

The University of Sheffield

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**PSYCHODYNAMIC GROUP MUSIC THERAPY WITH
PROFOUNDLY LEARNING DISABLED RESIDENTS
AND THEIR CARERS:
DEVELOPING A THEORY AND PRACTICE FOR
THE REALISATION OF THERAPEUTIC AIMS FOR
RESIDENTS AND THE ACQUIREMENT OF
THERAPIST'S SKILLS BY CARERS**

*Thesis submitted
for the degree of Doctor of Philosophy*

May 1998

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**Submitted by Anthi Agrotou
as a thesis for the degree of Doctor of Philosophy**

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In memory of my father,
George C. Agrotis

ABSTRACT

This thesis explores psychodynamic group music therapy with institutionalised, profoundly learning disabled residents, while introducing a novel way of including carers in the music therapy sessions. It is based on a detailed analysis of one case-study consisting of three residents, four carers and myself as the music therapist.

Based upon theories from psychoanalysis, the dissertation firstly explores the inner world of learning disabled people and how this is affected by a traumatic early environment and institutionalised care. It then discusses the musical and psychological concepts that delimit this work. The particular way in which the carers participated in the music therapy treatment is then analysed, drawing from the theories of attachment and object relations. The case-study that follows is a detailed analysis of sessions or extracts from sessions spanning a period of three-and-a-half years.

The thesis studies the methodologies and techniques that facilitated the following development in the group: a) Though at the beginning the patients functioned within an autistic type of isolation, they evolved into individuals who expressed their needs for human intimacy, creative exploration and autonomy; b) The carers shifted from being emotionally unresponsive to functioning as auxiliary music therapists; c) The music therapy setting became the ground for the evolution of life attachment bonds between the patients and the carers of the group. This music therapy setting included a particular way of perceiving, understanding and responding to the patients' sounds, based on the principle that any sound or non-verbal signal is meaningful and forms part of a patient's unconscious association to the phenomena in the group.

TABLE OF CONTENTS

PART ONE: INTRODUCTION	1
Chapter 1: An introduction to the profoundly learning disabled person, the institution and music therapy	2
1.1 The main theme of this thesis	2
1.2 The profoundly learning disabled person	3
1.2.1 Definitions	3
1.2.2 Early environment	6
1.2.3 Secondary handicap	7
1.3 The institution and the situation in Cyprus	9
1.3.1 Brief historical context of the care for learning disabled people	10
1.3.2 The Social System's defences	11
1.3.3 The effects of the Social System's defences on the carers	12
1.3.4 The ill effects of institutionalisation upon the residents	15
1.3.5 The "Nea Eleousa" institution and services for learning disabled people in Cyprus	17
1.3.5.1 Description of "Nea Eleousa"	17
1.3.5.2 The Professional Services of "Nea Eleousa".....	20
1.3.5.3 The psychological approach towards the residents since the first days of the institution	21
1.3.5.4 Professional history and psychodynamic therapy in context	22
1.4 Music therapy: a brief introduction	23
1.5 Further issues for the reader	25
Chapter 2: A brief guide to the thesis	27
2.1 The main text	27
2.2 The Appendices	29
PART TWO: INTRODUCTION TO THE PRESENT WORK AND ITS THEORETICAL CONCEPTS	31
Chapter 3: Psychodynamic music therapy: in general and in particular	32
3.1 Psychodynamic music therapy: fundamentals	32
3.2 The meaning and use of sound and music	35
3.2.1 Intrauterine perception of sound - sound/music evokes regressive states	36
3.2.2 The threatening origins of sound and a definition of music	37
3.2.3 The comforting origins of the musical elements	39

3.2.4	The social origins of sound: the mother-infant interaction	40
3.2.5	Music/sound as an emotional and cathartic language	43
3.3	The impact of the above theories for the profoundly learning disabled person and how it applies to the work of music therapy	45
3.4	The function of music and sound in the personally developed model of music therapy - the issue of "aims" for the patient	48
3.5	The musical instruments - further "aims"	51
3.6	The scope and limitation of music therapy in the personally developed model - the issue of "aims" again	52
Chapter 4: Further psychological concepts		55
4.1	Introduction to Chapter Four	55
4.1.1	Freud and the unconscious: its relevance to the present work	56
4.1.2	The relevance of Kleinian concepts to the present work	56
4.1.2.1	Therapeutic implications from Klein's concepts of the paranoid-schizoid and the depressive positions and their application in the present work	58
4.1.3	The relevance of Winnicott's "holding", "mirroring", "transitional objects" and "transitional phenomena" to the present work	59
4.1.4	Bion's "reverie" and "containment": relevance to the present work	60
4.1.5	Bowlby: the effects of early separation and the institutionalised child	61
4.1.5.1	The relevance of Bowlby's attachment theory to the present work	62
4.1.6	Autistic features in institutionalised people: drawing from Tustin's work	63
4.1.7	Foulkes and his concepts from group analysis: their relevance to the present work	64
4.1.8	Transference and countertransference	66
Chapter 5: Further on the proposed model: its contribution, the carers' participation in the music therapy sessions and issues about research		68
5.1	The proposed model	68
5.1.1	The carers' participation in the music therapy groups	68

5.1.1.1	The role of affective bonds: Drawing from the theory of attachment and object relations	70
5.1.1.2	The free-discussion group meetings with the carers	82
5.1.1.3	Moving from the position of carers to that of auxiliary therapists and principal objects of attachment: theoretical implications	87
5.1.2	The present work and issues about research	88
5.1.3	Further validation	90
5.1.4	The contribution of the current work in treating profoundly learning disabled people in a group, following psychodynamic principles	90

PART THREE: THE GROUP'S FIRST FIVE MONTHS: MARCH - AUGUST 1994. GROUP MUSIC THERAPY PROCESSES, METHODOLOGIES AND TECHNIQUES ILLUMINATED BY ANALYSIS OF INDIVIDUAL SESSIONS	92
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Chapter 6: Introduction to the case-study, part three and the group	93
6.1 Introduction to the case-study	93
6.1.1 Guide to the text	94
6.2 Introduction to Part Three	94
6.3 The selection and the participants of the group	95
6.4 The first meeting with the carers: introducing them to the setting	102
6.5 Preparing the residents for group music therapy	104
6.5 The patients' and the carers' initial state. The first three months: March - June 1994	105

Chapter 7: Analysis of the session of July 15, 1994. Special emphasis on the group in the model of the mother-infant interaction	109
7.1 Analysis of the phenomena taking place in the session	109
7.1.1 The first ten minutes and the group in the model of the mother-infant interaction	109
7.1.1.1 The first three minutes: a general description	110
7.1.1.2 The carer [via the music therapy group] - patient interaction and parallels with the mother-infant interaction: the example of Pamina	112

7.1.1.3	From the third to the tenth minute: now the carer [via the music therapy group] -patient interaction: further applications of the model of the mother infant interaction	117
7.1.2	From the tenth to the eighteenth minute: the patients' process, climaxes and mutative moments: the music addresses the group's affective state	121
7.1.3	From the eighteenth to the twenty-fourth minute: an introduction to Sarah's beater-throwing episodes: "holding" music	124
7.1.4	The goodbye song and music	127
7.2	Concluding remarks concerning the patients ...	127
7.3	Concluding remarks concerning the carers	128
7.4	Aspects of the model's novelty evidenced in this session	130

Chapter 8: Analysis of the session of July 29, 1994.

	Autistic states in the foundation matrix and non-autistic states in the dynamic matrix	132
8.1	A global look at the session and the group's "foundation" and "dynamic" matrix: autistic and non-autistic states and sounds	132
8.1.1	Characterising and defining Jenny's sounds	133
8.1.2	Jenny's sounds, their corresponding affective states and their relationship to the other patients in the group	135
8.1.3	Autistic states and sounds - Non-autistic states and singing notes	137
8.2	The music therapy approach and methodology: an analysis of the session	140
8.2.1	The first, rhythmical part of the session: waiting and observing; gently inviting and mirroring	141
8.2.2	The sound/music interconnection with and between the patients. A musical group interpretation	143
8.2.3	Sarah's beater-throwing episodes and Pamina's acknowledgement of intimacy: an affective bond is becoming established and reassured in the group music therapy context	147
8.3	Concluding remarks concerning the patients	150
8.4	Concluding remarks concerning the music therapy approach and the carers' contribution ...	152

Chapter 9: Analysis of the session of August 5, 1994:	
Rivalry	154
9.1 Analysis of the phenomena taking place in the session of August 5, 1994	154
9.1.1 Sarah's beater-throwing episodes and Jenny's awakening through the piano	154
9.1.2 Mutative moments: first part: Sarah's first autonomous walk in her known life - a bond established. Jenny's jealousy enacted - the existence of a relationship	158
9.1.3 Mutative moment: second part: Sarah's first piano playing. Jenny's jealousy re-enacted	162
9.1.4 Mutative moments: third part: Jenny enters her longest engagement with her singing theme	167
9.2 Concluding remarks concerning the patients	170
9.3 Concluding remarks concerning the carers	171

Chapter Ten: Conclusions and a brief discussion concerning the group's first five months and the proposed methodology	172
10.1 Summary and discussion of the patients' process	175
10.1.1 Sarah's beater-throwing episodes and sexuality: a discussion	176
10.2 Summary of the carers' process: their role and contribution	177
10.3 Summary of the proposed methodology as revealed so far	177

PART FOUR: THE GROUP'S PROCESS OF THE FOLLOWING FOUR MONTHS: SEPTEMBER - DECEMBER 1994. FURTHER EXAMPLES OF METHODOLOGY AND TECHNIQUES	180
---	-----

Chapter 11: Introduction to Part Four - the session of October 3, 1994: Isolation and the technique of the sound canvas	181
11.1 Introduction to Part Four and the group's following four months: September - December 1994	181
11.2 Meeting after the summer holidays - the session of October 3, 1994. Return to isolation	181
11.2.1 The session of October 3, 1994: the first excerpt: the first, rhythmical part of the session	182

11.2.2	The session of October 3, 1994: the second excerpt. The group's state of isolation - the technique of the sound canvas	184
11.2.2.1	The technique of the sound canvass - pure or in combination with mirroring and gentle musical interpretations	190
11.2.3	Conclusions about the session of October 3, 1994	194
 Chapter 12: The session of October 17, 1994: The struggle to test and reaffirm trust and mutuality.		
	The technique of contextualisation	196
12.1	The session of October 17, 1994. The struggle to test and reaffirm trust and mutuality	196
12.1.1	The session of October 17, 1994: the first excerpt. Pamina struggles to test mutuality through her mouth repertoire	196
12.1.2	The session of October 17, 1994: the second excerpt. The group unites in its struggle to reaffirm trust - the technique of contextualisation	199
12.1.2.1	Conclusions about this section and the technique of contextualisation	206
12.1.3	The session of October 17, 1994: the third excerpt. Ambivalence - the object is re-found	208
12.1.4	Conclusions about the session of October 17, 1994	210
 Chapter 13: The session of November 7, 1994: Despair - the object re-found and re-lost.		
	The significance of the beater	213
13.1	Introduction to the session of November 7, 1994.....	213
13.1.1	The session of November 7, 1994. One excerpt	213
13.1.1.1	The excerpt's predominantly musical part. Despair about being pushed and dragged, about re-loosing the object - the music therapist makes herself very present ..	214
13.1.1.2	The excerpt's predominantly non-musical part. Re-loosing and re-finding the beater	218
13.1.3	Conclusions about the session of November 7, 1994	220

Chapter 14: Main themes and theoretical considerations: the group in the paranoid-schizoid position	222
14.1 Main themes in the patients' process and the paranoid-schizoid position	222
14.2 The beater: symbolic equation and symbolic emptiness	225
14.3 Concluding remarks on part four	229

**PART FIVE: HIGHLIGHTS OF THE GROUP'S PROCESS
DURING THE FOLLOWING TWO YEARS:
JANUARY 1995 - JANUARY 1997 231**

Chapter 15: Introduction to Part Five and highlights of the group's process during the period January - June 1995: From manic states towards the formation of a transitional object	232
15.1 Introduction to Part Five	232
15.2 Highlights of the group's process during the period January - June 1995	233
15.2.1 The sessions of March 20 and March 27, 1995: states of mania with Sarah's beater-throwing episodes as the foreground	233
15.2.1.1 Sarah's beater-throwing episodes and the manic defences	235
15.2.2 The session of March 27, 1995. The second excerpt. Sarah shared in a creative exchange: the result of a technique that ameliorates envy	238
15.2.3 The sessions of June 19 and June 26, 1995: music as the "good object" leading to more trust in the creative impulse and the formation of a transitional object	240
15.2.3.1 Sarah's gradual reception of the group music as "one, whole good object"	241
15.2.3.2 Creative moments in all patients	244
15.2.4 Concluding remarks concerning the period January - June 1995: the patients' process towards the depressive position and the formation of a transitional object, and the carers' process towards auxiliary therapists...	249

Chapter 16: The role of this methodology in ameliorating the handicapping effects of envy both in the carers and in the patients	253
---	------------

Chapter 17: Highlights of the group's process during the period September - December 1995: Further towards the depressive position	257
17.1 Introductory note	257
17.1.1 The session of September 18, 1995: rejection and withdrawal	257
17.1.2 The session of October 2, 1995: anger and aggression	258
17.1.3 The session of October 9, 1995: Pamina's skills in combining musical repertoires and Sarah's fear. The carers' growing skills and attachment to the whole group	259
17.1.4 The session of October 16, 1995: Pamina made tricks with her mouth repertoire to test her substitute carer	261
17.1.5 The session of November 13, 1995: Sarah experienced her limitations and anxieties about the other's beater drops	261
17.1.6 The session of December 4, 1995: towards containment	262
17.1.7 Conclusions for the period September - December 1995	264

Chapter 18: Highlights of the group's process during the period January - June 1996: A deeper immersion into the paranoid-schizoid position	265
18.1 Introduction to the period January - June 1996	265
18.1.1 The session of February 19, 1996. Sarah's belches: an internal world of aggression resonating aggression in the group	266
18.1.2 The session of February 26, 1996. Sarah's increased aggression towards me and belches against everyone's actions. The fight for the group leader	269
18.1.3 The session of March 4, 1996. Containment but also defence from Sarah's belches	272
18.1.4 The sessions of March 11 and 25, 1996. Climaxes of hostility through the beater and steps towards autonomy	273
18.1.5 The session of June 10, 1996. Further achievements of mastery and control. The case of Pamina	276
18.1.6 The session of June 17, 1996. Further achievements of mastery and control. The case of Sarah: her piano playing is taking the place of her belches	277

18.1.7	Conclusions for the period January - June 1996 and the meaning of the patients' achievements for mastery, control and creation	278
Chapter 19:	Highlights of the group's process during the period September 1996 - January 1997: Further process towards the depressive position	280
19.1	Preparing the group for the end of our weekly meetings	280
19.2	Introduction to the period September 1996 - January 1997	280
19.2.1	The session of October 7, 1996: Jenny puts more control in her piano playing, which "empties" Sarah	281
19.2.2	The session of October 21, 1996: Jenny's further enrichment of her piano music - Sarah less "emptied"	282
19.2.3	The session of November 25, 1996: Jenny's loud autistic vocalisations become communicative play	283
19.2.4	Explorations on the underlying specific meaning of Jenny's loud autistic vocalisations	284
19.2.5	The session of December 2, 1996: Further achievements of mastery and control. The aggressive and denying content of Jenny's loud autistic vocalisations verified	286
19.2.6	The group during the end of the cycle of our weekly music therapy sessions and the changes introduced	287
19.2.6.1	The session of January 7, 1997: The group in sadness and angry withdrawal. Ms Kazakaiou initiated and led the sound canvas - maturational shifts in Sarah's voice and posture	288
19.2.6.2	The session of January 13, 1997: Another way to reach the group's state of angry withdrawal - group music interpretation followed by verbal interpretation	290
19.2.6.3	The session of January 20, 1997: Pamina strikes the optimistic note for the end of our weekly meetings - Ms Kazakaiou's attachment transcends her musical skills	291
19.2.7	Conclusions for the period September 1996 - January 1997	295

PART SIX: CONCLUSIONS	297
Chapter 20: Introduction to the conclusions and validation of hypotheses, taken from three sessions of the group's monthly meetings	298
20.1 Introduction to the conclusions : excerpts from three sessions as validation of hypotheses and objectives	298
20.1.1 The session of May 5, 1997: Sarah cries for the first time in her known life	298
20.1.2 The session of July 7, 1997: Further verification and understanding of Sarah's sounds and Pamina's intelligence revealed	300
20.1.3 The session of October 6, 1997: Pamina's achievements of mastery, control and creativity	301
20.1.4 The carers' development as auxiliary music therapists	303
20.2 Conclusions about the present and the future	304
Chapter 21: Final conclusions	306
21.1 Introduction to the final chapter	306
21.2 The group's process	306
21.3 The patients' development	308
21.4 The carers: their development and the model's facilitating elements	315
21.5 Further facilitating aspects of the model's novelty, and the techniques introduced	318
21.5.1 Facilitating aspects of the music/sound medium, and the techniques introduced	319
21.6 Effectiveness of the proposed model	322
21.7 Personal development	324
BIBLIOGRAPHY	328

