

Music as Mother

The Mothering Function of Music through Expressive and Receptive Avenues

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Music you are the queen of time
You take me to the never-ending now (*Margo N. Fuchs*)

Without physical touch the human infant dies. We need the touching closeness and warmth of another person to survive, grow and develop. Touch can be experienced in many ways: caring, sensitive, warm, sensuous, sexual, harsh, punishing, cold. In whatever way we are touched there is an imprint in the body. The way we feel towards our body, and how we experience it, is shaped during our childhood years. The mother is likely to be the first significant person that handles and touches the infant. First come the physical experiences of life in the womb, then the early care-taking of the small baby, followed by the formative years of the young child. The way the mother relates to the body of her child is of the utmost importance for the development of that child.

During the last seven or eight years, I have been interested in how the presence, or absence, of adequate mothering influences the developing child. In the concept of 'mothering' I am including both the care-taking given by the biological mother and that given by other significant persons who function as mother. It is from our mothers that we learn about mothering, and our mothers are role models for femininity for better or for worse. To the daughter, the mother becomes an object of identification and, for the son, an experience of the opposite sex which will influence his relationships to all other women. Over the years, I have met many individuals, both in my therapy practice and as a teacher of students in the fields of expressive arts

and music therapy, who suffer from lack of mothering. I have witnessed how the process of expressive arts therapy provides a path of healing for them.

I view myself as a music-centered expressive arts therapist. My particular competence is in the area of music and sound-making. In this chapter the focus is on addressing the ability of music to hold, shape and structure inner experiences that can be referred to as qualities of the mother. I term this function 'music as mother' and I shall point to some characteristics of music which relate to 'mothering'. I hope to be able to address what might be some of the unique qualities that music, as one of the modalities of expressive arts therapy, brings to the field. There are two main areas that overlap in the text: the developmental and psychodynamic theories that focus on the early mother-child dyad, and the theories and practice of expressive arts therapy and music therapy that constitute the founding principles of my work. I shall attempt to weave these areas together as I go along, presenting theoretical concepts with client vignettes.

Creating the musical space

Each instant or moment is the moment of creation. To touch that instant, to bring consciousness into that moment, is to strike home to the very core of Being and to know simultaneously in a gesture that is Being itself. (Woodman 1982, pp.111–112)

In this chapter I shall present two avenues in working with music that I find work well together. One is an *expressive* approach, where instruments and the voice are used to express feelings and explore relationships. The other is a *receptive* approach, where pre-recorded or improvised music is used to evoke images in the listener that are worked with in various ways.

Expressive music therapy

Expressive music therapy refers to the use of instruments and the human voice to express oneself, to give shape and form to conscious and unconscious material. This is an active approach that can be carried out in many different ways. One can, for example, sing a song or play a piece of music that has personal meaning, or play within a clear musical structure, such as blues, ABA form or rondo, or one can just start to play.

A focused and direct way of working expressively is through music psychodrama (Moreno 1980), where the individual would use the instruments and/or voice 'to become' a significant person, improvise on a

figure from a dream or deal with an event from daily life; for example, express a difficult encounter with a co-worker that might have happened the same day. Taking the role of another person or internal figure opens up to identification and interpersonal learning. A polarized relationship can become more empathic. This way of working gives opportunities to replay and relive important events, as well as understanding the dynamics from a different, and often new, perspective.

Another way to make music is to improvise freely. I call this 'spontaneous music-making'. The musical expression becomes a sounding image of conscious and/or unconscious processes. Practically speaking, spontaneous music-making involves using sounds, rhythms, the body or various instruments. One does not need a formalized idea or a focus as a starting point; one can just start to play and let the sounds create a dialogue. As the sounds are born and shaped, they will begin to give form to internal states.

What is uttered is part of the therapeutic journey and needs to be stated, formed and heard. Spontaneous music may sound like a haphazard concoction of sound. What comes forth, nevertheless, expresses where the client is in the moment. The therapist might feel moved to support the music-making, for example by providing a steady beat or a clear harmonic structure, or might choose to bring in a totally different musical element, such as a new motif, theme or key which can provide the client with a new perspective on an old situation.

At times, the experience is one of chaos and fear and of wanting to stop the flow of feelings in the music. As the individual slowly lets go and surrenders to the process, trusting the music and the therapist, and opens up to the musical space, the first steps towards healing are taken. When this happens, the character of the music shifts and the sounds rise from the depths of the person. I call this 'authentic music' (Wärja 1994). The experience is one of being moved. Music that touches the core of the person is an expression of the 'true self', as Winnicott (1971) uses the term – that essence which is innate and unique in each person.

As an illustration, the process of expressive music therapy is described in the following vignette:

Maria, a 40-year-old woman in treatment for depression, came to the session with the following dream:

I dreamt that I was a tree standing stuck in a barren landscape. The wind carried some birds that teased and laughed at me and said that I was doomed to stand there, and that I was not as free as they were.

