unbearable experience and search out that which is in a similar dynamic pattern. This pattern will be one which will not let them down or disappoint and over which they can exercise some control. Music is one such phenomenon.

Dissociation

Dissociation occurs because of a failure of emotional regularity systems between infant and carer (Schore 2003). It is a mechanism, which »the infant may adopt in the face of ongoing (cumulative) relational trauma« (Schore 2002, p. 9-30). Liz may have adopted such a mechanism as she was growing up in order not to feel the unbearable loneliness, confusion and loss of the close relationship with mother and then grandmother. She writes:

»It must have been around the time when I was 8 or 9 that I began my other imaginary life! I was always sent to bed early so I would read or sing music from school. I began to imagine little friends coming to see me to talk to me. I don't remember who they were or what they talked about, but as long as the conversation lasted they were real to me« (Butterton, 2007).

Liz refers to music and her grandmother who sang a lot. In later years music became the place where Liz had her intense emotions of love and loss. In music she may have adapted to the dynamic relational processes there rather than the dynamic relational processes in real life. In music she would

have found a regulation of pulse, quality and narrative of emotion that was absent or confused in her very early life and continued as she grew through childhood.

It was very noticeable that in the consulting room Liz 'came alive', as it were, when listening to music or talking about it. It would seem that Liz lived in music more than she took pleasure in living in the real world. Music was the one place her deep depression could not capture. Music had become a dissociative mechanism that allowed her to live 'in mind' and also 'out of mind'. The experience of music did not flow alongside Liz; she lived *in* it. This was apparent when she listened to it or sang it. This process of dissociation into music protected Liz from intense emotions of love and loss in real life but also acted as a barrier or prison. Music was where she could feel intense joy and sorrow, and her life outside music became emotionally depleted as a result of feelings of personal hopelessness. This is when her depression may have taken root to become more obvious on the death of her father.

Liz entered therapy with her first therapist in 1992 after her father's death, and continued there until 1995 when she came into therapy with me. We continued working in word-based psychotherapy until 2002. She returned in 2003 following a bad experience in a pain clinic, and we decided to work more through music. This was to encourage more of Liz's emotional experience in music to connect with her left-brain and come into words rather than remaining in music.

This would have to be done first through radical empathy, which would mirror non-verbally the intensity of early attachment figures. This is where the overlap of pulse, quality and narrative in the shared experience of listening to her chosen pieces of music comes to the fore. Liz's chosen music became a gateway to the early roots of attachment experience that could be attuned to with careful attention. A measure of repair of the early trauma laden attachment experience could then be begun. When this began to happen, more and more memories, of joy and sorrow, began to come back to her. This is shown in her writing about her musical experiences. Here her memories had literally come into words in the left-brain. Cozolino writes of such memories,

»This constructed past often fosters self-understanding, acceptance, and self – forgiveness by providing a model that places current experiences in a historical context and works against a unilateral acceptance of blame«. (Cozolino 2006, p. 131).

Liz, however, chose more than one passage of music to listen to within her psychotherapy. These musical choices are examined in the following.

Liz's chosen passages of music

These chosen pieces may be understood as a pathway tracking Liz's experience of her emotional development from infancy, and also how she used music as an emotional regulator in the interpersonal encounter in the present in the consulting room and outside in relationships in the real world. This was an opportunity for me, as her therapist, to monitor and engage in a measure of affect regulation in her life in the present, which had been missed in her early life in relation to mother, father and grandmother. Her chosen pieces were as follows:

- 1) The Angel Aria from *The Dream of Gerontius* by Edward Elgar.
- 2) The great »Amen« passage from the *Messiah* by G. F. Händel.
- 3) The *Queen Symphony* by Tolga Kashif.
- 4) The »Praise to the holiest« chorus from *The Dream of Gerontius* – Elgar
- 5) A passage from the Third Movement of A. Dvorak's *2nd Symphony*.
- 6) The chorus »Come ye daughters share my mourning«, from J.S. Bach's *St Matthew Passion*
- 7) »The White Tree« from the film *The Return of the King*.
- 8) A sung passage from the *2nd Piano Concerto* by Liszt.

This list may also indicate a process of emotional development within the psychotherapeutic dyad, as the meaning of Liz's inner experiences of listening to her chosen music began to reflect her emotional growth. Her emotional state appeared to be much more grounded in everyday reality in 2002.