APPENDICES

APPENDIX A: CONCEPTS FROM PSYCHOANALYSIS - SUPPLEMENT TO CHAPTER FOUR

- A. 1 Introduction to Appendix A
- A. 2 Freud and the unconscious
- A. 3 Kleinian concepts
 - A. 3.1 Unconscious phantasy
 - A. 3.2 The beginnings of life and the meaning of an object and an object-relation
 - A. 3.4 The meaning of the term "position"
 - A. 3.5 The paranoid-schizoid position
 - A. 3.5.1 Mechanisms of defence in the paranoid-schizoid position
 - A. 3.6 The depressive position
 - A. 3.6.1 Mechanisms of defence in the depressive position
- A. 4 Winnicott: Holding, mirroring, transitional objects and transitional phenomena
- A. 5 Bion and the mother's - therapist's reverie - containment
- A. 6 Bowlby and attachment theory
- A. 7 Tustin and Autism
- A. 8 Foulkes and Group Analysis
 - A. 8.1 The group matrix
 - A. 8.2 Free group association
 - A. 8.3 The role of the conductor
 - A. 8.4 Further factors facilitating the therapeutic process

APPENDIX B: TRANSCRIPTS OF MUSIC THERAPY SESSIONS OR OF EXTRACTS TAKEN FROM SESSIONS

- Introduction to Appendix B
- B. 1 The session of July 15, 1994
Whole session [0.01 - 25.15]
- B. 2 The session of July 29, 1994
Whole session [0.01 - 25.16]
- B. 3 The session of August 5, 1994
Whole session [0.01 - 29.48]
- B. 4 The session of October 3, 1994
First excerpt [2.00 - 7.18]
Second excerpt [15.21 - 21.36]
Third excerpt [23.00 - 25.00]
- B. 5 The session of October 17, 1994
First excerpt [4.56 - 10.35]
Second excerpt [12.28 - 21.33]
Third excerpt [23.57 - 31.40]
- B. 6 The session of November 7, 1994
One excerpt [10.44 - 22.17]
- B. 7 The session of March 20, 1995
One excerpt [2.20 - 9.37]

- B. 8 The session of March 27, 1995
 First excerpt [3.59 - 7.24]
 Second excerpt [14.20 - 21.00]
- B. 9 The session of June 19, 1995
 First excerpt [8.59 - 18.55]
 Second excerpt [22.00 - 27.44]
- B. 10 The session of June 26, 1995
 First excerpt [5.02 - 12.28]
 Second excerpt [14.18 - 15.50]
 Third excerpt [18.10 - 29.10]
- B. 11 The session of September 18, 1995
 First excerpt [10.28 - 11.43]
 Second excerpt [15.00 - 17.58]
- B. 12 The session of October 2, 1995
 First excerpt [4.00 - 6.53]
 Second excerpt [9.15 - 9.55]
 Third excerpt [12.10 - 13.10]
 Fourth excerpt [19.40 - 29.45]
- B. 13 The session of October 9, 1995
 One excerpt [14.12 - 25.57]
- B. 14 The session of October 16, 1995
 One excerpt [19.10 - 22.52]
- B. 15 The session of November 13, 1995
 One excerpt [16.00 - 25.43]
- B. 16 The session of December 4, 1995
 First excerpt [8.43 - 13.27]
 Second excerpt [14.02 - 15.48]
 Third excerpt [19.19 - 22.35]
 Fourth excerpt [26.36 - 31.40]
- B. 17 The session of February 19, 1996
 First excerpt [1.29 - 5.20]
 Second excerpt [13.13 - 15.36]
 Third excerpt [16.00 - 18.50]
- B. 18 The session of February 26, 1996
 First excerpt [3.23 - 6.13]
 Second excerpt [9.06 - 10.16]
 Third excerpt [30.47 - 32.23]
- B. 19 The session of March 4, 1996
 One excerpt [0.18 - 2.26]
- B. 20 The session of March 11, 1996
 First excerpt [3.30 - 4.54]
 Second excerpt [7.42 - 10.13]
 Third excerpt [25.26 - 28.20]
- B. 21 The session of March 25, 1996
 One excerpt [14.13 - 15.02]
- B. 22 The session of June 10, 1996
 One excerpt [1.47 - 7.13]
- B. 23 The session of June 17, 1996
 One excerpt [16.33 - 25.50]
- B. 24 The session of October 7, 1996
 One excerpt [17.15 - 21.03]

- B. 25 The session of October 21, 1996
One excerpt [9.25 - 12.10]
- B. 26 The session of November 25, 1996
One excerpt [15.48 - 23.34]
- B. 27 The session of December 2, 1996
One excerpt [9.55 - 13.10]
- B. 28 The session of December 9, 1996
One excerpt [19.20 - 22.51]
- B. 29 The session of January 7, 1997
First excerpt [12.23 - 16.08]
Second excerpt [28.45 - 30.39]
- B. 30 The session of January 13, 1997
One excerpt [9.40 - 16.24]
- B. 31 The session of January 20, 1997
First excerpt [11.10 - 17.01]
Second excerpt [21.49 - 32.55]
- B. 32 The session of May 5, 1997
One excerpt [11.06 - 39.13]
- B. 33 The session of July 7, 1997
One excerpt [8.10 - 12.55]
- B. 34 The session of October 6, 1997
First excerpt [3.15 - 6.07]
Second excerpt [14.30 - 17.36]
Third excerpt [23.20 - 30.26]

**APPENDIX C: TRANSCRIPTS TAKEN FROM THE
FREE - DISCUSSION GROUP MEETINGS
WITH THE CARE-TAKERS**

Introduction to Appendix C

- C. 1 The session of September 18, 1995
- C. 2 The session of October 2, 1995
- C. 3 The session of October 9, 1995
- C. 4 The session of October 16, 1995
- C. 5 The session of November 13, 1995
- C. 6 The session of December 4, 1995

SUPPLEMENTARY VIDEO-TAPES 1-5

VIDEO-TAPE ONE: CONTENTS

<u>Date</u>	<u>Minutes [Original]</u>
B. 1 <i>July 15, 1994</i>	
Whole session	0.01 - 24.00
B. 2 <i>July 29, 1994</i>	
Whole session	0.01 - 25.16
B. 3 <i>August 5, 1994</i>	
Whole session	0.01 - 29.48

VIDEO-TAPE TWO: CONTENTS

<u>Date</u>	<u>Minutes [Original]</u>
B. 4 <i>October 3, 1994</i>	
First excerpt	2.00 - 4.53
Second excerpt	15.21 - 21.36
Third excerpt	23.00 - 25.00
B. 5 <i>October 17, 1994</i>	
First excerpt	4.56 - 10.35
Second excerpt	12.28 - 21.33
Third excerpt	23.57 - 31.40
B. 6 <i>November 7, 1994</i>	
One excerpt	10.44 - 22.17

B. 7 *March 20, 1995*

One excerpt 2.20 - 9.37

B. 8 *March 27, 1995*

First excerpt 3.59 - 7.24
Second excerpt 14.20 - 21.00

B. 9 *June 19, 1995*

First excerpt 8.59 - 18.55
Second excerpt 22.00 - 27.44

B. 10 *June 26, 1995*

First excerpt 5.02 - 12.28
Second excerpt 14.18 - 15.50
Third excerpt 18.10 - 29.10

VIDEO-TAPE THREE: CONTENTS

Date Minutes [Original]

B. 11 *September 18, 1995*

First excerpt 10.28 - 11.43
Second excerpt 15.00 - 17.58

B. 12 *October 2, 1995*

First excerpt 4.00 - 6.53
Second excerpt 9.15 - 9.55
Third excerpt 12.10 - 13.10
Fourth excerpt 19.40 - 29.45

B. 13 *October 9, 1995*

One excerpt 14.12 - 25.57

B. 14 <i>October 16, 1995</i>	
One excerpt	19.10 - 22.52
B. 15 <i>November 13, 1995</i>	
One excerpt	16.00 - 25.43
B. 16 <i>December 4, 1995</i>	
First excerpt	8.43 - 13.27
Second excerpt	14.02 - 15.48
Third excerpt	19.19 - 22.35
Fourth excerpt	26.36 - 31.40

VIDEO-TAPE FOUR: CONTENTS

<u>Date</u>	<u>Minutes [Original]</u>
B. 17 <i>February 19, 1996</i>	
First excerpt	1.29 - 5.20
Second excerpt	13.13 - 15.36
Third excerpt	16.00 - 18.50
B. 18 <i>February 26, 1996</i>	
First excerpt	3.23 - 6.13
Second excerpt	9.06 - 10.16
Third excerpt	30.47 - 32.23
B. 19 <i>March 4, 1996</i>	
One excerpt	0.18 - 2.26
B. 20 <i>March 11, 1996</i>	
First excerpt	3.30 - 4.54
Second excerpt	7.42 - 10.13
Third excerpt	25.26 - 28.20

B. 21 <i>March 25, 1996</i>	
One excerpt	14.13 - 15.02
B. 22 <i>June 10, 1996</i>	
One excerpt	1.47 - 7.13
B. 23 <i>June 17, 1996</i>	
One excerpt	16.33 - 25.20
B. 24 <i>October 7, 1996</i>	
One excerpt	17.15 - 21.03
B. 25 <i>October 21, 1996</i>	
One excerpt	9.25 - 12.10
B. 26 <i>November 25, 1996</i>	
One excerpt	15.48 - 23.34
B. 27 <i>December 2, 1996</i>	
One excerpt	9.55 - 13.10
B. 28 <i>December 9, 1996</i>	
One excerpt	19.20 - 22.51
B. 29 <i>January 7, 1997</i>	
First excerpt	12.23 - 16.08
Second excerpt	28.45 - 30.39
B. 30 <i>January 13, 1997</i>	
One excerpt	9.40 - 16.24

ACKNOWLEDGEMENTS

Firstly I wish to thank my parents, George and Leto Agrotis, who introduced me into the world of music and disciplined study.

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PART ONE

INTRODUCTION

CHAPTER ONE

AN INTRODUCTION TO THE PROFOUNDLY LEARNING DISABLED PERSON, THE INSTITUTION AND MUSIC THERAPY

1.1 THE MAIN THEME OF THIS THESIS

This thesis concerns profoundly learning disabled individuals, who live under appalling conditions in institutions in Cyprus. It is an attempt to reach their world of silence, bizarre mannerisms and inertia through the medium of sound within the specialised setting of psychodynamic group music therapy. In understanding their world and conceptualising the therapeutic process, the present work focuses predominantly on psychoanalytic theory and practice.

The terror, isolation and despair of profoundly learning disabled and institutionalised people looms large. The therapeutic process entails an attempt to decipher their non-verbal cues through forming relationships of attachment and a stance that involves attentive listening and contextualisation of their signals into meaningful sound/music.

The thesis aims to discuss and analyse this process within the context of a single case-study. It studies in detail the methodology and process of one music therapy group consisting of three profoundly learning disabled women, four carers and myself as the music therapist. The basic novelty of the work was the way the institution's carers were included in the music therapy sessions and processes. One

of the main objectives was to facilitate non-specialised staff into becoming co-therapists.

This chapter gives a background to the emotional life of the profoundly learning disabled persons, the institution as a place of living and the consequences of this for both the residents and the carers. In order to outline further the context within which the present work took place, I introduce here the institution in Cyprus that housed the work ["Nea Eleousa"] and its particular circumstances. Finally, this chapter briefly introduces music therapy, its concepts being further expounded in *Part Two*, Chapter Three. Some issues concerning the approach of this work are addressed at the end of this chapter and aim to facilitate the non-psychoanalytic reader.

1.2 THE PROFOUNDLY LEARNING DISABLED PERSON

1.2.1 Definitions

The profoundly learning disabled person is an individual who suffers greatly, either as a result of organic damage, or trauma or, as is mostly the case, a combination of the two. Their suffering is manifested by such symptoms as head-banging, eye-poking, self-biting, body-rocking, head-swings, mouth-dripping, spitting, smearing and all sorts of bizarre ways of being, ways that have become stereotypes in their lives [Sinason, 1992].

The World Health Organisation [WHO, 1980] has given the following definitions for "impairment", "disability" and "handicap":

"Impairment" is "any loss or abnormality of psychological, physiological or anatomical structure or function."

"Disability" is "any restriction or lack [resulting from an impairment] of ability to perform an activity, or within the range considered normal for a human being."

"Handicap" is "a disadvantage resulting from an impairment or disability that limits or prevents the fulfilment of a role that is normal [depending on age, sex and social and cultural factors] for the individual."

This introduction in the 1980s of the impairment-disability-handicap model differentiated the organic, functional and social/adaptive aspects of difficulties that may be presented in a learning disabled person. It thus gave scope for variations and potentials and a view of handicap/disability as a difficulty that may be reduced through environmental and personal help.

In this context, it is important to emphasise the continuous changes of terms that define mental difference. Within a few decades, the change-over of terms included: "Special needs", "mental handicap", "mental deficiency", "mental retardation", "subnormality". Sinason [1992] has pointed out that the anxiety underlying our need to change terms relates to the painful feelings in accommodating within us such differences.

The term currently used is "learning disabled". For this particular population I am studying here, I feel it is unfortunate that the term emphasises their learning difficulties, when often it is the organic impairment and environmental deprivation, and the person's emotional reaction to all this, which places him/her in a handicapping position. For this reason, in the present work the words "handicap" and "handicapped" are used, when emphasising the disadvantaging effects of disability and when referring to a wider group of disabilities [i.e. not only learning disabled].

In terms of cognitive functioning, learning disabled people have usually been classified according to Intelligent Quotients tests as follows: a) The mildly learning disabled with IQ in the range between 50 - 70; b) The moderately learning disabled with IQ in the range

between 35 - 55; c) The severely learning disabled with IQ in the range between 20 - 40; d) The profoundly learning disabled with IQ below 25 [Grossman, 1983 cited in Hogg and Sebba, 1986].

The difficulties with this classification is the knowledge that learning disabled people often attack their skills as a way of coping with the original injury or trauma [Sinason, 1986; 1991; 1992; Stokes and Sinason, 1992]. This is what Sinason [1986; 1991; 1992] has called a "secondary handicap" and is discussed later in this section.

For the above reason, there have been attempts to define profound learning disability in terms of the functioning difficulties that the individual presents, such as: having no language, being barely ambulant, having difficulties manipulating objects, being unable to feed, dress or toilet themselves [Presland, 1982 cited in Hogg and Sebba, 1986]. The difficulty with such definitions is that they may not characterise all profoundly learning disabled people and, as with the IQ results, they do not take into account the handicapping effects of environmental deprivation.

One thing is certain; that profoundly learning disabled individuals face severe functional disabilities, for which they need support staff in order to cope with their everyday needs. Furthermore, the burden of their handicap often depletes their inner resources, causing emotional disturbance, or even mental illness [Spensley, 1985; Sinason, 1992; Stokes and Sinason, 1992; Hollins, 1992]. Studies have proved that the severity of the functional disability is directly related to the degree of psychological disturbance [Offer et al., 1984 cited in Hollins, 1992].

While nearly all children with an IQ below 50 [Crome, 1960 cited in Sinason, 1992] have organic brain damage, it is now known that the organic limits of that damage cannot be estimated [Sinason, 1992], just as we cannot estimate the limitations of our own potentials: Are we functioning with what we have inherited, or have we ourselves

minimised the potentials of what we could have been, or could we have done better in a different environment?

The profoundly learning disabled person is usually most disadvantaged concerning all three of the questions asked above. Whether born with a brain injury, or whether the disability arose as a result of illness or injury, the learning disabled person faces a disturbed familial environment. In addition to the likelihood that the baby's vulnerability was precipitated by the parents' feelings of not wanting the child [Ferenczi, 1929 cited in Sinason, 1992], the disabled baby evokes feelings of grief, anger, guilt, depression and rejection in its parents [Bicknell, 1983].

1.2.2 Early environment

While facing her disabled baby, the mother has to face the "loss" of the ideal baby she had desired, as well as the loss of her own self-image as one of complete, uninjured womanhood [Lax, 1972]. Unlike other losses, in this case the time to work through grief is limited by the infant's immediate needs, and without instant help and support, it cannot be resolved. Solnit and Stark [1961:525] write:

"Significant deviations, such as gross retardation or obvious congenital defects, may limit or interrupt the mother's developing capacity to accept the new child, who is totally dependent upon her."

The depressed mother is not able to register the baby's signals and respond to them, while its non-responded signals become all the more disturbing to her. Without the developmental milestones to give feedback and joy to the mother, the mother has more reasons to reject that baby; through the baby, she also rejects herself for having created a disabled child; but all her anger and hatred for that are projected onto the child, feeling that it is that child, that caused her own narcissistic injury [Solnit and Stark, 1961; Stokes and Sinason, 1992].

Moreover, the irretrievable nature of disability exacerbates the parents' feelings of hopelessness and desperation. In this environment, the disabled baby, unlike the normally-developing baby, will not see in its mother's eyes joy and admiration, but "coldness, hurt, shame, hate, fear, anger" [Sinason, 1992:278], all being powerful signals that it is not wanted; its cries of pain, fear, anger or hunger will go unanswered or be insensitively responded to. The result is the feeling inside the infant of having no safe "home" to be; the infant is beset by disturbing and turbulent internal forces [Sinason, 1992].

It is understandable that such traumatic experiences pile their handicapping effects upon the original impairment. Sometimes the trauma involves actual physical and/or sexual abuse. It has been shown that handicapped children are over-represented in child physical abuse cases [Friedrich and Boriskin, 1976].