I suggested that Maria pick up some instruments to represent the tree and begin to dialogue with it. She chose a wood block and a soft bass drum. She played the wood block without resonance, which made the sound dead and hollow. A steady and solid beat from the bass drum was audible underneath the arid and empty sound of the wood block. It made me think of a heart pulsating with life. It was striking how steady and grounded the bass drum was; this pointed towards a strength that Maria had repressed. Next, she composed the 'bird teasing tune', an improvisational piece of cutting, searing and squeaking bells and a synthesizer that seemed to scold and ridicule her.

The music was recorded and, as we listened to it over several sessions and talked about it, Maria began to hear the soul of her music. New images were formed which she drew and shaped in three-dimensional art work. We continued the music-making process by playing together and exploring the various images through sound. Slowly, Maria came to understand how both the tree and the birds were parts of herself that were fighting inside her. For quite a long time, she had seen the birds as her co-workers, who were complaining that she didn't work hard enough, and her mother, who was never satisfied with Maria's way of life. She realized that she herself had internalized these voices and allowed them to continue to pester her. This had kept her in a victim role and prevented her from becoming responsible for her own life. After continued work in therapy, Maria was able to accept and begin to use her strengths that the 'tree drum' had showed her.

Receptive music therapy

Receptive music therapy is a term used to describe a process of listening to music, prerecorded or live, and allowing the music to bring up feelings, sensations, memories and various associations. Receptive music therapy can have many different forms, functions and aims, such as listening to a song or an instrumental piece of music that has deep personal meaning; or, in a therapy group, letting one member tell a story through a piece of music to which the group listens. Yet another way is a guided fantasy experience, where music is used to bring about a setting, a structure and a sonic background for the internal journey. A less structured way is allowing the music to bring about an experience without having a pre-constructed story. The therapist prepares the client through an easy induction, may present a focus (such as a dream image or a memory) and then puts on a short piece of music (three to five minutes) which will provide holding, direction and structure for the imagery experience.

The Bonny Method of Guided Imagery and Music (GIM) (Bonny 1978a and b) is a related field to expressive arts therapy where pre-recorded classical music is used to elicit images. As a practitioner of this approach, I have found the philosophy of GIM congruent with expressive arts therapy. Both recognize the aesthetic field as a healer; that images, that is, dreams, day-dreaming and art-making belong to mankind; and that change and transformation occur with direct experience. Both approaches focus on the *process* of the work and view the images as phenomena in their own right. Vignettes using GIM and expressive arts therapy will be presented below.

Music and image formation

Both expressive and receptive music therapy deal with images. When we listen to music or make music we engage in an imagery process. Music evokes images. Since the dawn of man, imagery has been used in healing. The use of imagination has been practised by shamans and medicine men for centuries. Images create a weave in which we live our lives. Our nightly dreams bring images, as do fantasies and day-dreaming. We think in images. 'Imagery is the thought process that invokes and uses the senses: vision, audition, smell, taste, the sense of movement, position and touch' (Achterberg 1985, p.3).

Images always carry affect (Stewart 1987). The affect brought forth under the influence of music may be felt and experienced on a conscious level or it may stay unconscious. Goldberg presents a theory of music and image formation based on psychoneurophysiological research and clinical observations (Goldberg 1989, 1992). She states: 'Music evokes emotion through direct stimulation of the autonomic nervous system and this emotion, in turn, evokes mental imagery' (Goldberg 1989, p.24). The image is there to convey a message, and the issue will keep reappearing until the client has dealt with the material.

My perspective is that images emerge from the symbolic level of processing information as well as memories, or fragments thereof, prior to symbol formation. In other words, the term 'image' refers to any possible inner experience. The imagery process is holistic and engages the individual on many levels simultaneously. Thus it is possible to experience diverse and ambiguous states concurrently.

Music as an aesthetic field

The field of aesthetics deals with the experience of beauty. As a field of study, it has its own history and philosophy which address relationships between

shape, object, rhythm, energy, intensity, and so on. The lack of literature and research of the aesthetic function in the field of music therapy is pointed out by Aigen (1995). He suggests that it has not been acceptable within the medical community to speak about beauty and aesthetics; and to gain recognition and credibility as health-care professionals, music therapists have avoided this subject. Aigen believes that it is critical to study the function of aesthetics in therapy.

In the field of expressive arts therapies, the concept of aesthetics, of beauty, is of utmost importance; it is its vital energy. Beauty speaks of flow, of grace and of soul. When we honor beauty in our work, we also care for the soul. With aesthetics and beauty I refer to the total field of the human person, which involves pain, suffering and even that which might be called 'ugly' in conventional terms. 'As one moves towards beauty, one moves towards wholeness, or the fullest potential of what one can be in the world' (Kenny 1989, p.77). If we lose sight of beauty in our work, then we run the risk of disconnecting from the vital source of creation. Knill, Barba and Fuchs write: 'Nurturing a strong commitment to beauty, the expressive therapist is a servant to the emerging imagination. Passion, Eros and transformative aggression will be needed and used in the humble service of the meaning that arrives' (Knill, Barba and Fuchs 1995, p.86).

The point I want to make here is that beauty is an essential nurturing and *mothering* quality of music. Beauty has the ability to move us, open our hearts and connect us to that in each of us which strives for wholeness. Beauty is a highly individual experience which connects us with a subjective experience of meaning. The ability to create meaning often stems from moments which hold a sense of wonder, wholeness and holiness. In essence, beauty shows us ways to live our lives from the source of compassion. Or, as the Native Americans say: to live fully is to 'walk in beauty'.