Suggested psychotherapeutic progress in Liz's choice of music in psychotherapy

The first pieces from *The Dream of Gerontius* and the *Messiah* seemed to focus on being in mind and also out of mind, in a place where right brain sensation and feeling are predominant. In communicative musicality this would be the first stage in infancy where pulse and quality predominate in the early musical experience. The beginning of a linkage with left-brain processes would have been taking place in that she began to write about her experience of listening. Her written accounts, which follow, are taken from Butterton (2007).

»It is as though I am taken away from this place to a place where I feel weightless. It is a bit like lying in a swimming pool, just relaxed in the warm water with the sound wrapped all around me like a warm blanket. My breathing changes and becomes increased and shallower and my heart rate rises so that I begin to feel the pulse in my neck and right into my ears. If there is a change in the rhythm and volume, especially if the

music becomes more exciting, my skin begins to tingle and the sound if loud enough feels as if everything is blown out of my head (the pain of depression?) and I am completely somewhere else on a 'high' that I cannot explain. The problem is I know that the piece will end and I will have to return to reality.«

In the next piece there is the beginning of a grounding in real memory with the *Queen Symphony*. Here began the fond memories of the later childhood years, perhaps the years 8, 9, and 10 and the memory of grandma at that time. Her choice of the *Queen Symphony* here might have been subconsciously associated with her grandma because Liz talked a lot of her grandmother who reminded her of the old Queen Mary, the present Queen Elizabeth's grandmother. She writes:

»I first heard the *Queen Symphony* on the radio, I have always enjoyed the Queen pop group and years ago I thought Freddie Mercury was amazing. Perhaps this was because he was not afraid of being himself. I always had to be acceptable and the habit has stayed with me. Over the years I have tried to break out but now it feels a bit too late. This symphony is full of Queen popular tunes, orchestrated into a patchwork of harmony, glorious sounds woven into counterpoint, which reaches a climax in the sixth movement. Orchestra and choir swell to the words »Who wants to live forever?« Near the end there are two moments when a key change in the music twists the intensity to the extent that I begin to shudder. This music is rich in sound and emotion and seems to get right into the very core of me. Here again I can escape into my 'other world' and wallow in a blanket of sound which brings great comfort.«

Here Liz is still aware that she uses music as a warm blanket sometimes. Liz next moved to »Praise to the holiest in the heights «. She writes:

»...The words are about being loved and held right up to the moment of seeing God. The choir repeats »Praise to the holiest« and the harmony from the choir is breathtaking. The angel softly sings her farewells and then Gerontius moves onwards towards Heaven. There are final repeated quiet 'Amens', until the last five bars where the 'Amen' is slowed down, then gets louder to 'forte' and then a diminuendo down to the end.«

Although Liz was conscious of still using music as a »warm blanket«, there may have been a deeper unspoken significance for her in this choice of music. The music is about life and death and love, fear and loss. Gerontius is dying, he is losing his life and the terror of this experience of dying is well

portrayed in Elgar's music. As a small infant Liz felt perhaps that she was dying and her mother had gone for ever, 'died' as it were. The 'Angel' who wrapped her in a warm blanket could have been her grandmother/myself in the transference, who comforted her in real life and assuaged her fears.

It may have been a feeling of great thankfulness and bliss to have been saved in this way. »Praise to the Holiest...« would have been an appropriate felt response for the infant within the adult Liz. Liz returned to the Angel aria after every holiday break when I, as her mother or grandmother in the transference, was not there for her. In the complex transference relationship within psychotherapy I felt at times as if I stood in for both of these attachment figures and the task involved was to work through the pain of the love, fear and loss associated with them. There was also a need to resolve the present day feelings between us, which resonated with this earlier love, fear, and loss and to understand that we were not dealing with heaven but the reality of everyday life.

An important shift

The Dvorak passage seemed to herald a move and also a period of confusion in our work together. There were new memories of life with mother and Liz seemed more grounded in the consulting room. She writes:

»These minutes I spent with my mum listening to the Dvorak must have been a special time. When I look back, any time she had for me only was rare, so perhaps my present sadness is about not having enough 'special times' and wishing we could have had more. Interestingly I have strong memories of how my parent's home felt and I now realise that in some aspects I try to re-create the same atmosphere in my own home.«

There then followed a period of real memories about the relationships with mother and grandmother culminating in the intense listening experience of »Come ye daughters share my mourning«. From this shared listening experience at this point in therapy Liz wrote the poem »My Returning Journey«, quoted above. I felt that her long period of grieving might be coming to an end.