1.2.3 Secondary handicap

Sinason's pioneering work with learning disabled patients has thrown immense light for workers trying to understand the meaning of those people's lives, including the concept of "secondary handicap" [Sinason, 1986]. Secondary handicap is the emotional reaction to the primary injury or trauma, the way the individual finds to cope with this.

Whatever the degree of the original impairment, Sinason and Stokes have argued that there is always the potential within the individual for emotional intelligence, that is, for an ability to understand and know his/her own emotions [Stokes, 1987; Stokes and Sinason, 1992]. They refer to emotional intelligence as being distinct from cognitive intelligence, with no clear one-to-one relationship between them. For example, the brilliant scholar may be "stupid" as far as his/her own pain is concerned, whereas a learning disabled person may not be able to write a single word, yet be in touch with his/her own feelings.

Sinason [1992] defines stupidity as a state wherein a person is "numbed with grief". If knowing means opening up one's mind and soul to the terrible things one has suffered, one may prefer to turn "stupid" and freeze all knowledge. Only that this entails an immobilisation of a large part of one's brain as well. All of us turn stupid for things we do not wish to know in ourselves. Learning disabled persons, who, more often than not, have also suffered traumatic early relationships, know that they will never be normal; the painful difference between them and others will never go away. Profoundly learning disabled persons know that, in addition to all that, their very survival depends on others, let alone their total dependency on others for the quality of physical care they receive. These people are particularly burdened with grief.

Secondary handicap, then, may develop in an individual as a way of coping with the pain of the original trauma. It is the way an individual uses or abuses the primary damage as a defence and "can sometimes be more powerful than the original handicap itself" [Sinason, 1992:112]. Sinason [1986; 1991; 1992] and Stokes [1987] distinguish three categories of secondary handicap, which may overlap:

a) The exaggeration and exacerbation of the original disability as a defence. For example, Sinason [1986] discusses the case of a boy with a speech defect, who exacerbated his originally mild speech defect, because he felt it unbearable to compare his voice with a normal voice.

Physical and mental disabilities may also be exacerbated in an unconscious attempt to control them. It is like exerting active control upon the disability, when one has been the passive recipient of suffering it. Stokes [1987] discusses the case of a severely learning disabled woman, who behaved like a silly little girl, thus exaggerating further her mental difficulties.

"To make up for the loss of self-determination, a new fascimile handicap is made or a real one is exaggerated. This provides a sense of control, albeit a self-abusive one. This furnishes an omnipotent fantasy that if some of one's handicaps can be deliberately created or distorted then the real handicap could similarly be removed at will" [Sinason and Stokes, 1992: 55].

b) The opportunist use of handicap. This means that "there is added to the original handicap severe personality mal-development which is linked with the handicap" [Sinason, 1986:134]. This mal-development has been interpreted to be the result of the handicapped person's feelings of envy for the normality they will never have; of hatred for the parents' sexuality that created them; of refusal to mourn the healthy self that is lost.

The opportunist handicap becomes the means through which to express hostility and envy; it is also a self-destructive way, as such unworked-through feelings of envy and hatred deplete one's own resources.

c) The use of handicap as a defence against trauma. By this is meant that a state of "stupidity", of not knowing, acts as a defence against the unbearable memory of trauma. People who have suffered sexual abuse, for example, may develop a learning disability as a way of obliterating from their minds the traumatic memory [Sinason, 1988].

1.3 THE INSTITUTION AND THE SITUATION IN CYPRUS

Learning disabled people have historically received the worst kind of services. Though the situation is changing in certain developed countries, the particular circumstances of Cyprus have resulted in most learning disabled people still being housed in understaffed, deprived institutions.

1.3.1 Brief historical context of the care for learning disabled people

Institutions for dependent people came into being for the first time in Europe in the eighteenth and nineteenth centuries. The need for them arose when families, under the strain of the industrial reorganisation of work, could no longer care for their handicapped or disturbed children at home. While the initial aim of such institutions was to provide a structured environment in which to reform such people, their failure in doing so was seen as evidence for the hopeless nature of their inmate population, rather than a failure of the system itself [Ryan and Thomas, 1987].

Over the last three to four decades, the isolation and deprivation of these institutions, wherein the residents received the worst possible care that can be imagined as given to any human being, was gradually acknowledged [Goffman, 1961; Ryan and Thomas, 1987]. The ill effects of institutionalisation have been well-documented in parts of Europe and America and the last twenty years saw changes there in the lives of the learning disabled as well as the mentally ill [DHSS, 1981 cited in Ryan and Thomas, 1987]. Community services and group homes within normal societies of people tend to be the base of care for dependent people. Under the concept of "normalisation", the principle that all people have equal rights to what is considered valuable within a given culture and community, there is continuous effort to facilitate dependent people to live respectably and creatively, and to enjoy as much as possible the private, work and social life of other same-age members of their community [Wolfensberger, 1972; O'Brien, 1981].

While the situation, even in the most developed countries, may still not be ideal, in less developed countries, like Cyprus, the official policy remains that: a) the best possible provision for a learning disabled child that can not be cared for by its parents, is that it is placed in the

care of a special institution; b) most of the institutionalised, learning disabled residents are not capable of living another sort of life [Tsiantis et al., 1995]. The conditions, in such places, are characterised by a de-humanised approach, lack of privacy and respect, absence of relationships of attachment and incentives for creative living.

1.3.2 The Social System's defences

The first issue to address here is the Social System's reasoning for offering freely such a deprived and cruel life to some of its citizens. What would be for anyone of us part of a nightmare, becomes everyday life for others. In fact, here is a reason: It is "us" and "others". By thus segregating the learning disabled as belonging to another category of people, we wash our hands of the responsibility of how they feel and how they are treated. By placing them inside institutions, which are usually built outside towns, we are not even reminded that such people exist. We are saved from such disturbing memories [Ryan and Thomas, 1987].

There has to be further reasoning for a whole System to function like that. This includes that learning disabled people: a) do not know any better, because they have never had anything better [Ryan and Thomas, 1987]; b) cannot feel so much, because they cannot think so much [Sinason, 1992]. In fact, this is a very gentle way of putting it, as there have been innumerable official statements suggesting that severely and profoundly learning disabled people have a vegetable kind of existence and all they need is some food to eat and a place to sleep.

But what are the unconscious motives behind such inhumane logical-sounding reasoning? For one, there is fear of being in touch with the vulnerability of human existence [Sinason, 1992]. In fact a lot of us, if we live into old age, will one day become dependent people, with limited mental and physical abilities. How we wish to avoid thinking about this! What an offence to human narcissism!

Another reason lies in the psychological reality of most learning disabled people, which, for the reasons expounded in the previous section, entails immense grief and distress and often envy of the normal-functioning human being. To care for them in a humane and meaningful way means to be in touch with their inner reality and that is very distressing. If we treat them as non-feeling objects, as mouths to be filled and bodies to be dressed, we feel that we are spared of this distress.

There seems to be a third unconscious reason. As Symington [1992] suggests, a learning disabled person evokes in each one of us our own mentally handicapped part, which we find unbearable: Areas of our mind that are difficult and slow, areas of our feeling states that are inadmissible to our conscious understanding. All this causes difficulties in our functioning lives, difficulties that we wish to enclose into a marginal area of our psyche and forget all about.

1.3.3 The effects of the Social System's defences on the carers

The three areas addressed above refer to the System's unconscious reasons for defending itself from the needs of its handicapped members, but they equally apply to all workers in the field [Menzies Lyth, 1985]. However, it is important to understand that workers, whose job situates them inside such a system, carry a double load of defences and mechanisms that lead to insensitive care.

For one, their survival within the system forces them to collude with the system's defences [Ryan and Thomas, 1987]. Additionally, they face the difficulties that any person working with severely deprived individuals would experience. In addition to all this, they care for people whose condition, within that system, becomes progressively worse.

Menzies Lyth [1985] has argued that the Social System organises its service in such a way, so as to defend itself from the pain of meaningful care. It not only builds a rigid physical establishment, with large rooms, long corridors and an unhomely atmosphere, but it also creates a rigid hierarchical regime. While the highest in the strata have so much administrative work that they can not spend time with the residents' lives, they are the ones who keep all the responsibility about the management of these people's lives. The managers' pressure to run smoothly a big establishment and a number of different professional departments with their own in-fighting, means that they cannot afford time and space for considering a resident's unmanageability. Moreover, they have the constant pressure to show to their superiors outside the establishment that they have not failed in the smooth running of the institution.

The lowest in the strata are the ones with whom the residents spend their lives. Yet they are given a minimum of responsibility for these people's lives. They are also the lowest paid and the least trained professionals, while the stress of their everyday contact with the residents would require them to be equipped in the best possible way [Golden and Reese, 1996].

Herein comes another aspect of the Social System's defences. Whatever difficulties it cannot process and work through, are acted out in the outer reality, just as happens within the individual's mental life [Halton, 1994]. The System's unworked-through feelings of contempt and fear to be close to the world of the handicapped is acted out onto those working with them. They are treated by the system with the same contempt, distance and degradation.

The management of the establishment entails that the carers work in shifts, and in order to distribute the weight of caring for difficult residents, the carers shift continuously into different wards. This

means that there is no space for the development of relationships of attachment, neither between the residents and the staff, nor between the staff themselves [Menzies Lyth, 1985]. This is far more dramatic in this context, than in a hospital, for example. For here, people enter to stay for life, and are admitted just after a very painful separation from a difficult familial environment. Any chance that they may have to alleviate some of their pain, is through relationships of attachment with a responsive carer, who would assume a parental role towards them. The shift system within the establishment, and with carers within the System's defences added onto their own, such a relationship becomes an impossibility. As a further enactment of the System's contempt, institutions are always understaffed, and the ratio between staff and residents is too large to allow for one-to-one care.

The individual resident who healthily reacts against the constraints of life in the institution becomes the difficult resident who has to put an end to his/her behaviour instantly. Neither the management can afford the trouble, nor can the workers. A medical treatment becomes the easy way out. To sedate the resident is easier and more manageable than to stay with their pain and help them through it [Ryan and Thomas, 1987]. Various studies so far have proved that learning disabled residents are overmedicated [Hughes, 1977 and Stewart et al., 1990 cited in Tsiantis et al., 1995].

In order to cope working under such conditions, one has to convince oneself that, in fact, there is no pain, just learning disabled individuals who act and react in bizarre ways, because there is something very wrong with their brain that causes it. Further than that, they have no feelings, no memories, no understanding of verbal and non-verbal language, no thoughts. The carers, more than anyone else, need to resort to such beliefs, for otherwise they could not have a role in that System.

It is only human to feel guilty for being part of such an environment that enforces severe deprivation on others; for having an able-bodied life, when those you give care to have not. When staff are not supported to recognise these feelings within themselves, they resort to mechanical ways of giving care, denying that there is any meaning in the lives of those they treat. The carers who are more sensitive and carry a healthier and stronger constitution within themselves, feel that they cannot voice their different attitude or indignation, for they would be ridiculed by others.

There is a further burden for the carers. The residents, in their need to find caring adults to receive their emotions, unconsciously deposit their needs onto the adults who are there for them [Menzies Lyth, 1985]. The deprived and rejected child will try to re-enact its experience with the adults there, letting out its anger on them to test whether they, too, would reject it. Staff that work in such unsupported environments cannot deal with such emotional needs, and turn a deaf ear to them.

1.3.4 The ill effects of institutionalisation upon the residents

Whatever the predicament of the individual before entering the institution, it is likely to get much worse once the establishment's gates close behind him/her. Apart from the pain of separating from parents, with its added connotation of being yet again rejected, it has been shown that parents do not visit regularly, once their child enters the institution [Ryan and Thomas, 1987].

With their pain denied, with a shift system within which they find no person to bond with them, with a life offering no outlets of expression, with constant and continuous experiences of de-humanisation, the resident's condition becomes progressively worse. New symptoms of distress are added, which are no more than voices of protest and

despair: head-banging, rocking, self-injurious behaviour, spitting, smearing etc. Some give up all hope of meaningful life and sit quietly for endless hours, or die.

There is another part of the cruelty of the system. Just as the residents seek in their adult carers a receptor of their own feelings, so they also become easy targets of the carers' acting out of their feelings. The carers' anger and indignation at the way they are being treated by the System is acted out onto the residents, as if they are to be blamed for being so denigrated. In fact, they project onto them their anger and hatred for having failed to be successful and fulfilled workers, just as their parents did for having failed to prove themselves undamaged adults.

The feelings of hopelessness, despair and terror are then immense for the profoundly learning disabled individuals, who can not fend for themselves. The plight of the multiply-disabled individuals is even worse. How can one react against the very people one needs for survival? Like with the baby that is abused by its parents, the provider of life and the abuser are one and the same person [Sinason, 1992], and what a dramatic trap that is! But whereas an infant will one day walk and talk and grow bigger and leave, the profoundly learning disabled persons, who are found in that situation, can never do that. They are there for life, to have food stuffed down their throats or the private parts of their bodies exposed to insensitive handling. Even if the number of carers who treat them like that is small, still that number exists in every such institution as described above.

The inner life, then, of such individuals is one of terror. That is how I found them at an institution in Cyprus, called "Nea Eleousa".

1.3.5 The "Nea Eleousa" institution and services for learning disabled people in Cyprus

The above issues concerning institutionalisation are particularly relevant for the institution of "Nea Eleousa", the only State institution in Cyprus for severely and profoundly learning disabled people.

Here it is important to emphasise that, in Cyprus, there is a lack of educational and therapeutic services for profoundly learning disabled children and their families, with the result that a large number of such children enter the institution at an early age [usually under the age of six].

1.3.5.1 Description of "Nea Eleousa"

"Nea Eleousa" is situated in Nicosia, which is the island's capital town, on a distant location from any of the city's communities. In fact, the building is part of the old "asylum", now the Psychiatric Hospital, which consists of a number of smaller buildings, housing the different wards. "Nea Eleousa" lies in the extremity of these buildings, and is adjacent to them, a building which was originally a cluster of wards. This shows the conceptual origins of the establishment.

The institution was set up in 1977 and provides residence for approximately sixty people. All rooms are scattered alongside long corridors and have barred windows. All living rooms and bedrooms are almost totally bare. This is the institution's management of hyperactive residents, who may jump away, and of destructive residents, who may tear to pieces furniture and other objects.

The living rooms are bare large rooms - that is, too large for a person to feel them as "homely", but too small for the number of people who get cramped in there. There are six such living-rooms for sixty residents. Each living-room has three proper walls, and one half-size

wall, which faces a corridor. This was the institution's management of controlling the happenings inside the living-rooms. So the living rooms are in part enclaves and in part exposures of the residents' private life. Any passer by - amongst staff, visitors or volunteers - can throw any indiscriminate look upon the residents.

The residents are divided into groups, each group allocated to one living-room. The division into groups does not take so much into consideration the residents' needs, but the staff's needs to have an equal distribution of labour during feeding times and when they transfer the residents in and out of their beds or wheelchairs. It also happens very often that a resident gets a last minute transfer into a different living-room, because of shortage of staff in his/her own living-room. As sick-leaves are such a characteristic of this kind of institutions, such transfers are the routine rather than the exception.

All waking life's events take place in the living-rooms. That is where the residents sit for almost all their non-sleeping hours, that is where they eat, where they receive their medication, and where any attempt of an activity is organised for them. One can imagine the surplus of noise, smell and stress that this entails.

Before leaving the living-rooms, it is important to see another part of this life's routine. Normally, in-between meals the staff sit in a corner of the room that is furthest away from the residents and engage in their own talk. The television - the only object in some of the living-rooms - is switched on, but the wheelchair-confined people are not facilitated to see anything, not even to turn towards the screen. Needless to add that this single object of these living-rooms hangs from the ceiling, so to speak, so as to be out of reach of the residents' "destructive" hands.

The bedrooms are equally bare and cramped. Some of them contain six residents, some four, some three, and the hyperactive residents sleep on their own in what would appear to be prison cells.

The bathrooms are few for the number of residents, with the result that a number of residents are bathed at the same time. The absence of doors and shutters adds to the total lack of privacy during the bathroom hours.

The shortage of staff, exacerbated by the many sick-leaves, and the fact that the staff is unsupported means that all care is given in a fast and mechanical manner. The residents are fed within fifteen minutes. As one carer has to feed a minimum of four people, this means that a resident has less than four minutes to eat his/her food. In fact, usually s/he has even less time. The same applies to baths. Under such conditions, they are given in a very hasty and impersonal manner, with no space to consider the sensitivity required in handling someone else's body.

The hours the residents spend in their beds are inhumanly long: they go to bed at 6.30 in the evening and rise at 7.30 in the morning! This is because of the shortage of evening staff. After lunch they are put to bed yet again for another three hours! The idea that this would give rest, particularly to the physically disabled residents, seems illogical, as during this afternoon "rest", there is so much noise and shouting in the corridors from the staff, that no-one could possibly feel rested. Again, this is a measure to satisfy the staff's needs of having time without the residents.

Such long hours in the bedrooms, and such a constrained life becomes somehow possible with medication, and here we come to another aspect of the institution's life, its professional services.

1.3.5.2 The Professional Services of "Nea Eleousa"

The institution belongs to the Social Services Department, within an intricate and complex hierarchical system. Its professional services include: One director and two assistant directors, one visiting psychiatrist, one psychologist, nurses, physiotherapists, one part-time teacher, carers and myself as a part-time music therapist. Almost no two professional categories belong to the same Ministry, with the result that the services are fragmented and dissociated from the institution's director. One wonders whether this fragmentation of services in the institution reflects the System's inability to cope with the fragmented inner world of the traumatised, learning disabled child [Αλούπα-Γιαπανά, 1994].