With the above concepts in mind, let us now discuss the possibility of music as mother by beginning to look at the early mother-child interaction.

The mother-child dyad

The one experience that all humans share is that of having been inside our mother's body. We have all moved around in the amniotic fluid, and we have all been born and separated from her body. This early existence is a sensuous one. The maternal matrix is filled with rhythms, light sensations and various sounds from within the mother's body, as well as sounds coming from the outside world. There is the pulsating rhythm of the heart beat, the gushing

sound of the aorta and the rumble of the intestines. Hearing is developed by the twentieth week *in utero*, and it has been found that fetuses of four to five months old react differently to music by Mozart and Beethoven and to rock music (Chamberlain 1988). The emotional state of the mother is probably also registered by the fetus (Graves 1980).

From the time of conception the fetus develops in a sounding environment. As the baby is born the interaction with the sounding world increases. The infant hears the voice of the mother and moves in a synchronous way. In a healthy mother-infant relationship, the baby is met and responded to through rhythm and the melody of the voice. The whole period of infancy and early childhood is an interaction through rhythm, sound and movement.

The first significant person in the life of the infant is the mother, and the first archaic experiences are inside her body. The newborn baby is totally dependent and needs a warm, nurturing and caring environment to survive and develop optimally. This involves much more than food and sleep. The baby needs care-takers who are present emotionally, are ready to listen and interpret signs of communication, and are able to stimulate interaction.

The one who has the ability to listen to the child's needs, be comforting and yet supportive of new adventures, has been called by Winnicott a 'good enough mother'. He describes three functions of the good-enough mother: holding, handling and object-presenting. Holding refers to the capacity of the mother to identify herself with the child and care for and protect the child to the best of her ability. Handling is the way the mother stimulates the joys of bodily functions and supports the 'beingness' of the baby. Object-presenting involves the mother as the primary person who initially presents the surrounding world of objects and people in such a way that the child can internalize and thus deal with them (Winnicott 1965).

The story of Susanna speaks of how music can contain feelings of terror and fear of annihilation from an early age that are so strong that they could easily fragment the person. It also shows how music can facilitate the development of basic trust with clients, like Susanna, who have not experienced adequate mothering while growing up.

Susanna was a 47-year-old mother of five children when she sought therapy with a desire to heal her crippled body and work through her relationship with her mother. She was wounded in the core of her being, as she carried the stigma of not being a welcomed child. Later in life, she learned that her mother had tried to abort her by acting in such ways that she

could have a miscarriage. Susanna suffered from abuse and major losses as a child; she presented multiple somatic problems and showed difficulties in the areas of attachment, separation and differentiation. Her attempt to heal herself was to have many children. In mothering her children she was also trying to mother herself. But as the children were growing up and beginning to separate, Susanna's somatic symptoms worsened. She thought this was due to her poor relationship with her own mother, who had died one year before Susanna started therapy. During the two and a half years of weekly treatment, Susanna worked primarily through a receptive music approach, along with an occasional expressive music and movement session where she would put significant images into a musical form and then let the sounds move her body. At times she would use oil pastel drawings to give shape to her inner states. She would, for example, sit down at the beginning of a session and make a 'check in' drawing, which she would use as a starting point for continuing the work in music. She would also bring in poems and creative writings that captured her current mood and longings.

One early music experience presented the image of an evil queen who wanted to destroy her. In subsequent sessions this theme, which related to her negative self-image and her biological mother, was explored further. Susanna had difficulties in tolerating strong affect, yet in her sessions her affect was able to be expressed and held safely, contained within the images themselves. One breakthrough occurred about a year into treatment when the music evoked the image of a depressed mother who was unable to care for her newborn infant. Susanna was stuck and experienced a sense of numbness. I suggested a musical improvisation. After some warm-up music, she moved into a realm which I call the 'arena of authentic music'. This is a space of timelessness and profound creativity where the music coming forth is an expression of the true self (Wärja 1994). The sound has its own form; like a fetus traveling through the birth canal, it demands to be born. The self seeks expression; its sound demands to be shaped into an audible form. Susanna moved between small bells, drums and larger gongs. As she played, tears were streaming down her face; the music was created by caressing the instruments, hitting them, shouting at them, holding them close and thrusting them away. In the months that followed, Susanna could connect with her feelings more fully and began to differentiate among a larger range of feeling states. She faced images holding intense affect, such as hate, rage, terror, shame and longing. In her daily life she was able to do her job without somatizing (Wärja 1996).