The next piece of music Liz brought into the room was »The White Tree«. She writes of this experience:

»What I remember best was what was happening in my body. The movement starts quietly with strings playing. This makes me feel calm. The tempo then changes and I can feel my breathing changing. The pulse in the music becomes more insistent and I seem to be waiting for the repeated theme to come. Each time the main chord changes it moves the music on, driving it forward; building to a tremendous

crescendo. My breathing changes, my heart quickens, I cannot sit still. I want to conduct, count, physically feel the beat. There is then a dramatic moment when every instrument, the strings, the brass get faster and faster, until the moment of climax, when all the instruments along with gongs and percussion stop. At this moment I feel release, like set free to fly. The music carries me along until the moment of »whoosh« at the end. But then it's finished. I feel I have been taken to a special place, away from the world I know, leaving me breathless but knowing that the deep feelings from deep inside me are comforted by this glorious music.«

The difference in this account is that there is less regret in the tone of the writing and the notion of release is articulated along side awareness of the deep core of feeling inside. Writing on the first experiences of the newborn infant, Trevarthen states,

»The baby has a well integrated self at birth. But it has to work out what it has to do with this motivated life it has, and one of the first things it has to learn is the meaning of the world« (Trevarthen 2003, p. 67).

Unfortunately, learning the meaning of the world may be experienced as increasingly confusing for an infant and this world may be felt to be hostile in some cases. Loving intimacy may not be the predictable experience for the growing infant. In the mother/child relationship both parties will suffer when there is a less than good enough attunement exchange, which can occur in a mother suffering from post-natal depression, or where there are sensory or motor disorders of the infant. Malloch (1999, p. 31) notes that in perturbation experiments (Murray & Trevarthen 1985; Tronick et al. 1980), when mother was asked to keep a still face and remain silent in front of her infant for one minute, the baby protested. The infant seeks not only encouraging communicative forms of signal from mother; the signals must be appropriately timed and inflected. It is vital that the infant receive vocal and gestural responses that *fit* with his or her innate disposition to interact with another.

Listening to music within psychotherapy seemed to reach the deep core of feeling relationship for Liz. This core consisted in part of confused attachment in her early weeks and months of life. It is hoped that the psychotherapeutic work has succeeded in repairing some of this early trauma. Panksepp writes of the different confusing sensations brought together in certain types of music which produce chills and which have a bitter sweet quality about them:

» In music that provokes chills, the wistful sense of loss and the possibility of re-union are profoundly blended in the dynamics of sound ...this audiovisual experience speaks to us of our humanness and our profound relatedness to other people and the rest of nature.« (Panksepp 1998, p. 279)

6. Summary of the therapeutic significance of communicative musicality in the process of listening to music in the consulting room

What the patient needs to hear and experience through enhanced communicative musicality are patterns of loving care that fit and match the early experiences of love and care, which became dissociated from developing appropriately in the right brain. In the consulting room these patterns of loving care through the shared listening to passages of music chosen by the patient are emotional envelopes in which to rest momentarily and regularly. The emotional dynamics, the *how* of the inter-subjective experience, however, needs to be met by an attentive other, the therapist, who cares about providing a space for the patient to mentally re-group before purposefully re-engaging with the therapeutic task. The task is to allow for the *what*, that is, symbolic contents of the right brain to come to words and to be integrated with the left brain (Valent 2001, p. 3).

It is suggested that in the patient's choice of music there will be a remembered passage, which resonates in pulse, quality and narrative and which meets his or her inner need as framed in the present. It is suggested also that this choice will resonate in pulse, quality and narrative with an early configuration of having been met by a comforting other who was then lost to the patient, for whatever reason. Liz's first carer(s) began this process of assuaging discomfort and distress and provided a physical continuity of secure loving care, which was then lost for her through the confusion of her mother's illness.

Traces of these patterns that the patient needs to hear are already present somewhere in his or her early experience and remembered through the body and the emotional right brain. They are then heard again and shared in the adult experience of enhanced communicative musicality through the pulse, quality and narrative of his or her adult choice of music in the consulting room.