The carers are those who spend most time with the residents. In fact, they have to do almost everything with them. Yet the seventy carers who are employed by the Social Services Department have never received any training on caring for the learning disabled. The only academic requirement is a school-leaving certificate, and the State has done nothing to add more to that. Some have been working there since the institution's first days and have by now severe orthopaedic problems, another symbolism of the lack of support that they have had.

Before discussing my own history and situation as a music therapist there, it seems appropriate in this context to consider the psychological attitude towards the residents from the moment that the first resident first entered the institution.

1.3.5.3 The psychological approach towards the residents since the first days of the institution

It is important to understand how the residents were admitted by the institution some years ago, for that experience still affects them to the present day.

During the first ten years [1977 - 1987], there was a culture within the institution, very much supported by the then director, that a child, upon being admitted there, had to remain out of complete contact from its parents for approximately one month. It was considered the most appropriate way for the child to settle down in its new "home". This was more than twenty-six years after John Bowlby [1951] and James Robertson [1953] had proved the devastating and long term effects of parental separation for the very young. It was also more than sixteen years after their findings were accepted and implemented in mental health practices in the developed countries.

The children would then cry and scream and a program of medication and behaviour modification would be implemented to deal with their despair. It is often recorded in the institution's files that so and so would be offered a sweet if s/he stopped crying.

All residents now in their twenties and over, who entered the institution during those times - and they form the majority - have such a history, which not only denied their pain, but annihilated any meaning that was initially coming from within them. They also have devastating experiences of rejection and abandonment. Furthermore, their parents, guilty for having abandoned them there - their guilt exacerbated by the fact that they were cut off during that first critical month after their child's admission - and unsupported ever since, would stop visiting them, or visit them very rarely.

Admissions are being made much more sensitively now, and the parents are encouraged to visit their children frequently, all due to a new director, who is far more sensitive and trained on such issues. However, the psychological culture of behaviour modification, nurtured from years of thinking in those terms, is still the predominant.

As Conboy-Hill [1992] writes, the treatment through medication and behaviour modification takes no account of the person's feelings and thoughts and omits the emotional causes behind a person's behaviour. Such attitudes prevail when staff work in unsupported environments and,

"with little thanks from a society which would prefer to believe that mentally handicapped people do not exist, let alone have feelings about how they want to live" [ibid:151-152].

It is in such an environment that I found myself working as a music therapist.

1.3.5.4 Professional history and psychodynamic therapy in context

"Nea Eleousa" was the first place where I created a music therapy post, after I had qualified from the "Roehampton Institute of Higher Education" in 1987. With turbulence and upheavals the service has survived until the present day and is the only establishment that offers music therapy in the island. Not only is there no other working music therapist in Cyprus, but there is also no other psychodynamic professional treating profoundly learning disabled people. This has put me in an isolating and burdened position, as I had to keep proving and supporting the effectiveness of such an approach [Agrotou, 1993a].

In 1994 I was employed as a teacher by the Ministry of Education and Culture. It was partly a pressure from convinced music therapy

supporters that persuaded the Director General of that ministry to transfer me for two days at the institution of "Nea Eleousa", so that I could continue the therapeutic work that begun in 1987. This transfer has to be renewed every year and there is no guarantee that it will continue in the future. As long as there is no clearly-designed government position for music therapy, its future will remain unknown. It is hoped, however, that a pioneering work that has survived for eleven years, will find ways to persevere.

1.4 MUSIC THERAPY: A BRIEF INTRODUCTION

There are reports of music programs in asylums or special schools dating as far back as 1801 in France [Lecourt, 1993], 1832 in the USA [Maranto, 1993], and 1891 in Britain [Davis, 1988]. Yet the first professional organisations of music therapy, including in their aims the provision of a special music therapy training, do not appear until 1950 in the USA [Maranto, 1993], 1966 in Argentina [Wagner and Benenson, 1993], 1972 in France [Lecourt, 1993] and 1976 in Britain [Wigram, Rogers and Odell-Miller, 1993] - to mention just a few indicative examples.

Though the concept of music in healing is as old as the first human communities and enshrouded in myths, the evolution of music therapy as a separate discipline did not begin until some fifty years ago. Being a young discipline, as well as a combination of two separate and broad areas, that of "music" and "therapy", further complicates issues of definition and clinical practice.

The difficulties in defining music therapy have been recognised by a number of music therapists, and are experienced by almost every practitioner when addressed that question [Steele, 1987; Bruscia, 1989; John, 1992; Agrotou, 1993b]. I have found myself having to think anew every time that someone asks me what it is that I am

doing, and I must have been asked this question more than a hundred times. When I came across the following lines, the feeling was piercingly familiar:

"... every time someone asks me the question "What is Music Therapy?" I have to absorb the silence, centre myself and think "My God, here it is again. What am I going to say this time?" Every time it is a challenge, a task, an invitation to increase my own understanding by assigning words to something which is indescribable by nature and has the additional aspect of being something different every time it happens" [Kenny 1982:1, cited in Bruscia 1989].

The range of things done world-wide under the title "music therapy" comprises immense diversities. Indeed, one may say that the discipline of music therapy contains no single unity, but rather a variety of convictions and practices, some of which are fundamentally conflicting with each other. Some music therapists emphasise the healing qualities of the aesthetics of music [e.g. Nordoff-Robbins, 1971; Aldridge, 1996; Lee, 1996], others include sounds that have nothing to do with aesthetics [Benenzon, 1981]. Some aim to change the patients' behaviour through the medium of music [e.g. Oldfield and Adams, 1995], others address the patients' unconscious through verbal and/or non-verbal means [Priestley, 1975; 1994; Bartam, 1991; John, 1992; Heal-Hughes, 1995; Agrotou, 1994].

A common element in almost all approaches in the United Kingdom is the predominant use of improvised music as a means of meeting the patient and facilitating communication between him/her and the therapist. This new approach to reaching the world of a patient rather than the use of composed music was already predominant among such pioneers as Nordoff and Robbins [1971], Alvin [1975], and Priestley [1975]. Alongside this approach there was born the concept of the patients themselves making their own active use of the world of sound, whatever the degree of their disability or illness.

These were important innovations, for they attributed to mentally ill and/or learning disabled people the ability to be creative and the basic

assumption that there is something within them worth communicating with. Steele-Bartam, another pioneer music therapist, with immense contribution in the field of psychodynamic music therapy, writes:

"Material is co-improvised, not pre-composed, for composition would not do justice to the individuality of the patient, the immediacy of the therapist/patient contact, or the uniqueness of their developing relationship. The patient's sounds are valued because, however unskilled the player or however "simple" the sounds he makes, they have some truth to tell about what it is like to be human. Bach and Mozart were highly skilled, they knew much about human-ness and could eloquently express what they knew. But each of us, even the most handicapped has, in our own way, something to tell. There is a truth to be heard in the howl of the multiply handicapped man who has lived on the ward of a subnormality hospital for thirty-five of his thirty-eight years" [Steele, 1987].

The present work is an example of psychodynamic music therapy, wherein music is always improvised and the musical, non-verbal and verbal phenomena between the patients and the therapist are understood within the framework of psychoanalytical thinking and the exploration of transference and countertransference.

1.5 FURTHER ISSUES FOR THE READER

In order to facilitate the reader who is not familiar with psychoanalytic research and psychoanalytically-based case-studies, the following issues may be born in mind:

a) Psychoanalytic theory: For those not versed in psychoanalytic theory I have included an appendix [*Appendix A*] that explains key basic concepts that have been developed and validated over time. As this is not a critique of psychoanalytic theory, there is not the space to examine areas of controversy [e.g. Webster, 1995]. For the purposes of the present work I have selected the basic theories from a range of analytic contexts that I have found most helpful.

b) Observation, countertransference, interpretation: The case-study is based on interpreting the observed phenomena that took place in the music therapy sessions. These phenomena are validated, as much as possible, through the video-recordings and the understandings of a number of other professionals [the carers, the camera operator, my supervisors]. However, interpretations are to a large extent based on my own understanding and supported by my countertransference reactions. This is in keeping with psychoanalytically-based case-studies, as well as with a body of qualitative researchers, who acknowledge that the objects researched cannot be dissociated from the researcher's subjective view [Hunt, 1989; Stake, 1995]. For this reason, the researcher is called upon to acknowledge his/her countertransference reactions rather than ignore them, this being a way of safeguarding himself/herself, as much as possible, from misunderstanding the data.

For the sake of fluency and comprehensibility, I do not explain the details of every interpretation that I make in the case-study researched in the present work; rather, I interpret data that I have already selected, because I considered these data as being more significant.

c) Generalisations: Particular features which I have observed and interpreted with the patients that form the group of the researched case-study do not necessarily apply to a wider population of disabled people. Such statements are based on my clinical work and also on Western European ideas concerning issues of gender, race and culture.

CHAPTER TWO

A BRIEF GUIDE TO THE THESIS

2.1 THE MAIN TEXT

The main body of the work concerns a detailed case-study of one music therapy group over a period of three-and-a-half years. It focuses on the group's process and the methodologies and techniques used that contributed to this process.

Part Two [Chapters Three, Four and Five] highlights the essential theoretical foundations of the work and the constituents of the proposed model. Chapter Three analyses the meaning of psychodynamic music therapy as applied generally, and also as delimited by my own practice. Issues on the meaning of sound and music and certain aspects of the psychological origins of that language are addressed there.

Chapter Four refers to the relevance of psychological concepts that form the backbone of the proposed model and Chapter Five analyses some further aspects of the proposed model, such as the uniqueness of the way the carers participate in the groups.

Parts Three [Chapters Six - Ten], Four [Chapters Eleven - Fourteen] and Five [Chapters Fifteen - Nineteen] are devoted to the case-study itself.

Parts Three and Four focus on the methodology and techniques used and provide detailed material from the sessions. They concern the first

ten months of the group's life [March - December 1994]. It was decided that, as the initial period reveals more poignantly the severity of the patients' state and the painstaking way that process is achieved, it would serve better the aim of the present work to analyse those months in more detail, rather than the later period.

Part Three [Chapters Six - Ten] introduces the group and deals with three whole sessions taken from the first five months of the group's life [March - August 1994]. The detailed analysis of whole sessions reveals the subtle interconnection of everything that happens in the room.

Part Four [Chapters Eleven - Fourteen] deals with further methodological and theoretical issues while analysing long excerpts from sessions of the following four months [September - December 1994].

Part Five [Chapters Fifteen - Nineteen] focuses on the process of the following two years [January 1995 - January 1997]. Though I have detailed material of all sessions, it was beyond the limits of the present work to continue the same depth of analysis for these two last years. Furthermore, as the methodologies and techniques are already discussed in the previous parts, it would be repetitive to focus on them in this part also.

Part Six [Chapters Twenty and Twenty-one] gives a summary of the process and a conclusion concerning the proposed model. Chapter Twenty brings material from the period January - October 1997 as further validation of the group's process, resultant from the proposed methodology.

2.2 THE APPENDICES

There are three Appendices to the main body of the text, submitted as separate books, and five Supplementary Video-tapes:

Appendix A gives a summary of the psychoanalytical concepts that form the background of the present work and supplements Chapter Four of the main text.

Appendix B consists of a detailed description of all the sessions or excerpts from sessions discussed in the main text. These descriptions are given in transcript form. *Appendix B* can also stand on its own as an analysis of techniques and description of processes. Even for those excerpts taken from the last years of the group's life [January 1995 - October 1997] - which are not analysed in terms of techniques in the main text - the reader will be able to find out the technique used and the thinking behind a certain approach in *Appendix B*.

Everything that is described in *Appendix B* is also shown on the attached five video-tapes, which are classified Supplementary Video-tapes 1-5.

Appendix C consists of transcripts of some of the *free-discussion group meetings* between the carers and myself. As an example, it includes transcripts from six such sessions, which took place between September and December 1995. The choice was limited to the period when I decided to tape-record the discussions, so that I could give an accurate record of the conversations that took place. Also, the months September to December 1995 constitute a middle period in the group's life: The carers are at a stage when they are struggling to give up some of their older notions concerning the residents. In this way, this sample is characteristic of the way their changing attitudes were facilitated to be born.

Thus *Appendices B, C* and the *Supplementary Video-tapes 1-5* include the data upon which the main text is based.

PART TWO

INTRODUCTION TO THE PRESENT WORK AND ITS THEORETICAL CONCEPTS

CHAPTER THREE

PSYCHODYNAMIC MUSIC THERAPY - IN GENERAL AND IN PARTICULAR

3.1 PSYCHODYNAMIC MUSIC THERAPY: FUNDAMENTALS

The term "psychodynamic music therapy" suffers the same fate as other forms of music therapy: It has not been clearly and officially defined - not even within one country, such as the United Kingdom - and it does not refer to a unified form of practice. All this is partly due to the fact that music therapy is such a young field, and psychodynamic music therapy even younger.

For the purposes of the present work, I shall attempt to do what many psychodynamic music therapists need to do before expounding their clinical work: delineate the field of my personal work, while acknowledging as much as possible the common areas of practice [Priestley, 1975; 1994; Steele, 1987; John, 1992; 1995; Heal-Hughes, 1995; Stewart, 1996; 1997].

In psychodynamic thinking, rooted in the work of Freud and psychoanalysis, there is an implicit understanding that, when two or more people meet, certain aspects of their inner lives are set in motion by a process, wherein the personality of the one affects and evokes emotions, thoughts, memories, actions or reactions upon the other. In the language of psychoanalysis, this inter-relating has been termed "transference" and "countertransference"[terms which will be further explained in the next chapter] and refers predominantly to the

unconscious areas of the personality. When two or more people meet in a therapeutic setting, this process assumes a more powerful dimension, facilitated by the boundaries and essentials of the setting itself [Brown and Pedder, 1979].

Movement of a psychological state is facilitated by the stable and reliable provision of the therapeutic setting, which includes aspects of the therapist's personality [Segal, 1975]. The non-human stable aspects of the setting are: The therapy takes place at the same time(s) and day(s) every week, while each session is of the same duration. The therapy room is a quiet room, always the same, with the same furniture, and when changes occur in the room, these are awarded significance. Holiday breaks, or absences are unavoidable interruptions of the setting's "stability" and always arouse emotional reactions that need to be acknowledged and understood. For this reason, holiday breaks are well prepared for, and the aim of the therapist is to protect the setting from any other sort of interruptions [Brown and Pedder, 1979; Benenzon, 1981; Steele, 1987; 1988; Heal-Hughes, 1995; Stewart, 1997].

The therapist is a human being with his/her own unique personality. Yet certain prerequisites are necessary in order to safeguard that the patient receives an appropriate therapeutic stance that meets his/her emotional needs and not those of the therapist. The most essential prerequisite is that the therapist had, or is still receiving his/her own therapy, as this is the most essential tool towards gaining insight into one's own unconscious processes. Without experiencing oneself the transference within one's own personal therapy, there is a marked danger of intellectualising the patient's transference in the therapeutic setting. This is to put it mildly, for I think that it is impossible to feel what a patient is experiencing when one works psychodynamically, unless one has experienced a whole amalgama of emotions, phantasies, thoughts, memories towards one's own therapist.

Transference is first and foremost an experience and can never be learnt from books.

The reason that personal therapy is emphasised by a number of music therapists [Priestley, 1975; 1994; Benenzon, 1981; Steele, 1988] is because it is acknowledged that the music therapist's music is not something static, preconceived and measurable, but an expression of his/her own unconscious world, which in the therapy situation is particularly charged by the patient's difficulties. This is not so much acknowledged, if a music therapist has not received personal therapy, in which case s/he carries out his/her clinical work and research in a fundamentally different manner.

A second prerequisite is a psychodynamic training that also includes the teaching of certain theoretical concepts. The third prerequisite is supervision of clinical work. All these "tools" in the mind and soul of the therapist increase his/her ability to reach deeper into the world of the patient, this ability being dependent on his/her continuous search to identify within him/her elements of his/her own personality that may be hampering the therapeutic process [Priestley, 1975; 1994; Bartam, 1991; Heal-Hughes, 1995].

The predominant expressive medium in facilitating the communication between patient and therapist is music and/or sound. Music and sound are improvised, so as to meet the ever changing nuances of the communication. There has been a lot of discussion among psychodynamic music therapists on the issue of whether music therapy should include the medium of the verbal language [Woodcock, 1987; Cowan, 1989; Bartam, 1991; John, 1992; Stewart, 1996]. It seems to me that, in the first place, the primary facilitating agent is the way the therapist presents himself/herself in the room, how much s/he tolerates, understands and contains the difficult areas of the patient's world. All this is felt by the patient, whatever the medium that the therapist chooses, even when s/he is silent.

In the second place, it is important that the therapist knows his/her scope and limitations and functions within them. Thus a therapist who has had additional training in psychoanalysis or psychoanalytic psychotherapy, experiences an ease with the verbal medium, not characterised by the music therapist who had no such further training; and the more tools that one can use, the more possibilities are offered to the patient.

I certainly do not belong to the school that believes that all is done and should be done through the music [Aldridge, 1996]. I feel that there is a romantic overtone in the exclusive emphasis on music and there is not much romanticism in treating deprived and traumatised people. It is more important to know and explore how much you can do and how best to do it. In what follows I shall put forward the concepts and circumstances that delimit my own work, starting with an exploration of the meaning of music/sound in the therapeutic setting.