About one year later in our work, we entered the scene of one of the major traumas which had shaped Susanna's life. For some weeks she had been drawing images using red, purple and blue with a small, shapeless figure embedded in the colors. Suddenly she realized that this was an image of herself as an unborn baby stuck inside a toxic womb. Her face was white, and she said that she felt like screaming but there was no sound inside her, only black emptiness. I suggested going to the instruments, as my sense was that the sound was no longer frozen but held just under the surface and that she needed sounding material to express and shape her feelings:

Susanna begins with a small bell and plays aimlessly with her head bent over a snare drum in front of her. I am playing along on the big contrabass xylophone and a matching bell to support her sound. Slowly the music grows in intensity. Susanna lets go of the bell, grabs the drum stick and plays a steady forceful beat that lasts a few minutes. My sense is that she is gaining power. Now she moves over to play the big gong, using a soft mallet; and now and then she plays a jerky tune on a xylophone, and then she moves back to the gong. It is like something inside her has cracked open and her feelings are pouring out. I associate to the act of cleaning out an old, infected wound. The sound is strong, clear and demands attention. She begins to use her voice. The sound is whimpering and whining, and at times she cries out as if experiencing intense pain. Words begin to be shaped and, half crying, half screaming she sings, 'Mother, mother, why, why ... mother why didn't you want me ... what was wrong with me ... why did you try to kill me ... mother ... mummy, mummy, mummy ...'

This was a deeply moving experience. In the weeks that followed, Susanna would simply lie down on the bed and cry and just be held in music. Not much was said in words during this time. As Susanna was lying there, I often played slow baroque music; most frequently I chose Bach. My sense was that the supportive holding weave of these baroque pieces, together with the immense beauty of that music, could serve as a good and loving mother.

True and false selves

An important contribution by Winnicott (1971) to the understanding of the mother-child dyad is the concept of the true and false self. The unique essence that exists within each infant he calls the 'true self'. The term refers to that which is sincere, unaffected, authentic and original within each person. The true self is expressed in the spontaneous gesture: the sincere, impulsive

and genuine expression of a child's feelings. This core part needs positive and good relationships to grow and develop. If the child does not get enough good responses to her true self, it will be pushed away and replaced, as a protection, by a false self. The emotional life of the child suffers, and she becomes poor and unapproachable. The false self is based on the child's view of what significant others expect of her (Tudor-Sandahl 1992).

A discussion of my work with a client, Thomas, provides an illustration of a man who developed a false self. Thomas had no prior psychotherapeutic experience and was referred to an expressive arts therapy group which I co-led with the expressive arts therapist at an out-patient psychiatric clinic. It was touching to follow him on his journey as he began to discover his true needs.

Thomas, a 33-year-old single male, was a gifted musician suffering from severe performance anxiety, panic attacks and insomnia. He had recurring feelings of falling and of no one being there. My sense was that Thomas had used music in his life to 'mother' himself. For a long time, music had served this function well. However, as he had not dealt with the root of his problems, his psyche could no longer hold the tension, and the defenses that had functioned well previously had now failed. The freedom to make music without 'performing' seemed deeply liberating for Thomas, and he entered the creative field with awe and a child-like curiosity. The interpersonal learning that took place, and the experience of not being alone with his problems in this group of three male and three female clients, clearly had a strong effect on Thomas's well-being.

One sequence of events started with a drawing where he expressed his feelings in the moment. In the drawing, there were a few angular shapes in different primary colors. As the drawing was explored further in a drama, he had a strong insight into his family of origin and the controlling subliminal communication that existed under the surface between family members, especially in relationship to his mother. Some weeks later, Thomas was the protagonist in a musical psychodrama in which he understood more fully how restricted and controlled he felt as a child, how he was forbidden to make mistakes. He realized that he now lived with an inner meticulous and sadistic tyrant. This understanding tore apart his view of himself as a happy-go-lucky Bohemian musician. But, most importantly, he was able to connect and stay with the feelings of despair and fear of abandonment that the music had brought him. This was indeed a breakthrough experience in his therapeutic work which enabled Thomas to begin to face his lack of

adequate mothering. This contact with his true self made it possible for him to begin to perform in public again (Wärja 1996).

It seemed that Thomas had a 'sibling' relationship to his mother and that she had confided in him very early in his life. This had forced him to become more grown up to be able to help her out, keep her secrets and be loyal to her. In relationships with the other women in the group (as well as with us group leaders), a deep rage would surface unexpectedly. Thomas would relate with disdain and contempt. His friendly and almost seductive behavior in the group was, as I saw it, one way he covered up rage and hate towards his mother. In the beginning of treatment, he did not seem to have any conscious contact with these layers within his psyche.

Thomas seemed to benefit immensely from the expressive freedom to be able to move between different modalities. Using other modalities than music provided new ways for him to nurture and inspire his musician side. My understanding is that freedom to explore in art, movement, drama and poetry connected him to his authentic music. At the conclusion of treatment, Thomas's panic attacks had decreased, his sleeping had significantly improved, and he was beginning to enjoy himself as a performing artist.