The establishment of 'secure learned trust' (Wilkinson 2006, p. 182-183) through inter-subjective psychotherapy provides a basis for the 'lost' memories to appear, perhaps through the symbolic forms of painting or poetry. The metaphorical meanings of the painting or poetry can be shared and reflected upon by the patient in conversation with the therapist. The appearance of these metaphorical meanings allows for a functional shift towards greater integration between the right and left hemispheres of the brain and

a move towards greater mental integration for the patient to take place. Examples of these metaphorical meanings with the patient Liz may be noted in the next section of this paper. But how is it that the patient needs to hear this chosen music in the consulting room with a therapist?

What the music means and how it is experienced by the patient needs to be communicated to another sympathetic listener, another human being. This process enables the restoration of a good-enough sense of self-in-representation and provides a repeated experience of self-worth. From this repeated regular experience of self-worth, a restored and repaired self-in-representation can grow.

7. Reflecting on the development of Liz' self-relationship through her chosen music

Starting with the Angel Aria from on *The Dream of Gerontius* Liz brought in a series of pieces of music which for a time dipped into this early relational way of being, this early 'communicative musicality', where, it felt in the counter-transference, I was holding a very vulnerable and emotionally fragile bit of Liz's inner world. At times of special stress however, following holiday breaks from therapy, Liz returned to listening to *The Dream of Gerontius* before moving on to other pieces of music. These later pieces of music, these configurations of enhanced communicative musicality, could be thought of as other dynamic memories held in musical coding, this »cradle of thought« in the right brain, but now more available for further symbolic processing.

What is really important here is that these early sensations, these feelings of distress and comfort, are blended in music. It is not distress *or* comfort; it is both. This echoes the thinking that music can convey more than one sensation/feeling at the same time (Langer 1942/1996, p. 279).

The last word on this account is left to Liz.

LIZ – WHERE I AM TODAY

»In 1989 when I became ill with chronic fatigue I withdrew into an inner world and by 1991 I had entered therapy with my first therapist who held me in a wordless place with great care. I came to work with Mary in June 1995 until December 2002. Over these years I struggled with depression and then fibromyalgia. Then I used music to withdraw into using it as a big warm blanket. Over the past twelve months, with Mary's help, I now listen to music in a different way. I listen not only with my ears but also by monitoring the sensations in my body. Music is now much more than a comfort blanket, it gives me a way of focuss-

ing on the physical pleasure of the flowing sounds, which feel really alive on those days when I am sad. A recent find is the Saint-Saëns *Organ Symphony*. If I am out in the car I like to turn up the volume and hear the full blasts of sound so that it blows my ears out!! Another discovery is the Litolff *Piano Concerto no 2* (must be played by Peter Donohoe because of his sparkling performance). It makes me want to smile and I cannot sit still. I love the way the pianist slips the notes on the runs. It's so joyous I want it to go on forever. My last find is the film music from *The Lord of the Rings*. I find my every mood is in this music somewhere and one of my favourite pieces is 'The White Tree', from *The Return of the King*. This CD is the story of good over evil, of journey in the full sense of the word. It could be the journey of each person as he or she journeys through life. Every day we fight a battle of some sort and we also can find help and support through partners, friends, relatives, faith, work, hobbies.... Not forgetting doctors and therapists!!

When I am listening to music now I experience a full circle of feelings, a richer experience. Before this last year in therapy I would have left it at that and accepted that the feelings were *in the music*. Now I recognise that the feelings are not only in the music but are in *my own head and body*. This is a very helpful discovery as I can now monitor what I listen to and protect myself from sounds and sights which I know from experience could cause trauma.« (Butterton, 2007).

Liz wrote the following poem after our work together had ended.

MY JOURNEY ONWARD

Blue sky, clouds white and fluffy
 Birds singing, swifts screaming
 Smiling faces, joyful laughter
 People round me laughing with me

Back behind me dark and dingy
 Black tunnel still awaits me
 Can feel its pull, can see its darkness
 Conscious of its ever presence

I look around me in the distance
 Life's companions now around me
 Family and friends join with me
 On my journey onward.

If I feel the tunnel beckoning;
 Drawing me towards its darkness
 My eyes look out
 Remembering those who love me
 And the people who have helped me
 Realising now it's them, and prayer and music.
 Bringing me the peace I've always needed.

Liz, March 6 2006 (Butterton, 2007).

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