3.2 THE MEANING AND USE OF SOUND AND MUSIC

It has frequently been asserted that the potency of the musical language lies in the biological origins of its elements [tempo, rhythm, pitch, intensity, contour, timbre]. The innate qualities of these elements in human physiology [e.g. breathing, heartbeat, the voice] and the pre-verbal period of life [e.g. the rhythm and tempo of the heartbeat and sucking; the pitch and intensity of the infant's cry; the rhythm, timbre, pitch, intensity and contour of the maternal voice when it soothes, or when it fails to do so, etc.] constitute in part the particularity of the musical language, the fact that it is rendered non-verbal, non-verbalised and can potentially cause a poignant emotional arousal [Alvin, 1975; Benenzon, 1981; Storr, 1991; Lethonen 1995; Aldridge, 1996].

It is evident in most music therapists' practice that, even the most profoundly and multiply-disabled person can give some immediate responses of awareness, when a particular and appropriate sound is addressed to him/her [Bartam, 1988; Ritchie, 1991; Agrotou, 1993c; 1994]. Why this happens and what are the constituents of the sound/music world are important questions for the music therapist.

3.2.1 Intrauterine perception of sound - sound/music evokes regressive states

A sense of sound is perceived already in intrauterine life. Experiments with pregnant women give evidence of the foetus making jerks as immediate responses to loud sounds [Benenzon, 1981]. Furthermore, it seems that the foetus,

"perceives the heartbeat to be somehow essential to its existence because its slowing down gives it a sensation of deprivation of oxygen, of nutrition, of temperature, and, in the last instance, of life" [Benenzon, 1981: 18].

The mother's heartbeats regulate the blood flow that supplies the foetus through the umbilical cord. Throughout life, vibratory and other perceptions pertaining to sound are felt in the umbilical zone. That is the place of the solar plexus, wherein for some people musical experiences are most strongly felt [Benenzon, 1981].

The child is soothed and comforted and sucks more quietly, when placed at the breast, where it feels the mother's heartbeats. Experiments have shown that neonates exposed to a noise similar to a heartbeat cry less and gain more weight than other infants, and that older children fall asleep better, when they hear the sound of seventy-two beats a minute [the normal heart rate per minute] than if they hear other sounds [Salk, 1973, referred by Benenzon, 1981 and Kawakami et al., 1996].

The neonate's memory of the sounds it had "heard" in intrauterine life has also been shown by experimenters, who exposed fetuses to specific speech sounds and found that after birth those newborns reacted to the same sounds [De Casper et al., 1986 referred to by Kawakami et al., 1996].

Though the foetal auditory system is operating in a fluid-filled environment, the foetus receives the mother's voice, indicated by the newborn's preference for the female versus the male voice [Brazelton and Cramer, 1991]. Furthermore, the foetus gets to know its mother through her tempi and rhythms [e.g. her cycles of activity/inactivity, her movements] [ibid].

It is also possible that, through an internal perception system, the infant perceives such body sounds as heartbeats, intestinal noises, the pulse. Therefore similar-sounding experiences in later life may evoke regressive memories of infancy and intrauterine life.

It is for such reasons that Benenzon, in his unique way of conceptualising and practising music therapy in Argentina, assumes that,

"the basis of the rhythm-man relationship must be looked for in the sound contact of the intrauterine foetus and music is the evocation of the mother; it is to re-edit the relationship with her and with nature" [Benenzon, 1981: 21].

3.2.2 The threatening origins of sound and a definition of music

In one of the earliest psychoanalytic writings on music, Kohut and Levarie [1950] illuminate that aspect of infantile experience which concerns the infant's exposure to an undesired level of auditory stimuli. While the parental environment protects the infant from disturbances in its environment [keeping even room temperatures, allowing it to be undisturbed during its sleep cycles etc.], the infant

needs to protect itself, up to a certain level, from unpleasant stimulation: for example, an intruding visual disturbance is kept away with the help of the eye-lids. This is not the case with sounds. The infant is helpless to protect itself from sounds that it experiences as intrusions or threats.

In the context of early infancy, when the world is still unknown and unintegrated, and the psychical apparatus too weak to perceive integrated experiences [Winnicott, 1945], the abstractness of sound constitutes a particularly strong source of threat and fear. It is for this reason that, in periods of stress, adults become hypersensitive to sounds, or that sounds have been used by humans, so as to increase fear, like the use of attached sirens to the bombs dropped by the Germans in World War II.

Music is defined as sound in organised form. In the words of Yehudi Menuhin:

"Music creates order out of chaos; for rhythm imposes unanimity upon the divergent, melody imposes continuity upon the disjointed, and harmony imposes compatibility upon the incongruous" [Menuhin, 1972: 9].

In identification with a musical creation, then, a person can master those early frightening experiences of unintelligible sound. Listening or creating music can be experienced as an emotionally corrective experience, a pleasurable experience of turning sound stimuli into pleasantly predictable rhythms, tones and motives, all integrated by the music's form. The individual's need to master a painful experience through repeating that experience in a predictable pattern, so that one feels a master of that experience, was pointed out by Freud as early as 1920 in "Beyond the Pleasure Principle". Further than that, the aesthetics of a musical creation, that is, the ways in which it is held together as a unified piece, add to the relief and pleasure of the experience: it is felt as sounds falling into meaningful contexts, alleviating memories of unintelligible sound stimuli, but also evoking

memories of how the first disjointed repertoire of life was met with by the primary care-giver.

3.2.3 The comforting origins of the musical elements

In line with the psychoanalytical position that began with Freud and Klein, the period of early infancy is characterised by strong bodily tensions that seek for their relief [Freud, 1905a]. Hunger is such a tension that leads to a cry, and then to sucking at the mother's breast, performed in a repetitive rhythmical pattern. This constitutes the relief. Then there is the rhythm and sounds of the body digesting the food and another tension in the intestines, leading to the relief that comes after defecating and urinating. All these are tensions that are invested with affects and phantasies [Klein, 1952].

How the mother meets these tensions, and the way she invests them with meaning, constitutes a basis for the person's mental functioning in later life [Winnicott, 1960]. A large part of her repertoire in meeting those needs can be perceived as consisting of musical elements.

The meaningful context comes first and foremost in the form of a maternal voice, within which she expresses her emotional response to the baby's tensions. Whether she soothes and contains its tensions and anxieties, or ignores them, or aggravates them, it is all evident in the rhythm, pitch, timbre, intensity and contour of her voice. It is also evident in her physical handling of the infant's body: An ordinary "good-enough mother" [Winnicott, 1960] synchronises her movements and physical care of her baby to its natural tempi and rhythms; an anxious or depressed mother imposes on the baby her own tempo and rhythm [Brazelton and Cramer, 1991].

When all goes well, the mother organises the periods of caring and playing with her baby into predictable rhythmical and temporal cycles, which are based on its evolving needs as it grows up [Stern, 1977;

1985]. She also manages to contain its needs, anxieties and fears, by receiving them and reflecting them back in manageable doses [Winnicott, 1962; 1971; Bion, 1959]. Her repertoire, then, in communicating all these aspects of "care" for her child consists predominantly of musical elements. Correspondingly, for the infant, the set of repertoires that it is exposed in receiving or not a "good-enough" maternal provision is analysable with the same musical elements.

Thus elements of the musical language are associated with essential experiences of comfort, reassurance, the first patterns of life, the first encounters with humanness within that primal relationship of the infant to its mother. There is a further aspect of music that is comforting: it is parallel to the bodily tensions that seek to be relieved, characterising our first entry into this world. This constitutes a characteristic of musical creations in the Western tradition, put forward by Stravinsky [1973]: a series of tensions that try to find their resolution or relaxation.

3.2.4 The social origins of sound and music: the mother-infant interaction

The social origins of sound are to be retrieved in the early mother-infant interaction. By the age of two months the infant is well-equipped to engage in playful interactions with its mother. Its cooing sounds, its smile formed in response to its mother and the eye-contact that it can establish with its mother provide the mother with powerful reward and stimuli, stirring in her a deep desire to communicate with her infant. These social interactions, now, are beyond the context of physical care: they are an end in themselves [Stern, 1977; 1985; Brazelton and Cramer, 1991]. This is facilitated by the infant's ability to be in an "awake, alert state" for longer periods of time. By this state it is meant that, while infants are quiet, they are alert in taking in and responding to external stimuli [ibid].

According to Stern [1985], this first period of social interactions between mother and infant takes place when the infant is between two and six months. Stern calls this period the most exclusively social period of life. Without much recourse to toys or objects, the interactions are based on social signals and behaviours, as the infant is fascinated with the human face and voice.

"When infants are interacting with their mothers, there seems to be a cycle of attention followed by withdrawal of attention - a cycle used by each partner as he or she approaches and then withdraws and waits for a response from the other participant" [Brazelton and Cramer, 1991].

Stern [1977] has called such periods of interaction "episodes of engagement" and the periods of withdrawal "time-out episodes". The latter are most often signalled by infants through such behaviour as turning their gaze away from the mother; in this way they signify their need to re-adjust the level of arousal or process the information evoked by the interaction. A sensitive mother attunes to the infant's need for withdrawal and to the optimal time for re-engaging into another episode.

In helping her infant to engage in interactive play, the mother creates themes and variations that are based on the infant's social behaviour. To do that, she first has to synchronise her tempo and rhythm to that of her infant.

"By learning the baby's "language", as reflected by autonomic, state, motor, and attentional behaviours, parents can synchronise their own states of attention and inattention to the baby's. They can help the baby pay attention and then prolong this attention within their interaction. In the achievement of synchrony, parents take the first step" [Brazelton and Cramer, 1991: 121-122].

It is synchronicity that provides the infant with a feeling of security at having a reliable and predictable parent.

The mother's theme is a reflection of the infant's theme, but given in an exaggerated and moderately stereotypic way [Stern, 1985]. The theme is a cluster of social behaviours that conveys an affective state. For example, the baby smiles and makes a coo. The mother will give back an even bigger smile and exaggerate the pitch contour of her infant's voice. Then she will add further variations to her initial response. Through repeating themes while adding slight variations, the mother presents the infant with a predictable and yet optimally arousing responsive repertoire. The infant is given the chance to assimilate its mother's response through its repetition, while maintaining its attention and engagement through the novelty that is added with each variation. Through exaggeration and variation the mother regulates the infant's level of arousal and excitation within a tolerable range; for each infant has an optimal level of excitation that is pleasurable [ibid]. In this way the infant is invited and stimulated to participate in the interaction.

Within an episode of engagement, or a series of episodes of engagement, mother and infant learn to match their behaviours through tempo, rhythm, timing, level of pitch, intensity and duration of each other's turn. A number of researchers into mother-infant interaction have thus described these "play periods" in musical terms or focused on the musical constituents of these interactions: Stern, 1977; 1985; Stern, Spieler and MacKain, 1982; Papousek, Papousek and Symmes, 1991; Feldstein et al. 1993.

The matching and sharing of these musical elements create expectations and unuttered rules of interaction that immerse both participants into an highly emotional flow of communication. It is through such interactions that the infant "learns" about itself, about its mother and the ways that each one of them affects the other. The musical elements facilitate this learning process. It has been indicated, for example, that mothers use particular melodic contours to signal different messages in the interaction, messages that are

innately received by the infant. For example, high pitch, rising melodies and expanded melodic contours are used by the mothers in order to elicit and maintain infant attention, while falling, low pitch melodies are used in order to soothe the infant, or reduce its level of arousal [Stern, Spieker and MacKain, 1982; Papousek, Bornstein et al., 1990; Papousek, Papousek and Symmes, 1991].

The framework of sharing predictable tempi and rhythms, intensities, and duration of turns, provide the infant with possibilities of initiating and leading the interactions, introducing shifts on any of its elements. Alongside the growth of the central nervous system and the maturation of the psychic apparatus, this framework enables the infant to gain confidence on its ability to receive, control and actively participate in a symmetrical communication.

3.2.5 Music/sound as an emotional and cathartic language

The poignancy of music as an emotional language was already recognised in antiquity. The Ancient Greeks, in particular the philosophers Pythagoras and Plato in the 5th and 4th centuries BC, were the first to make a systematic study of the effects of different musical modes and rhythms on people [West, 1992]. Plato wrote that good musical education is important because "rhythm and harmony penetrate deeply into the mind and take a most powerful hold on it" [Plato *Republic*, 401e].

Aristotle [384 - 322 BC] clarifies another important aspect of artistic expression, the cathartic element. In his famous work "On Poetics", he states that the actors of tragedy effect "through pity and fear the purification [catharsis in Greek] of such emotions" [Aristotle *Poetics*, 1449b 28 - my parenthesis]. Similarly, he considered music education of importance because of catharsis [Aristotle *Politics*, 1341b 36-38]. Catharsis meant the purification from guilt or defilement, a "psychological purgation, which relieves us of unwanted feelings

through contemplating their projection in a work of art" [Dodds, 1951: 48].

The listener or the creator of a musical composition is capable of such cathartic outlets. Musical language provides the possibility for an exteriorisation of inner affective states. This does not mean that every listener or every creator does, in fact, experience such outlets, or that two listeners to the same composition experience the same affective responses. Personal histories and idiosyncrasies have a lot influence on that. Nevertheless, the musical language opens a strong possibility for such an experience.

A musical creation may be related to affective states in a variety of ways: a) It may give voice to discrete categories of affect, such as joy, happiness, sadness, anger, fear; b) It may voice at the same time a combination of affects, sometimes of a conflicting nature; "triumph and tenderness, desire and satisfaction, yielding and insistence, may seem to be there all at once, yet without any dubiousness or confusion in the result" [Gurney, 1880, quoted by Storr, 1991:12]; c) It may evoke an emotional arousal without being able to verbalise or conceptualise particular emotions [Storr, 1991]; d) It may feel like an affective investment of bodily tensions and releases, such as bursting, exploding, fading away.

Concerning category (d) above, Stern's [1985] classification of certain affective experiences as "vitality affects" is illuminating. By this term, Stern refers to such elusive qualities of feeling, that first emerge in infancy, such as,

"surging," "fading away," "fleeting," "explosive," "crescendo," "decrescendo," "bursting," "drawn out," and so on. These qualities of experience are most certainly sensible to infants and of great daily, even momentary, importance. It is these feelings that will be elicited by changes in motivational states, appetites and tensions" [Stern, 1985: 54].

It can be stated that throughout every moment of life one experiences "vitality affects"; they may be considered like curves of tension and release of different magnitude, occurring both in the presence, and in the absence of categorical affects such as joy, happiness, anger etc. This is parallel to what can be experienced in music: dynamic shifts that do not necessarily refer to a specific content of feeling. Stern writes that "abstract dance and music are examples par excellence of the expressiveness of vitality affects" [Stern, 1985: 56].

I may add here that the musical expression of such "vitality affects" reminds one of the continuous liveliness of our experience: consider for example the rising tension felt when we wake up, or the feeling of fading away when we are falling asleep. These are experiences that we take for granted and the underlying "crescendos" and "decrescendos" occur outside our awareness. Music can remind us of such waves of experience, and in doing so, evoke within us the liveliness of our existence.

Thus the musical language can provide enormous possibilities for affective outlet and expression, at various levels of subjective experience.

3.3 THE IMPACT OF THE ABOVE THEORIES FOR THE PROFOUNDLY LEARNING DISABLED PERSON AND HOW IT APPLIES TO THE WORK OF MUSIC THERAPY

Whether the profoundly learning disabled child was born with brain damage or was injured during the first year of its life, the consequences on its relationship with the parental environment are enormous. Not only will it be more sensitive to stimuli, but also the parents, being in a state of shock and grief, will not be able to protect it, interpret and respond appropriately to its signals of distress. Thus such a child has more chances of experiencing sounds in a threatening

way. Furthermore, a brain damage or a trauma may result in a lower than average tolerance capacity for stimuli and in a lesser ability to assimilate and integrate sensory experiences. It is understandable that for the institutionalised, profoundly learning disabled resident, the world of sound is part of a wider chaotic, unassimilated, uncontrollable and horrifying world.

A profoundly learning disabled infant will not easily and predictably find satisfaction and relief of its bodily tensions, as the mother will probably meet its physiological needs with anxiety. Her grief will limit her abilities at providing the infant with predictable and reliable temporal cycles of care and at synchronising her rhythms to those of the infant. This may be further complicated by the infant's own unpredictable rhythms, caused by the inner disturbance of brain damage or trauma.

Under such circumstances, where the anxiety of the infant adds to the anxiety of the parents and vice versa, it will be difficult for the maternal voice to comfort or contain the infant's fears and anxieties. The pitch, intensity and melodic contour of the mother's voice will not signal relief, nor the rhythms and tempi of her physical handling of her infant. Thus the musical elements associated with the first relationship of dependence and love will signify deprivation and a striding away from the desired level of response and containment.

The musical elements associated with play interactions with the primal care-giver will be minimal or non-existent. For one, the brain damaged infant elicits far fewer social signals than the normal infant, providing the mother with less stimulation to interact with it [e.g. less cooing vocalisations and not so attractive ones, less eye-contact, less smiling] [Moran et al., 1992]. For another, the mother's depression, following the shock of having a handicapped child, will severely hamper her abilities and desire to read its signals and respond to them.