The intermediary space

In growing and developing, the child creates an important space for playing where she can have experiences of 'me' and 'not me'. Winnicott (1971) has called this phenomenon the 'transitional space'. 'Me-ness' refers to that which separates the person from others and makes him/her recognizable and special. The 'not me' also refers to inner states and experiences that the person has rejected and pushed aside. The true self relates to an individual's experience of me-ness. As the child develops, she experiences a clearly defined membrane, that is, the surface of the skin that exists between 'me' and 'not me'. She finds she has an inner and an outer side. According to Winnicott, it is through this development that secondary processes are founded through which the child gains access to a symbolic approach that organizes the personal content of the psyche and creates the base for dreams and fantasy (Lindell-Fjaestad 1989). The transitional space lies between the mother and the baby and is an internal experience. In healthy development, the child learns to internalize a good aspect of the mother which sustains her when the mother is not there. This space for serious playing is critical in the development of a healthy individual. Often the child finds an object, a transitional object, that can represent the mother. It is important to point out

that this refers to a physical object that the child charges with a deep meaning. Throughout life, the intermediary space is an area of creative play for trying out new skills, for artistic expression, for personal growth and therapeutic work which can be manifested in the outer physical reality but is foremost an internal process.

With the developmental theories of the mother–child dyad and the concept of the transitional space in mind, we shall move to the *field of play*, a phenomenological model of engaging in therapeutic music-making.

The field of play

Kenny (1989) speaks of this aspect of music as direct experience in presenting a phenomenological approach to music therapy called the ‘field of play’. This approach provides a holistic model of engagement in music that consists of three primary elements. The concept of interrelating fields is fundamental to this model. The primary elements, or fields, are the *aesthetic*, the *musical space* and the *field of play*. The ‘aesthetic’ refers to the field of beauty that is the human person. As two people make music together, each brings an aesthetic environment that consists of who they are and all the potential they hold. The ‘musical space’ is the intimate and private world that is created as the client and therapist make music together. It is a joining of sounds, of relating to each other’s musical worlds. The ‘field of play’ is an expansion. It does not always emerge when two people make music together but, when it happens, one knows. It involves entering a new level, one of experimenting, of trying out new sounds and ways of being and relating. The experience can be one of awe and wonder at what is possible as the music pours forth, as if one moves beyond one’s limits and taps into a collective pool of music.

The above-described field of play has much in common with Winnicott’s transitional space, which is created between mother and child. In this space, the child can explore, play, gain confidence, grow and become increasingly more capable and independent. The act of playing is central to the development of the child; and in the healthy mother–child, interaction, the child is mirrored, affirmed and thus develops basic trust and self-confidence. I believe that this ability of the arts to bring about *direct experience* is one of the founding principles of expressive arts therapy. These experiences occur within the field of play, the transitional space. When I sing, play instruments, move, dance, draw or write, I am involved on many levels. There are kinesthetic activities, emotional experiences, cognitive processes and

interactional events. When I engage in a creative act, I enter a world in which only the moment exists. This world is a timeless dwelling place, a magical realm where there is room for needs, for dialoguing longings, urges, wishes, whimsical ideas and consciously experienced feelings, as well as unconscious images that can carry me to unknown territory. Involvement in the arts provides me with complex sensory experiences.

Returning to the concept of music as mother, I would like to present a vignette from the work with Lars, which lasted for about five years of weekly sessions. This example describes working in the field of play with the aim of inviting and hopefully enabling Lars to develop a sense of ‘me’ and ‘not me’. My assessment was that Lars had not been adequately mothered and that the initial work needed to focus on holding and attachment through sound. According to Bowlby (1988), the prime concern of the infant is not for food and sleep but to relate and attach. Bowlby speaks of the importance of developing a secure base which involves the ability to attach emotionally to the primary care-taker, most often the biological mother. Contact with her is the base from which the child can explore the world. If this base is secure, then the child develops optimally. If unreliable, the child develops anxieties and varying degrees of relational problems. If the base is non-existent, the child grows up with problems in the area of trust, contact, security and intimacy.

Lars was around 30 years of age when I first met him. He had lived in psychiatric institutions for more than half of his life, as he was hospitalized in his early teens for acting out and bizarre and self-destructive behavior. He was described as having recurrent psychotic episodes with violent outbursts. He was an only child of a single mother, and the contact between them was poor and very sporadic. Treatment seemed to fail for Lars, and he became more and more encapsulated and institutionalized. Lars’s isolation increased with institutional life and, after some years, he stopped talking altogether. Some time before Lars was referred to me, it was decided that the mental hospital where he was living was going to close down and the patients were to be placed out in the community and connected to an out-patient team. The hospital staff were very concerned with the fate of Lars, as he had not been outside the hospital for over a decade and could not care for his basic needs. As a ‘last resort’, the treating psychiatrist hoped that music therapy would be a way to help Lars. The psychiatrist knew that Lars had been a member of a boys’ choir before being hospitalized, and he had noticed that Lars became engaged when music was played on the radio or during sing-along activities

on the ward. After meeting Lars for an assessment, it was decided that we would begin to work together. As I discuss my work with Lars, it is important to remember that this was a team effort. Generally speaking, the staff were supportive of my work with Lars, and he had engaged and caring case managers at his side.

At the time of our first meeting, Lars had not communicated verbally for over ten years. Initially, the main avenues for our contact were music and movement. I would improvise on the piano and rhythm instruments as a way to hold and mirror Lars's movements. The following session, which occurred eight months into the work, describes how an interaction between us was shaped. This session was the first time Lars made active contact with me.

Lars arrives and stands in the doorway; he gives me a fleeting glance and walks away leaving the door open. I can hear him moving around in the corridor. I start playing a soft melody with a steady bass on a large wooden xylophone. I still hear Lars as he moves around. I pick up a humming melody as I continue to play on the xylophone. After a few minutes, Lars walks into the room. He doesn't look at me. He simply walks into the sound and starts to move his arms as if flying. His body is amazingly graceful and far removed from the repetitive movements I have seen as he paces up and down the corridors in the hospital. I follow Lars as he dances, picking up the rhythm and the intensity along with him, and letting the holding bass just stay there within the sound. Lars's movements pick up speed and become more intense. He moves with big steps around the room, and each foot is placed hard on the floor: boom-cha-boom-cha-boom-cha. His face is alive and engaged. The music is with him, containing and urging forward a tiny bit. Suddenly, he stops at the far end of the room. His arms drop, his shoulders slope, his face is motionless and flat, and he seems to want to leave the room or sink down to the floor. I continue to play, more softly now. Lars just stands there without moving. All the life and vitality that were there a moment ago are gone. Then quickly he takes a few big steps towards me, comes up very close and looks me right in the face without looking away. It seems that he is studying my face. His gaze is clear and seemingly curious. In that moment, he reminds me of a baby studying the face of the mother. I meet his gaze and continue to make music. Then a barely audible crooning sound comes forth from somewhere within him. For about 15 seconds we are singing together. As Lars is letting the sound out, his body sways slowly to the beat of the bass tones. It is a touching moment. Then, as quickly as he came, Lars moves away and resumes his flying-like

motion around the room, and as he moves he now and then looks back at me.

During the first year of our work, I rarely used words; instead, I would hum and croon. Lars seemed to relate to the sound of my voice. My aim was to tune into his world, responding to his movements, gestures and rhythm by using sound. Stern writes about this in presenting one of his major concepts: *affect attunement* (Stern 1985). This refers to the sounding response from the mother as a way of connecting, communicating and holding the baby. The mother's voice is a musical instrument which is synchronized in rhythm to the movements and needs of her baby. The voice can vary in intensity. The sounds can be sharp and staccato-like, or the contour of the melody can be smooth and pianissimo. It can begin with an intense forte and slowly die away in a diminuendo. The mother uses her voice to comfort and protect her child. Her voice conveys feelings and support, and is also an encouraging force that sends out a sounding message for the baby to reach out and take steps in its development. Where the affect attunement is out of rhythm, there is usually a disturbance in the mother-child dyad.

My sense is that the work Lars and I did stemmed from a very early developmental phase in his life. Our interaction began at a psychological time before symbols were formed. Slowly during the following two years, Lars began to develop symbolic thinking; with this came his speech. Lars began to communicate through words. One word at first, then two-word sentences and, at the end of our five years together, he would express himself in more complete sentences. One clear example of his symbolic thinking was his need now and then to take something with him from the session. It could be a small instrument, but most often it was a record; the staff reported that he often played this record on the ward.

After three years of music therapy, the team decided that it was time for Lars to move to a small treatment home in the city where he would live together with two other men and have daily contact with staff. This home was within walking distance of the out-patient clinic where I worked. The transition went smoothly, and Lars seemed content with his new home. During the last two years of music therapy, the focus was on separation/individuation; slowly Lars gained more independence. We had one period of nursery singing. I would sing for Lars, and he would rest on the floor or move around in the room as I sang. Then came a period of listening to music by The Beatles and The Who. I learned that Lars used to listen to this music when he was a teenager in the time period before he was hospitalized.

As we terminated our work together, Lars seemed well adjusted to his new home; he would take daily walks in the surroundings or would go on excursions around the city by public transportation. He started going weekly to an activity center, where he worked in art, listened to music and socialized. It is obvious that Lars's quality of life was greatly improved.

Keeping the experience with Lars in mind, we now turn to look at how music can serve as a mother in the time before symbol formation. Here, music is seen as the primary agent for initiating change within the psyche of an individual. The music evokes, challenges, energizes and sometimes simply provokes and confronts. It is there to reflect internal states and to bring up material from both the personal unconscious and the collective.

The role of music in reaching pre-symbolic levels

Prior to the formation of symbolic representation – that is, before the age of approximately one and a half years – the infant is probably only capable of abstracting its interactions. It cannot yet create an 'object', a symbol, of a process, but likely has a bodily and feeling-oriented memory in sensory-mother Gestalts. Thus there are inner representations from this time that can be recalled as memory images. In this early time in the infant's life, the world consists of sounds, rhythm and darkness/light. Even though it is nearly impossible to describe this early time in words, we must try our best to understand and make sense of it as it holds many answers to 'why we become the way we do'. With the development of video technology and the knowledge of how to ask questions of infants, many old developmental theories no longer hold. Stern has tried to put words to the experiences of an infant in his book *Diary of a Baby* (1990). I find it interesting to note that he uses musical language and metaphors from the world of the arts to describe what might be going on in the baby's world.