It has been demonstrated that the motherese [i.e. infant directed speech] of depressed mothers towards their normal infants differs from non-depressed mothers' motherese in the following ways: Their vocal utterances are not contingent upon their infant's repertoire, their melodic contours are not simplified and exaggerated so as to facilitate the infant's reception and response, their voice is flat, the rhythm of their utterance is unpredictable and unstable and the timing of their response falls more than one second after the infant's signal - this considered the maximum interstimulus interval for the infant to detect the relation between its behaviour and the behaviour of the adult [Bettes, 1988]. One can infer the further complications added when the infant is brain damaged or otherwise injured and how it minimises the possibilities of the pair engaging in meaningful interactions.

That infant will have missed the pleasurable aspects of the musical elements; that kind of social interaction with its mother through which it gains reward and rewards the mother, it gains confidence and provides confidence to the mother, it grows and learns about things human inside itself and inside others. Brazelton and Cramer [1991] write that, if there is consistent failure of rewarding interactions, "the infant may fail to develop in certain critical ways, and may become withdrawn, apathetic, or even fail to thrive" [Brazelton and Cramer, 1991:100].

The mother will convey her affective state and her responses to her infant through many other channels, such as her facial expression and her touch. However, there is a special significance in the voice. It is the "loudest" channel, revealing more clearly all-in-one messages of timing, tempo, rhythm, intensity, melodic contour - everything that is to become speech. This richness of the vocal expression makes it a primary channel for expressing affects. It is through the mother's voice that the infant, and later the child, will recognise and clarify different feeling states in itself and in others. It is for this reason that the lack

of satisfying interactions with the mother will greatly impair the child's emotional and cognitive growth.

For the profoundly learning disabled person, music and appropriate sounds within the context of a therapeutic relationship can be a way of offering corrective emotional experiences concerning all the levels of trauma and disturbance mentioned above. These are analysed in the following section.

3.4 THE FUNCTION OF MUSIC AND SOUND IN THE PERSONALLY DEVELOPED MODEL OF MUSIC THERAPY - THE ISSUE OF "AIMS" FOR THE PATIENT

In using the medium of sound and music, my work does not differ in essentials from that of a number of psychodynamic music therapists [e.g. Cowan, 1989; Davies and Mitchell, 1990; Bartam, 1991; Rogers, 1992; Heal-Hughes, 1995]. However, it seems to me that different music therapists emphasise different aspects of their methods, some of which overlap. Up to a certain extent, everyone creates his/her own model of how they use sound and music. This is inherent in the medium itself, which is abstract yet highly personal. It is not possible to play music that does not instantly speak about yourself - even if it tells that you are out of touch with yourself.

In working with profoundly learning disabled patients, my first intention is to create a safe sound environment. By this is meant a blend of sound, music and silence that addresses their spontaneous state. This is revealed by the way they organise their sounds and silences, by the content of their sounds, by their facial expression and body posture, by their breathing rhythm, all of which convey their natural tempi, rhythms and intensities. The safe sound environment means that the therapist's sounds are attuned to the patients' spontaneous musical elements, are predictable and reliable

sound/music responses and offer an optimal provision of soothing, stimulating and pleasing addresses. It also means that the sound environment meets the needs of the patients, as they are revealed in the here and now of each therapeutic session.

The creation of a safe sound environment is facilitated by the use of "regressivogenetic" sounds, a term coined by Benenzon [1981]. Based on the theory that there is a tendency in human beings to regress to states and periods of life, when there was not yet a trauma or injury, and the fact that sound and music have the capacity to provoke regressive states, Benenzon uses sounds with the clear intention of provoking these regressive states. In the context of my work, I use such sounds to a certain extent, believing that they can provide relief. For such traumatised people, it may be that the only time of relative peace was their intrauterine life; therefore sounds such as heartbeat rhythms, watery glissandi sounds and soft vibrations may provide relief in the evocation of such memories: a state of containment and non-intrusion in the fluid-filled environment of the womb.

In the therapy room, the organisation of sound in music offers the possibility of experiencing relief at the mastering of unpredictable sounds, as well as a means for a cathartic release of emotions and tensions. For non-verbal, profoundly learning disabled persons, this acquires another significance. Their music may be the only expressive language available to them, in which to share their inner world. Christopher Nolan [1987: 93], in his autobiographical book "Under the Eye of the Clock" gives us a moving account of what it means to be handicapped and speechless:

"They veiled their private worlds by choice, but his private world was so private that demon despair dallied always at his door."

The therapist's emotional response to the patient [countertransference] enables him/her to voice the patient's affective state through his/her own music. This is another form of catharsis.

For patients who are so much traumatised that they feel inhibited to play an instrument or vocalise, and who remain in a world of unspeakable silence and isolation, the therapist's music may be their only voice for long months. It is for this reason that the therapist needs support and personal therapy: so as to avoid, as much as possible, playing "solo", voicing his/her own predicament unrelated to that of the patient.

In this context, it is also important to mention the use of music to contain such powerful emotions as fear, anxiety, pain, anger. The enveloping quality of sound, the fact that it is experienced as being received by the whole area of the body, facilitates this aspect of music therapy. Furthermore, the musical voice of therapist and patient may be a channel for the acknowledgement and recognition of difficult feeling states.

Psychodynamic music therapy is a most suitable setting for engaging playfully in the model of the mother-infant interaction. As such, it has been acknowledged by a large number of music therapists, not necessarily in the strict psychodynamic tradition - in fact, by most British-trained music therapists [Heal-Hughes, 1995; Pavlicevic, 1997]. It is for this reason that many music therapists - including myself - understand their techniques in terms of the model of the mother-infant interaction [Agrotou, 1988].

One can say that music therapy is a translation or a metaphor of the elements that constitute the early mother-infant interaction, portraying a simile of the dynamic processes generated between mother and infant. The playfulness of the musical language, the pleasure that can be evoked by sound and music, and the fact that it is a language of movement [Storr, 1991] reinforce this aspect of music therapy. For profoundly handicapped people who, more often than not, have missed out on such an essential part of human relatedness, music therapy is a context within which to re-edit the mother-infant relationship

[Benenzon, 1991]. For them, it may be the first time in their lives that someone meets their rhythms and vocalises melodies based on their own spontaneous sounds.

3.5 THE MUSICAL INSTRUMENTS - FURTHER "AIMS"

The music therapy room contains only objects relevant to the work: predominantly musical instruments.

Good quality rhythmical [e.g. drums, tambourines, cymbals, gong, temple-blocks] and melodic instruments [e.g. piano, metallophone, xylophone, synthesiser] provide a richness of sound possibilities and are not easily destroyed. The instruments are positioned in the room initially by the therapist, whose previous interviews with the patient enable him/her to have some notion about which instruments to use and how best to arrange them in the room. This is different from patient to patient. In the course of the first sessions, these issues are explored with patient and therapist, but there comes a time in the initial period of therapy, when the position of instruments becomes one of the stable factors of the therapeutic setting. New instruments in the course of therapy need to be introduced by the therapist.

The instruments can be played easily by any patient and this is very important for profoundly learning disabled people: through a soft touch they can create a sound. An instrument's sound can become an auxiliary voice, particularly for those who do not dare emit sounds from within their bodies.

The instruments are intermediary objects within the relationship [Benenzon, 1981]. For some patients, it is easier to receive sounds through them, than directly from the therapist's mouth. The attention given to the instrument, when it is played, may be experienced as reducing the therapist's focus on the patient and vice versa. For some

patients, particularly the very frightened, withdrawn and isolated ones, this alleviates their fear of intimacy and contact with another human being. It gives time for the unfolding of a relationship of trust.

When this happens, the instruments acquire another significance: they are imbued with the qualities of the therapist and invested with feelings. This is parallel to the infant's perception of objects used by its mother in their early social play. These person-performed-things are "viewed by the infant as some form of composite entity, a thing that has taken on some of the characteristics of a person" [Stern, 1985:122-3].

This association of therapist and instrument may facilitate the patient's use of it, particularly as gradually the therapist is felt as a benign figure in the patient's life. In my clinical experience, it often happened that profoundly learning disabled people had their only experience of using an object appropriately, during the moments of playing a musical instrument within the music therapy setting. Such moments of playing an instrument may occur very rarely and may be very brief, but it is very important that they do occur at all. For the physical dexterity required in playing an instrument imbues any person, but even more so, the profoundly learning disabled person with healthy narcissism and, therefore, self-esteem [Kohut, 1957].

3.6 THE SCOPE AND LIMITATION OF MUSIC THERAPY IN THE PERSONALLY DEVELOPED MODEL - THE ISSUE OF "AIMS" AGAIN

For Benenzon, the "music therapist does not carry out the psychotherapy of the patient but helps to go deeper into many of the unconscious nuclei and move rigid anxieties" [Benenzon, 1981:52]. When music therapists work in a multi-disciplinary team, as in

Argentina, this is a very appropriate and clear boundary within which to work. When a music therapist works alone, it is a different matter.

Further than moving rigid anxieties in the unconscious, the music therapist then needs to offer an emotionally corrective experience that can stand, as much as possible, on its own.

The various uses of music and sound as expounded in section 3.4 above indicate the scope of what it is possible to address. Most importantly, such aspects of the sound/music world facilitate the formation of relationships of trust and attachment within the music therapy context. But where does this relationship carry the patient?

Though there is an interpretative aspect of music, when the therapist tries to portray through music his/her affective response to the patient, this is different from verbal interpretation. The psychoanalyst's or psychoanalytical psychotherapist's verbal interpretations refer to a precise and in-depth understanding of the causes and processes of a patient's mental conflict and trauma. This facilitates intrapsychic changes, based on the patient's unconscious becoming conscious within such a specialised relationship [Freud, 1916-1917; Sandler and Dreher, 1996].

In music therapy as I practise it, therapy does not attempt to conceptualise the patient's traumas and injuries; this is beyond my personal training and abilities. For this reason, traumas may largely remain in the unconscious; perhaps some of them enter the preconscious [the area of the mind that lies between consciousness and the unconscious system in Freud's topographical model of the mind (Freud, 1915)]. But what is internalised and probably remains conscious is the responsive and containing function of the therapist [John, 1995]. It is the knowledge of having one's own voice met and understood, one's own difficult feeling areas shared, one's suffering

acknowledged and thus alleviated, that facilitate the reduction of symptoms that isolate and stagnate the personality.

A final note on personal limitations. Music therapy, like all psychodynamic therapies, is a personal encounter of two or more people. The therapist's personality and the way it fits or not with that of the patient decides to a large extent the process and the outcome. Working with non-verbal, profoundly learning disabled people through a non-verbal medium, challenges the pre-verbal experiences of the music therapist and the strengths and limitations that they impose on him/her. The more my personal analysis was liberating within me unassimilated pre-verbal experiences, the more I could offer to my patients. For this reason, the way I experienced and responded to a patient's affective state changed with time. Thus the scope and limitations of my work are under continuous introspection.

CHAPTER FOUR

FURTHER PSYCHOLOGICAL CONCEPTS

4.1 INTRODUCTION TO CHAPTER FOUR

This chapter outlines the way that further psychological concepts have been employed in understanding the theoretical framework of the present model. A brief summary of each one of the concepts to be addressed here, in view of their relevance to the work presented, is given in *Appendix A*, which supplements this chapter. Freud's concept of the unconscious, Klein's theories on primitive emotional life, Winnicott's and Bion's concepts on the facilitating role of the mother and its parallels to the therapist's role, Bowlby's attachment theory, the work of Tustin with autistic children and finally, some of Foulkes' concepts on group analysis, are all highly relevant in the analysis of the case-study that follows, which serves as an illustrated example of the proposed methodology.

This chapter closes with definitions of the concepts of transference and countertransference, as they are considered fundamental for any work that is carried out within a psychodynamic framework.

As in *Appendix A*, I shall here also use - for the sake of language fluency - the male pronoun for the infant and child.

4.1.1 Freud and the unconscious: its relevance to the present work

The work of such psychoanalysts as Tustin [1981; 1987; 1990] with autistic children, and Sinason [1986; 1991; 1992; 1997] with learning disabled people, has shown that the patient's unconscious can be reached, even when they cannot convey it through the verbal medium. Observing in detail whatever such patients do in the therapy room - the micro-movements of their face and body, the way they present their bodies, the way they use objects - becomes the road to reach their unconscious and a language bridge between them and the therapist.

Psychodynamic music therapists have been very much influenced by the work of Tustin and Sinason, and view their learning disabled patients in similar light [e.g. Davies and Mitchel, 1990; Bartam, 1991; Agrotou, 1994]. Even when there is no sound emitted by the patient, there is still a language that conveys this patient's unconscious way of being. The case-study that follows forms a detailed example of such an approach.

4.1.2 The relevance of Kleinian concepts to the present work

In Klein's terms, persecutory anxiety, resulting from destructive impulses, falls within the predicament of everyone's life from infancy onwards. For it is impossible, even under the best genetic and environmental circumstances, not to experience frustrations that give rise to anger and thus to destructive impulses, impulses that generate persecutory anxiety both from within the organism (internal object), as well as from an external source (external object) [Klein, 1937; 1952a]. Who can escape that aspect of human destiny, which Klein, following Freud, called "the fear of annihilation"? Whether one colours this fear, by including into the same concept the workings of a death instinct

[Freud, 1920; Klein, 1946; 1952a], or whether one considers it as a simpler notion, that of the anxiety for survival, the fear of annihilation is true of the human fate. It is also true that, the weaker the human organism, the more dependent a person is on others for his/her survival; therefore, the more intense must be the anxiety that his/her life is under threat.

For this reason, infants that have had a difficult birth or are injured at birth or soon afterwards, already experience added pain and frustration that increases their anger and feelings of hostile attacks against their existence; a weak ego, either through injury or through genetic factors, makes it more difficult for an infant to tolerate frustration, which means that the processes of introjecting and projecting hostile, persecutory objects are increased. Bad and unpleasant experiences with external reality, in the form of an anxious, rejecting or emotionally absent mother also confirm the infant's anxieties about inner annihilation and external persecution [Klein, 1940]. One can imagine what happens when the two go together, that is, the predicament of an infant who experiences failures both genetically or constitutionally and environmentally [Klein, 1957].

Klein's theories illuminate the inner world of many profoundly learning disabled people. For such people, their parents' depression, coupled with concrete parental death-wishes or guilt or hatred [Sinason, 1992; 1997] means that there may never have been a "good breast" to be introjected and counteract that infant's increased persecutory anxieties. It is no wonder, then, that institutionalised, profoundly learning disabled people, who have faced repeatedly an emotionally cold and unreceptive environment, function at the level of multiple part-objects, all of which are aspects of a frightening and threatening emotional experience. These people are then unable to experience trust in their relations with the external world, and either withdraw, in order to save themselves from further internalisation of

bad objects; or they continue to be tormented by persecutory relations with their internal bad objects.

4.1.2.1 Therapeutic implications from Klein's concepts of the paranoid-schizoid and the depressive positions and their application in the present work

The work of Klein has illuminated a whole constellation of mental phenomena that operate during the paranoid-schizoid and the depressive positions: the type of object-relating, the phantasies, the feelings, the anxieties, the specific defences used to counteract those anxieties. The impact of her theories on clinical work has been enormous; a large number of therapists base their understanding of the patient-therapist relationship upon the functioning during, and fluctuations between, the paranoid-schizoid and the depressive positions [Symington, 1986; Steiner, 1992].

Whether working with groups [e.g. Ganzarain, 1989; Safan-Gerard, 1996] or with individuals [e.g. Steiner, 1992], the therapeutic process is conceived as a continuous movement between the two positions. Periods of integration lead to depressive position functioning and periods of disintegration and fragmentation to the paranoid-schizoid state. Such fluctuations can take place over months or years or within a single session.

In working with profoundly learning disabled, institutionalised patients, these concepts are particularly helpful. The process then can be considered in the following terms: the therapist provides the facilitating environment for being received and internalised as a good object and thus alleviate the patients' predicament of the paranoid-schizoid position. This may be their first experience of finding a good object. The ensuing experiences of synthesis and integration lead to experiences of the depressive position, wherein the patients can be in touch with their pain and mourn their multiple losses. The

opportunities for play and musical expression provided in music therapy can further facilitate the patients' process at creatively repairing within them the damage inflicted by their internal bad objects.

This section, alongside its accompanied part in Appendix A.3 has been extensive, because this is the main theoretical line that is followed in the present work.

4.1.3 The relevance of Winnicott's "holding", "mirroring", "transitional objects" and "transitional phenomena" to the present work

"Holding"

For people who have been "unheld" in the wider sense, that is, for whom the early environment failed to meet their needs, the therapist provides a holding environment, in the sense of offering deep understanding and "correct and well-timed interpretation" [Winnicott, 1954]. In music therapy, the concept has been used in combination with Bion's [1959] concept of maternal "reverie" to refer to the music therapist's acceptance and voicing through his/her music of the difficult areas of the patient's personality [e.g. De Backer 1993; Stewart 1997]. In the current work, this issue will be further addressed and certain specific music therapy techniques relating to "holding" and "containment" will be analysed.

"Mirroring"

Winnicott [1967; 1971, 137] writes that psychotherapy "is a long-term giving the patient back what the patient brings. It is a complex derivative of the face that reflects what is there to be seen." In this way the therapist helps his/her patients to find their own selves and be able to exist and feel real. Profoundly learning disabled people, who did not see their mother's eyes shining with admiration, but have internalised a mirror of grief, hurt, coldness or fear, an image of

themselves not being wanted [Sinason, 1992], are deprived of a meaningful space within which to exist.