A phenomenon from this time prior to symbol formation, first described by Langer (1967), is the *vitality affects*, which Stern has researched further. The term refers to bodily events and sensations that are going on all the time within us and which stem from uneasiness, pleasure, tension and release. Here, again, musical language is used to describe these processes: crescendo, diminuendo, tempi, filling up, explosive, tuning in. These phenomena can be likened to a wave filling up inside and then dying out. The wave can be soft and slow or intense and explosive. These states are evoked through the relationship and behavior of others, as in the way the mother holds her baby or the manner in which the diaper is changed. It is believed that the baby

perceives the vitality affects and stores them as bodily memories. And then, suddenly in response to the touch of another person in the present, the adult can be under their influence.

In a recent paper, Stern (1996, p.5) stated:

I will suggest that certain basic experiences of time and form that are common to our encounter with music, are also common to an infant's ordinary, daily, socio-affective interactions ... It is in large part through [these] transmodal transfers of information of form and timing from another into ourselves that we can emotionally understand what it is like to be them and to identify with them. In a sense, our nervous system can be 'captured' by expressions of vitality that emanate from others, or that come from music. It is in this way that music, also, is processed and 'enters' into the listener's mind and body to capture his feelings.

In the light of the above theories, I suggest that music can take an individual back, at some level, to a time in early infancy before language was developed. Lacan (1973) argues that the unconscious is constituted as a language. Could it not then be possible that music is a language that speaks directly to the vitality affects; in other words, is not music the sounding experience of vitality affects?

Mothering qualities of music

Music evokes feelings

Music's foremost quality is its ability to bring forth feelings. Music can enable the person to approach and experience emotional areas otherwise avoided. One can say that music is safe, and yet the paradox is that music is more direct than words, since it is an ambiguous language and can be interpreted in many ways.

Music can be experienced as having all those diverse qualities that can be experienced in relationship to the real mother. The sound can, for example, be invasive, smothering, aggressive or positive, holding, caring, loving and safe. In other words, music can be both a warm and nurturing and a fearsome, destructive mother figure. How is it that music seems to possess the ability to bring forth images of such extreme polarity? There are no easy answers to this question. Each individual experiences music in highly subjective ways; it can become that which the client needs to encounter inside himself in order to grow. The field of play is rich in texture, movement, dynamic tension and

harmonic structure; infinite responses are embedded within the musical language. Therefore, images of opposite poles can be shaped, experienced, held, integrated and transformed.

In the course of treatment, various levels of transference processes occur. The music can become a space/field in which the client can project feelings that are too difficult to carry. It is up to the therapist to contain this material and help the client look at it when she is psychologically able. The musical space is a sacred container which is larger than life. It is a space of surprises, wonder, despair and suffering where anything can happen. The therapist and the client are in the musical space together. This is not a hierarchical relationship; the emphasis is on *togetherness*. In this space there is a co-transference to the music and to the images the music evokes. The earlier the developmental wounds, the more likely that the transference will come up in the music. In both receptive and expressive music therapy, it is possible for the client to have parallel transference processes. The music might have brought up negative mother images while at the same time directing a positive, trusting relationship towards the therapist. The reverse can happen as well: the music being good and holding while the therapist is experienced as negative and non-trustworthy. For clients with early developmental problems, such as borderline personality disorders, the music can function as projective identification where the client deposits toxic material. Then slowly, with the help of the music and careful interpretation by the therapist, the poison can be taken back in 'digestible form' and integrated in a way that does not threaten the psyche. Thus the split between the good and the bad mother can begin to heal (Wärja 1995).

I shall now return to the story of Susanna told above, and look at one more piece of her journey. As mentioned, Susanna had not been adequately mothered; in fact, she had had a cold, rejecting and punitive mother. The theme of longing to be mothered was central throughout our work. About one and a half years into our work, Susanna had a significant experience in a receptive music journey. I suggested three different doors with the instruction to open the door and step inside a room where she would meet an aspect of herself. I left her in the room for exploration with about three minutes of classical music, and then I guided her out and to the next door. This experience brought to her mind three different parts that all related to the mother-theme. It also showed that Susanna had begun to internalize a good nurturing figure that was beyond her biological mother. First she met the abandoned child, two to three years of age. This was a sad image of a

small child with not enough protection. In the second aspect, she experienced herself as a mother. And as she nurtured her baby, she also nurtured herself. In the last image she met a totally new acquaintance. She called her Sue. Sue was an embodiment of what was possible; a woman in her own right, who followed her own path towards fulfillment and who was strong, nurturing, capable, set limits and stood up for her own needs. The connection with these positive and empowering female images gave Susanna courage to face the hurt inflicted by her mother.

In the months ahead, as Susanna faced the abandonment of her mother, she had the following GIM experience. The music that was used was Vaughan Williams's *Fantasia on a Theme by Thomas Tallis*.

I am walking up a staircase. It's like walking inside a skeleton. The skeleton has no head. It is cold and chilling. An older woman comes down the skeleton. She has a veil, like a witch. Her face is dark and prickly. Ice and coldness. The face is sharp and evil. Not angry, but evil ... I saw my mother walk up the stairs. She was young and well dressed ... dressed in mourning clothes. I must talk with her: 'Why did you leave me?' (Cries) ... I want to reach out to her ... Now she reaches out her hand. I hesitate ... 'I have longed so much for the real you.' [Cries] ... A diamond. She gives me a diamond. She gives it with kindness and without reservation. She is young and beautiful. Now she is gone. The diamond is small and round ... Now she is flying, she smiles at me. She had to go. Yes, today is that day. I like to fly with her. I am sitting on an eagle. I fly beside her. It's early morning.

Receiving a gift from her mother was deeply moving and seemed to give Susanna energy to care more for herself. This session occurred on the anniversary date of her mother's death, three years earlier. In the last year of treatment, Susanna's physical condition slowly improved and, at the conclusion of treatment, her somatic symptoms of severe rheumatism and allergy had decreased significantly.

Music as holding

Winnicott speaks of one of the most important phases in the child's development as the 'holding phase'. This early handling and holding is a way the mother can show her love to the infant. Holding also includes the total environment around the child. A holding environment is loving and caring; it gives the child access to different kinds of object relationships. Its

most important task is to protect the child from invasion of its boundaries (Winnicott 1965). Balint describes how infants need physical contact with an individual whom the baby perceives through its feelings. The utmost aim of the infant is to be loved and satisfied without having any obligation to give anything back in return (Balint 1965, 1968). And as Winnicott (1965) stated, the only way to express this love is in the physical care of the infant. Positive maternal touch creates a 'home base' of body experiences within the baby. The child can return to this base inside to sort out confusing messages about her body. If the child has not experienced enough positive maternal touch, there can be a tendency to sexualize touch or become afraid of any kind of touch from others.

Using music can be of great help for individuals who have not been adequately touched, held and handled, due to its ability to bring about various kinds of bodily and kinesthetic experiences. These can be negative (such as being knocked around, pushed or slapped) or positive (such as being held, caressed, comforted and nurtured). In order not to overwhelm the client or 're-traumatize' him/her, it is critical that the facilitator assess the developmental level and needs of the client and choose the music approach accordingly. The first task is to create a holding environment, a secure base, and later, when the client is ready, to provide a musical field that invites exploration. In receptive music therapy, the music should have an appropriate level of challenge, that is, music that is good enough. And in expressive music therapy, the structure of the musical field needs to provide enough holding to invite exploration. If the person is dealing with issues from infancy, the archaic mother might come forth in the music. If the person is lacking early holding and handling, the music needs to convey security and tenderness so that basic trust can begin to form. The client who has been emotionally suffocated in the tight embrace of an overprotective mother is better aided by music that helps build the power necessary to be able to struggle and separate.

Matthis, a psychoanalyst, speaks of the positive mother in a way that supports my view of the mothering music that is good enough:

In the mother-child relationship there is also an assurance, an innate security and a resting in the relationship that carries the child across abysses, that conveys and speaks to the child of a will to live. I like to name it 'maternal flow' because it is an uninterrupted stream, an existence, i.e., that space that lacks symbols and language. (Matthis 1992, p.81; author's translation)

I believe there is a maternal flow which music presents that can bring the individual to places before symbolic language was developed. Music that has this ability tends to be predictable in rhythmic, harmonic and dynamic structure. As the good mother, the music is experienced as holding, reliable and secure. This flow of uninterrupted sound merges with the presence of the therapist to create an environment which can become trustworthy enough to dare to face fearsome aspects of the mother and to express longings and needs, as well as providing energy for empowerment.

Conclusion

In this chapter, I have looked specifically at the healing process with mothers in the context of music-oriented expressive arts therapy. Mothers bring up feelings as vast and turbulent as the seven seas. Like the seas, the feelings are deep, infinite and of other worlds. The knowing that we, for a period of time, lived inside this other person who was the enveloping world that supported and sustained our existence is unfathomable. The experiences carved memories into our cells long before language was developed. To be able to deal with archaic experiences, one needs an avenue that can both connect with this material and at the same time hold and handle it in ways that do not become overwhelming. I suggest that music has these qualities.

Music accesses the pre-verbal, uncovers pain and at the same time builds the power needed to face the hurt. Music has enveloping, enwrapping qualities that are characterized by a good-enough matrix in early infancy. Music moves into the body and works on a kinesthetic level to open up blocked feelings. Music also holds and gives form to experiences for which there are no symbolic representations. It is as if the music 'massages' the cells of muscles and nerve endings and then presents the psyche with images. The image could be a representation of an inner state, an actual event that has taken place or representations prior to the development of symbols.

A person who has been wounded in his/her core identity needs to be held and handled to heal. In instances where there have been hurtful experiences at a very early age, it is often difficult to retrieve appropriate material. The pain has been inflicted long before verbal language was developed. The person has often no conscious memory of the handling by the mother but a felt sense that something was wrong. Sometimes there are memory fragments or negative bodily sensations. Other indications could be feelings such as shame, fears of invasion, feelings of impingement, vague or non-functioning boundaries or various psychosomatic symptoms. Finding avenues to reach

and deal with early trauma, that might not have a name or a form, is a challenge. The strength of music is that it travels to pre-verbal layers. It is in this way that music conveys emotions, carries affect, brings dynamic movement and builds power. Music, the queen of time, takes us to the never-ending now.

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