Music therapy can be a space, wherein every minute gesture or sound can be reflected back, providing thus a context wherein such people can begin to find a meaningful mirror, within which to discover themselves. The concept of "mirroring" has been frequently used in developing relevant music therapy techniques [e.g. Steele, 1984; Woodcock, 1987; Agrotou 1993c; Pavlicevic 1997].

"Transitional objects and transitional phenomena"

When one does music, one "plays" music, and I believe that the concept of "playing" music applies to many languages. The inherent element of playing in improvising music lends itself well to Winnicott's concept of the transitional object and transitional phenomena. A number of music therapists think of their work in these terms [e.g. Pavlicevic, 1997]. Of course, in working with profoundly learning disabled and severely deprived patients, it is a long way before they can experience music-playing as a transitional phenomenon; for, first they need to have the experience of an internal and "good-enough mother", in the person of the therapist [Winnicott, 1951]. This long process will be addressed in the case-study that follows.

4.1.4 Bion's "reverie" and "containment": relevance to the present work

The profoundly learning disabled people that I met in Nea Eleousa were, in their vast majority, not only deprived of a containing parental environment, but faced concrete death-wishes by the whole system in which they had found themselves. Their fear of dying was denied access both by their depressed and unsupported parents, and by the institution in which they had spent most of their childhood.

A large part of music therapy work is about containing such unnamed anxieties and fears. The way music can provide such a function is analysed and exemplified in the case-study that follows.

4.1.5 Bowlby: the effects of early separation and the institutionalised child

Bowlby emphasised the devastating effects of early separation of the infant or young child from its attachment figures, especially during the age from six months to three years. The child's reactions proceed along three phases: a) The phase of protest when he searches for his parent in distress; b) This is followed by the phase of despair, when he loses hope of his parent's return and will either cry inconsolably or withdraw into grief; c) The phase of detachment when he disinvests in his relationship with the lost person and begins to attach himself to an alternative figure.

When the child finds himself in institutionalised places, where there is no specific alternative figure to which he can attach himself, the consequences are even more grave. Not only is there no human environment to receive his protest, anger, despair, grief and attachment needs, but there is also a direct or indirect message given to him by the environment there to disown his feelings as useless or non-economical in that setting of discipline pervading all layers of life [see Chapter One, 1.3.4; 1.3.5]. In such conditions he comes in no time to act as if neither mothering nor contact with humans has much significance for him.

Defensive exclusion - repression

The defensive processes by which a child develops in this way are an example of what Bowlby called "defensive exclusion". With this term he replaced the traditional psychoanalytic concept of "repression".

"Defensive exclusion" - like its counterpart "repression" - is the key process in every form of defence, whereby painful information is selectively excluded from consciousness.

When a child has experienced severe rejection of his attachment needs, like the institutionalised child, he selects to shut off all information regarding those needs in order to survive his unbearable pain. The child's detachment is a defensive numbing of his attachment needs and concerns not only those needs but also all memory about the traumatised events and their accompanying emotions of agony, anger and sorrow that led to his detachment state.

4.1.5.1 The relevance of Bowlby's attachment theory to the present work

According to Bowlby the aim of therapy is to enable the patient,

"to reconstruct his working models of himself and his attachment figure[s] so that he becomes less under the spell of forgotten miseries and better able to recognise companions in the present for what they are" [Bowlby, 1988:137].

Towards this end the therapist's role is to provide the patient with a "secure base" [Bowlby, 1988], analogous to that provided by the ordinary sensitive mother. From this "secure base", then, formed by an attentive, reliable and responsive therapist, patients are encouraged to explore and express their thoughts, feelings and actions concerning the various painful aspects of their lives, as well as the way they relate to the therapist.

For the institutionalised, withdrawn and profoundly learning disabled patient this is particularly relevant. For they almost all operate on the pattern of "anxious avoidant attachment" [Bowlby, 1988]. This work

unfolds the process of the music therapy setting becoming gradually and painstakingly a "secure base" for them, in which to explore their feelings and ways of relating, and in which to form attachment bonds. This road is parallel to the carers' process of discovering within the music therapy setting their lost ability - due to institutionalisation - for parenting behaviour complementary to attachment behaviour. As this latter constitutes the basic novelty of the work, it will be expounded in a separate chapter [Chapter Five].

4.1.6 Autistic features in institutionalised people: drawing from Tustin's work

Though Tustin had not treated brain-damaged children, her work throws light on the autistic shell of brain-damaged, learning disabled people as well. The learning disabled child, whose brain damage was caused within the first year of his life, is vulnerable towards developing autistic features, due to his mother's state of shock and grief and the extra burden of his own condition. Any child who has faced premature separation from his parents and feelings of rejection, without the availability of a substitute familial environment - as is the case of the institutionalised child - is bound to develop autistic features as a way of protecting himself from feelings of terror and pain. Therefore, a lot of the bizarre mannerisms of institutionalised people - such as body rocking, head-swinging, auto-generated bodily sensations - are considered as being part of these people's autistic shell. This is particularly relevant for the residents of "Nea Eleousa".

4.1.7 Foulkes and his concepts from group analysis: their relevance to the present work

The "group matrix"

One of the fundamental discoveries of the present work is that profoundly learning disabled, institutionalised patients, who have lived for years in almost total isolation, share a psychic life the moment they find themselves in the context of psychodynamic music therapy. What is even more astonishing, is that they soon find ways to reveal their interconnection, though none of them has speech or consistently plays a musical instrument, and though there are very few sounds coming out of their mouths. There is both a "foundation matrix" and a "dynamic matrix", and there is continuous "free group association" [Foulkes, 1968; 1971; 1975a].

"Free group association" - "free sound expression" and the conductor's role

Indeed most of the attention focused in the present work is towards deciphering the free group association of the patients, which is there all the time within the group matrix. The contribution of this thesis is towards decoding such processes and phenomena, towards proving that such phenomena exist, even when the members have been so much deprived of a social context, of any relationship of intimacy for most of their lives, of an expressive language, of learning skills or any stimulation towards learning and forming relationships.

My role bears some resemblance to the role of the group analytic conductor [Foulkes 1975a; 1975b], in that I have tried to create a similar culture, focus on the relationships and understand them in

terms of transference and repetition compulsion¹, receive all communications as meaningful and clarify the connections between them. In the absence of speech, I tried to foster *free sound expression*, facilitating the members' creation of any sound as a way of making associations between them.

A vocalisation, a glance, a posture, a gesture, a slight movement were amongst the characteristic apparent communications that the patients brought in music therapy. At most there was a note, a motif or a phrase on a musical instrument. Sometimes, but rarely, there was a coherent musical theme. Yet all these elements that constituted their repertoire were considered to follow upon each other - even at times of total synchronicity - within an associative connection. In other words, consciously or unconsciously, a participant brought forth through the expressive means available to him/her at any given moment not only his/her own affective state, but also his/her response and reaction to that of the other participants. Thus the timing of repertoires, their content and quality assumed a particular importance; their total configuration indicated the affective state of the whole group, which each participant shared in his/her own personal way and at his/her own level ["resonance" (Foulkes 1975a; 1977)].

Free sound expression became the group's natural way of communicating, while it was my responsibility to pave that way through the manner I received and understood the patients' spontaneous sounds from the very beginning of the group's life.

Unlike the group analytic conductor, I assumed and maintained a very active part in the group. The patients' states required of me to become their auxiliary voice, when their voice was so minimal. This role became gradually a shared one between myself and the carers.

¹ Repetition compulsion means the unconscious tendency to repeat one's traumatic experiences [Freud, 1920]

The music created by the carers and myself was an attempt to address both the manifest behaviour and repertoire and often the latent meaning, both the obvious and often the hidden emotional state. Our musical language was frequently a "translation" from one level of communication and understanding to another. These issues will be clarified in the case-study that follows.

4.1.8 Transference and countertransference

Transference refers to the displacement of feelings, thoughts and phantasies, originally experienced towards significant figures of childhood, onto the therapist [Freud 1905b; Klein 1952b]. Transference is not limited to the therapeutic relationship, but the therapeutic setting enables its appearance with more clarity, depth and intensity. Reasons for this include the focused attention and reliability of the therapist and the abstinence from fulfilling certain wishes of physical intimacy with the patient. All this facilitates the patient to regress to earlier ways of functioning and bring to the surface feelings and memories of his/her remote past [Moore and Fine, 1990].

In group therapy, the setting facilitates the experience of multiple transferences towards the different members of the group [Horwitz, 1994]. In the present work, which deals with non-verbal and severely traumatised people, this facilitated the unravelling of their inner world, as it gave them a larger spectrum within which to re-enact their past.

Countertransference refers to the therapist's emotional response to the patient. It comprises the therapist's response to the patient's transference - which includes the patient's projective identifications - as well as the therapist's feelings evoked within the relationship with

that particular patient [Heimann, 1950]. By working through her emotional responses - their content and their origin - the therapist has an important tool in understanding the patient's mind.

The absence of the verbal medium and the primitive, traumatised emotional life of the profoundly learning disabled have a strong impact on the therapist's countertransference. It seems impossible to carry such work without support. This is particularly relevant when the therapeutic medium is the musical language, a language that is always subjectively charged. It is for this reason that I consider it an important aspect of music therapy research to include detailed analysis and explanations of the therapist's music. The present work is an example of this approach. It continuously makes references to feelings, thoughts and images evoked within me by the patient's state at any moment in the here and now of the relationship; and to the reasons that made me create a particular musical response. Failures and doubts are part of this work, but if the general indications are that the patients are making progress, then there must be something appropriate in the encounter.

CHAPTER FIVE

FURTHER ON THE PROPOSED MODEL: ITS CONTRIBUTION, THE CARERS' PARTICIPATION IN THE MUSIC THERAPY SESSIONS AND ISSUES ABOUT RESEARCH

5.1 THE PROPOSED MODEL

Further to the issues already addressed, the novelty of the proposed model included the way the carers participated in the music therapy sessions. This aspect is addressed in this chapter. The last part of this chapter deals with issues about research and validation of the present work, and its contribution to the field of music therapy with the profoundly learning disabled person.

5.1.1 The carers' participation in the music therapy groups

The case-study to be analysed in the following chapters is an illustration of a new approach which I formulated as regards the participation of carers in the music therapy sessions. Before discussing this, I shall briefly refer to the way other music therapists have included carers in the sessions.

A number of music therapists have included carers in their group or individual work [e.g. Nordoff and Robbins, 1971; Van Colle and Williams, 1995; Oldfield and Adams, 1995]. In such cases as quoted above, the carer was there to obey passively the music therapist's directions; such basic aspects of the therapeutic relationship that

examine processes and patient change [or transference and counter-transference, for those who work psychodynamically], were understood as occurring exclusively between the patient and the therapist. The carer was neither an initiator nor a participant in that self-searching role that characterises a person seeking to be responsibly related to another. The carer was a helper predominantly for the physical handicaps of the patient [e.g. to help him hold the beater], or simply an escort. In the approach to be described in the present work, and exemplified by the case-study, the carer was present in order to fulfil a fundamentally different role.

The carer for a life attachment

A carer was there to fulfil a resident's need for that kind of attachment that spans through life itself. For residents as traumatised, as isolated and deserted from the intimacy of human contact as those I had met at the "Nea Eleousa" institution, the need for an intimate life relationship was urgent. Any insight into their intrapsychic reality through one sole therapist was bound to be hampered by their real life environment that negated the existence of such a reality; that considered them as incapable of feeling, of thinking, of desiring or hoping.

The music therapy groups contained aspects of life groups

The music therapy group, then, was seen as a means to containing aspects of "life groups". This term was used by Foulkes to denote a group that consisted of people closely connected in life. His idea was that, starting from the central patient, we call for therapy a group of people around him, who have a direct significance for the patient's conflicts and their possible solution, or who stand in the way of any such solution - the patient's "plexus" as he called it. [Foulkes, 1975a: 12].

Of course, in an establishment of seventy members of staff in continuous rotation, it could only be possible to form a group with a

handful, who were equally related to the patients' problems as all the remaining ones. There was another sense also, in which the music therapy groups differed from "life groups": the carers were clearly not participating as patients - as is the case with "life groups" - but, on the contrary, as facilitators on the route to become auxiliary therapists. Along this route, however, they were going to acquire insight concerning the ways they related to the residents; they were to seek for changes within them; they were to search for solutions in order to offer the residents a better life.

It is part of the purpose of the present study to describe that route. Before doing so, it may be useful to elaborate on certain theoretical issues that form a backbone to this work.

5.1.1.1 The role of affective bonds: Drawing from the theory of attachment and object-relations

The attachment needs of the residents

As mentioned in Chapter One [1.3.5], most of the "Nea Eleousa" residents entered the institution before the sixth year of their life. Most had already experienced earlier separations from their parents due to hospitalisation, a depressed and anxious familial environment, and often repeated rejections of their attachment needs from parents, who, in the absence of outside help, found it impossible to cope with their disabled child.

Their entry into the institution deprived them not only of their parents, but also of their right to mourn and create alternative attachments. The emphasis on discipline, routine and medication and the carers' continuous rotation into three shifts per twenty-four hours were only a few of the factors that suffocated the space of emotional expression.

The numbed state of both residents and carers is the natural result. The residents manifest that pattern of attachment, classified by attachment theorists as "anxious avoidant attachment" [Bowlby, 1988]. Considering themselves as unworthy of receiving love and care, and feeling that nobody is there to receive their signals for attachment needs, they live as if relationships and the comfort of human intimacy do not matter. Their mechanical mannerisms and autistic features reveal their way of surviving that unbearable pain of being rejected and abandoned to total loneliness, of living without a "secure base" [ibid].

For these people the therapeutic setting can be a space, wherein their natural propensity towards intimate relationships is enabled to spring to life and along with it the memories and feelings of earlier traumas. What is here unique from other known music therapy approaches is the process and methodology, through which the selected carers for a given group of patients become, within the music therapy setting, the main objects of those patients' attachment needs. Through the music therapy setting, those patients find attachment figures and trusted companions both in the music therapy sessions and in their everyday lives in the institution. Therefore, their relief from life's pain is enormous and their capacity for exploring inner affective states is greatly recovered along with means of expressing them through sound; buried skills see the light of day.

The methodology is founded on the principle that, given appropriate conditions, a care-giving state of mind with its consequent behaviour is elicited automatically. Bowlby [1988: 121] writes:

"Caregiving, the major role of parents and complementary to attachment behaviour, is regarded in the same light as careseeking, namely as a basic component of human nature."

For him, parenting or care-giving behaviour is to some degree pre-programmed.

The conditions that elicited a care-giving state of mind in the carers

In developing my methodology I considered that the carers of "Nea Eleousa" have within them a natural propensity to give care to the residents, but that they are being deprived of the appropriate conditions, which can elicit that part of their personality. Therefore, I tried to create within the music therapy groups a nurturing ground for the rebirth of that state of mind. This nurturing ground was the result of mainly eight areas. These are briefly described here; however, the process and conditions within which certain of these areas developed, along with further detail concerning them will be given in the case-study that follows:

a) The music therapy groups were closed groups: This means that all participants were fixed and prepared to stay together until the end of the group's life. This would not be less than two years. Patients who might unexpectedly drop out would not be replaced, except in the very early stages [Foulkes, 1975a]. The same principle was generally applicable to the carer members.

The choice for this type of group was aimed at creating conditions of emotional stability and predictability. The members would experience the security granted by each other's long commitment to the group. They would be enabled to negotiate even the most difficult feeling states without a real threat of abandonment, but only a phantasmised one, that could then be worked through in the group.

This was considered particularly important for institutionalised residents, who would naturally be very distrusting of human intimacy; and who would transfer to any object of attachment all their fears of being abandoned, their anger and hostility and hatred for having suffered such a predicament; the horror of having been abused, often taking the shape of abusing that very person to whom they are attached, in the same way as they had been themselves abused by their parents [Bowlby, 1988].

b) One particular carer was allocated to one particular patient:

Within each closed group one particular carer was to be allocated to one particular patient for the whole span of the group's life. I transmitted this principal rule to the selected carers, but they were to choose the patient to whom they desired to channel more attention than to anyone else.

The initial direction was that each carer would give full attention to her allocated patient, while at the same time keeping awareness of the whole group. She would be that patient's special facilitator, his/her auxiliary hand and mind, while at the same time getting to know the rest of the group, but with less intensity. She was to observe that patient in detail, get to know his/her mannerisms, his/her sounds and rhythms. She would search to understand the affective content of his/her non-verbal language and the feelings that this language had evoked in her; gradually she was to develop her own repertoire of appropriate responses to him/her. Hers was the main responsibility for searching for ways to facilitate him/her towards sound/music expression and towards inter-relatedness both with her and with the rest of the group.

There were manifold beneficial aspects to this principle. The most important was that it provided a facilitating atmosphere for the creation and maintenance of an attachment bond between a carer and her allocated patient. The group and my role as a conductor were both the supportive ambience and the supervising eye, encouraging the evolution of that bond, while protecting it by ameliorating its paranoid-schizoid elements. That is, the group's and my presence alleviated excessive projective identification and its destructive forces between a patient and her allocated carer; it also facilitated the patient making a split between a good and a bad object, the one being the carer and the other myself - alternating as to who was the good object. Through being in a setting wherein they were enabled to make this split, the

patients seemed to experience a certain security caused by them keeping in their minds one object as a good object.

In such a setting, the carer's focused attention gradually evoked feelings of tenderness and compassion towards her allocated patient and elicited in her the desire to remain in proximity, so as to help him/her through getting to know him/her better. The patient would soon feel the carer's stance and give signs of appreciation of her undivided attention, soon to be followed by his/her desire to remain in proximity to that carer. Thus a development of attachment behaviour would naturally be evoked in the patient and this would further stimulate the carer's "parenting" behaviour. With time that relationship would be invested with such trust, as neither partner had ever experienced in his/her entire life in the institution; while the distrusting elements of that bond would be ameliorated through the group's presence and abilities to reflect.

Seen from another angle, one can consider the following: 1) The bond between a carer and her allocated patient as providing the "secure base" [Bowlby, 1988] for that patient to explore his/her feelings and the way s/he relates to me as a group conductor and to the other group members; 2) The bond between a patient and myself as providing the "secure base" for that patient to explore his/her feelings and the way s/he relates to his/her allocated carer; 3) The group as providing the "secure base" for all bonded pairs to explore the way each partner relates to another; 4) The group as providing the "secure base" for each member to explore the way s/he relates to other members, to the group conductor and to the group as a whole.

These levels of functioning and interaction went through evolutionary stages, often different stages co-existing or overlapping. One factor that I wish to emphasise here is the following: This model satisfied the patients' need for a dyadic exclusive relationship, as they were deprived of that necessary stage of human development: one first

attachment bond to act as a "secure base" in the exploration of one's inner and outer world; it satisfied their need to be in touch with their attachment figure in their everyday life; it provided them with the security that this attachment bond was witnessed and "blessed" by other carers and, therefore, by other figures of their everyday lives; and this may have strengthened inside them the reality of this bond. With time a bonding took place with the other carers in the group and with some patients, therefore extending their world of affectionate bonds and of "secure bases" in the lonely environment in which they lived.

c] Focusing on understanding what the patient is experiencing through detailed observation of his/her non-verbal language: It was emphasised to the carers from the very beginning that our aim was not to elicit responses from the patients, or "to make them play", as was the commonly mistaken view of music therapy in the institution. Our aim was to focus on understanding their world and be close to them; for this is what they mostly lacked in their lives. To this end we had to observe in detail the patients' non-verbal language and reflect on the possible meaning of every aspect of this language, as well as on the feelings it elicited in all of us.

Again this aspect of our work went through various stages; there were times when some carers or all of them or myself failed to understand a patient's signals; when internal blocks obscured that path. However, by focusing on this aim, namely on trying to decipher the manifold signs of their non-verbal language, we were all heading towards a direction that could lead to empathy and intuition.

The carers gradually abandoned their simplistic understanding of the patients' behaviour. Their focused attention would lead to an interested involvement and then to empathy and deep care. Their intuition would then be an instrument for understanding, particularly as they would check their countertransference responses against those of the other carers and myself in the *free-discussion group meetings*

[see below]. Thus with time we would all grow more understanding towards the overt and concealed meanings of the patients' language.

d) Adopting the stance of quietness and observation: The carers were gradually facilitated to understand the importance of this principle that originates from psychodynamic therapists [e.g. Foulkes, 1975a, Steele 1984]. All sessions were to begin with some five to seven minutes specially devoted towards observing in relative quiet the patient allocated to sit next to a particular carer.

The rule of refraining from action as much as possible was geared towards providing a mental space for taking in the patients' signals and registering their details. Furthermore, this would enable the carers to become attuned to their allocated patient's natural rhythms and spontaneous sounds. Such an attunement would provide the basis of their sound/music responses within a music therapy setting.

e) The experiential transmitting to the carers of the psychodynamic music therapy approach, along with certain of its techniques in simple form: The psychodynamic music therapy approach was transmitted to the carers gradually, through experience, rather than abruptly through a didactic method. This process can be summarised as follows:

Firstly, they were themselves active participants of this approach right from the start. Through simple sounds, they were responding to their allocated patient's language from the first session. The carers' responses were allowed to be born instinctively to a very large extent. Through our *free-discussion group meetings* [see below], which often included a careful observation of the video-recorded session, these instinctive sound responses would be discussed; when I felt that a given response was inappropriate, I would facilitate that carer to talk about how she felt at the time; through indirect intervention I would indicate another sound solution, while allowing time for that carer's

feelings to sink in and to be gradually worked through in the context of those meetings.

With time, and when I felt that I had won some of their trust, I would transmit simple music therapy techniques. Often these techniques would be born in the session and indicated there and then. A patient's rocking, for example, would be accompanied by me on a percussion instrument, and then I would hand that instrument to the allocated carer, who would then continue that rhythmical accompaniment to her patient's body rhythm. With her gradual attunement to her allocated patient's natural rhythms and sounds, she herself would be able to shift her responses, create variations and discover musical possibilities, so as to meet his/her world through resonating the expressed messages of his/her non-verbal language.

In the case-study that follows, it will be clarified that methods and techniques evolved within the actual experience of the music therapy groups, and in the creative amalgamation of the meeting between the patients, the carers and myself.

I considered it important that the carers were to find themselves in a creative and responsible role from the start. Like the traumatised and vulnerable parent of a handicapped child, the carers, too, were sensitive to criticism. Like those parents, they, too, had unconsciously experienced a responsibility and guilt for the residents' handicapping condition; they experienced themselves as failed carers, in the same way that parents experience themselves as having failed in their roles, when faced with a handicapped child.

In addition, the carers are at the receiving end and a natural extension of the social system's attitude towards the profoundly learning disabled person [see Chapter One, 1.3.3]. Thus they identify with the residents under their care and feel, like them, as people with little or no abilities, as people who have even fewer abilities, if they are

put to the test. For this reason, they hate people who put them to the test, just as a part of them hates the handicapped people for bringing out in them such handicapping states.

In view of the above, it would have been impossible to win the carers' trust and co-operation, had I worked with them from a didactic position. I had to find ways of ameliorating their anxieties about having failed, being unskilled and lacking in knowledge, about being thrown into a handicapping position of passivity just like the residents; thus their own skills and their own achievements in reaching a patient were encouraged to surface from the very beginning. New skills, new techniques were given by me slowly and gradually, when I felt that they had enough faith in my trust in them as competent and valuable professionals. Furthermore, these techniques were given in a manner that would not offend their sensitivity to criticism.

I had to encourage their skills for taking initiatives and being creative and thinking people, so that the space was given to them to discover by themselves ways of being and relating to the patients. Their search would throw light on my approach, and many were the times when their interventions and insight saved me from a lot of problems.

At the same time, in order to act as a facilitator in their creative search for ways to relate to the patients, in order to help them open their souls for creating affective bonds with them, I had to be aware of their feelings of guilt [see Chapter One, 1.3.3]; I had to search for ways of managing that feeling. Guilt can be an obstacle in one's path towards attachment and without a desire for an affective bond, music therapy techniques are irrelevant and out of place. Much of the work on that level was done during our *free-discussion group meetings*.

f) Unconscious observational learning: It is not to be underestimated that both my music therapy training and background and my personal analysis had already created within me a given approach. In the

encounter with the patients and the carers, my personal approach was bound to be influential. Thus the music I played at a given moment, or the silence I maintained at another, all indicated my stance in relation to the patients' predicament. The same was true about the way I expressed my feelings in the *free-discussion group meetings*.

Bowlby [1979: 153] writes:

"... whatever the therapist's outlook and attitudes may be are bound to influence the patient's own attitudes, if only through the largely unconscious process of observational learning [identification]. In this process the patient's experience of the therapist's behaviour and tone of voice and how he approaches a topic are at least as important as anything he says... a certain pattern of conducting interpersonal relationships is, unavoidably, demonstrated by the therapist and this cannot but influence in some degree his patient's outlook."

In fact, this kind of unconscious observational learning, or identification, occurred not only in the patients but also in the carers. With time, they would develop a respect and an identification for the way I thought and felt about the patients. My approach towards the patients, conveyed either through music, or through words, or through body language was setting a pattern of relating, which the carers could gradually assume themselves.

g) The feedback from the patients: It has already been mentioned that the patients would give signs of acknowledgement of their allocated carer's focused attention; with time the carers' sensitivity increased, and they were sharper and faster at picking up such signals from the patients.

There was always a turning point in a carer's commitment to the group: that was the moment when her allocated patient would make a move, a gesture or a sound that conveyed clearly his/her desire to remain in proximity with that carer; in other words, when that patient used the language available to him/her in order to express the beginnings of his/her attachment behaviour to her allocated carer.

This naturally elicited "proximity-keeping behaviour"[Bowlby, 1979: 68] in that carer and that would put the two of them on the path towards the formation of an affective bond - the patient in the care-seeking role and the carer in the care-giving role.

Music or sound played its part, both in the initiation of the attachment behaviour - with its counterpart, care-giving behaviour - as well as in the formation and maintenance of the affective bond between carer and patient. This is very difficult to define, and easier to outline in the case-study; but here is an attempt to summarise the facilitating role of music or sound within the music therapy setting.

On the one hand, there was the music/sound ambience, mainly created through a musical direction coming from my part; this ambience was initially aimed at soothing anxiety and encouraging comfort. In doing so, it was also aimed at conveying a kinship with the patients' language: through assimilating, in its formation, spontaneous sounds and rhythms coming from the patients. Thus within this ambience, the patients would experience a musical-affective embrace, along with a resonance of their own language, a language that was hardly ever exchanged with an interlocutor. The sense of their carer's exclusive attention next to them, would create within them the feeling that the music was predominantly the creation of that carer. Thus the patients invested their allocated carer's presence with the satisfaction and comfort offered to them by the music heard in the room. They would give to the carer next to them signs of their satisfaction, signs that were gradually to become the components of attachment behaviour. So this is one aspect of the feedback coming from the patients.

On the other hand, the simple sounds, initially created by the carers as immediate responses to their allocated patient's spontaneous sounds and rhythms, would soon be acknowledged by that patient. Like the infant in its interaction with its mother, a gesture or a

vocalisation would be repeated for the sake of re-evoking a similarly desired response from the carer. In this way, the carers tried with my help to build the first steps in human communication in a parallel manner to the mother in her early interactions with her infant. The patient, like the infant, would give signs of his/her preferences for the desired responses [see Chapter Three, 3.2.4]. This was another aspect of the feedback coming from the patients, one that encouraged the carers to trust the musical/sound language.

In the special setting of our work, it was a matter of time for the affective bonds to become established. Then another kind of feedback from the patients arose naturally and spontaneously. Within the "secure base", provided by the patients' bond to their allocated carers, they were enabled to keep their attachment behaviour relatively inactive, in order to explore. It was only then that the exploration of instruments, sounds, buried abilities, repressed affective states and deeper ways of inter-relating took place. The latter encompassed not only a deeper way of relating to their allocated carers, but also the patients' way of relating to me as a group leader, to the other patients, the other carers and to the group-as-a-whole.

The formation and maintenance of the affective bonds between the carers and the patients, as well as that between the group of patients, carers and myself, naturally evoked intense emotions in the patients that were to become themselves the feedback for the value of our work [Bowlby, 1979]. The relatively stable life of the groups contained, nevertheless, well-prepared holiday breaks, or unexpected carer absences, or some rare cancellations of sessions due to personal difficulties. Such breaks were to give impetus for a reawakening of previous experiences of separation and loss [Klein, 1945]. The way the patients were to search for a renewal of their attachment was always experienced with deep emotion by the allocated carer, providing her with further feedback concerning the importance and quality of her presence.

Thus the carers learned within the setting and within their relationship with their patients, certain fundamental aspects of the care-giving role: to become attuned to the care-seeker's world and develop a sensitivity towards it; to be reliably present; to be available for receiving and sensitively responding to his/her attachment needs; to allow him/her the mental and physical space to explore from the "secure base" of that bond.

h) The free-discussion group meetings: This was a fundamental aspect of the methodology that I had developed and for this reason it is expounded below, under a separate heading.

5.1.1.2 The free-discussion group meetings with the carers

Our *free-discussion group meetings* intended to bring about changes of attitude, without being teaching sessions; they included certain elements of psychotherapy, without being psychotherapeutic; they aimed at the acquisition of music therapy skills, though they were not geared towards training music therapy.

As far as its teaching elements were concerned, the meetings were carried out, as much as possible, in the spirit of the Socratic concept of "midwifery" [Plato, *Theaetetus* 149b, 150b,c, 161e]: there was an attempt from my side to say very little and to leave space and time for the carers to reach their own understanding of the phenomena concerning the patients and ourselves. Often, it was the questions raised that were opening the path. If a comment of mine was not well received, I would consider it untimely and make an attempt to leave it until a later stage. I tried to synthesise thoughts that grew between us, as an amalgamation of our exchanges during the meeting.

Psychoanalysis and group analysis draw from the "midwifery" method, whereby the truth is experienced as being "delivered", or born

by the person himself and not as being imposed by somebody else. Further fundamental concepts are added to this, like that of "free association" [Freud, 1924] and "free group association" [Foulkes, 1968; 1975a], the spontaneous unravelling of thoughts that bear an unconscious interconnection [see Appendix A.8.2].

A certain culture of "free associations" was created in these group meetings with the carers. This spirit was initiated and encouraged through the way I trusted this group and shared with it my thoughts and feelings about how I felt towards the group of patients, or how I thought they felt about me, the group as a whole, or between themselves after each music therapy session. I would also trust them with my anxieties about whether I had reached the patients and ask for their opinion whether a certain gesture, or music from my part was appropriate; I would try with them to think what elements within me may have hampered me in reaching them.

This was an indirect way of setting up a model of self-searching that could open the path towards the unconscious processes: towards understanding the latent affects and motives behind gestures, sounds and attitudes coming from our part; towards becoming aware of the feelings evoked within us by the patients [countertransference], as well as of the feelings arising in the patients towards us [transference].

As was mentioned in the previous section, management of the carers' guilt was necessary, if I were to facilitate the surfacing of a desire within them to create affective bonds with the patients; addressing and understanding that feeling of guilt was also necessary, if I were to help them to acquire a deeper awareness of the patients' and their own affective states.

I started with a gradual expression of my own guilt. This would take various forms; for example, I would share with them my anxiety whether certain music I had played had violated the mental space of

the group or a patient; whether a patient's or the group's given state was a consequence of my state; whether a patient's withdrawal was to any extent a result of my overt or hidden withdrawal, etc. Thus they were encouraged to look into themselves, to search for the emotions within themselves that were standing in their way of reaching the patients.

Furthermore, in coming to terms with the feeling of guilt, I often had to address it as a natural feeling in a person's relationship with a handicapped other. While discussing issues such as those mentioned above, I would emphasise the inherent difficulty in knowing what a profoundly learning disabled person feels or needs at any given time; the uneasy state of not knowing whether the quality of our presence was appropriate for him/her. These issues would slowly, but steadfastly, lead us to states of trying to imagine or even identify with the handicapped patients in the group; to empathise with their lives of manifold deprivations and abandonment, with the state of not being able to tell another what you desire, what you have suffered.

This was the point when the carers would consciously touch upon their feeling of guilt. Almost everyone at this stage would say something like this: "Is it then our fault that the residents lead such lives? But we never knew that they were capable of feeling, we never knew that they could remember, or experience pain."

It was important to say to them then that their numbness was the natural result of them being thrown into such an unnatural living environment along with the residents; that the residents' living conditions and past suffering was neither their fault nor their creation; that there is always a feeling of guilt because one has been given so much in comparison to another near by, who has been so much deprived; that their and my most valuable contribution was in the way we related to even a handful of handicapped residents.

Management of the carers' guilt entailed management of their envy also. For they would experience not only a responsibility for the residents' condition, but also a lack of skills and knowledge in working with them. This was largely due to an identification with the residents under their care, but was also caused by the reality of never having received any training for the kind of work they were doing. For these reasons, they would envy my position, phantasising it as one fortunate enough to be filled with skills and knowledge.

This envy was mitigated by the fact that the carers were from the beginning creative themselves; but largely it was alleviated through the setting and methodology of the groups, which were geared from the first stages towards the formation of bonds between a patient and her allocated carer. Thus it would soon become apparent that a patient was developing an attachment behaviour towards his/her allocated carer and this I emphasised in the *free-discussion group meetings*. As such behaviour on the part of the patient was usually unprecedented in his/her long life in the institution, the carers would rightly experience such change of attitude as their own achievement. Thus I would emphasise that the appropriate and sensitive way of being near someone was *the* needed skill, and such they had in abundance, as it was proved in reality; the musical skills were secondary and would naturally develop with time.

Acknowledging that their presence helped me from slipping into states of numbness and softened my own anxieties about not knowing how to be in a lot of situations, made them feel that the anxiety about not knowing was a shared one and that they had a valuable role in ameliorating mine. I also shared with them the following, which was a truth I could not have foreseen before the inception of the groups: that this way of working with them in group music therapy was the most satisfying, rewarding and enriching working experience that I had ever had; furthermore, that the moments of bonding occurred earlier and

regressions were less prolonged, than in the individual therapies I had so far conducted [e.g. Agrotou, 1993c; 1994].

Mitigating in such ways the carers' envy had profound effects on reducing the patients' envy, but this will be discussed in detail in the following chapters that draw from the case-study experience.

Gradually a special atmosphere grew in these *free-discussion group meetings*, that of frankness, of shared self-questioning, of trust about admitting and sharing our doubts and our difficulties, of searching together for possible answers. At the same time there were clear limits to the depth of exchanges between us. It was understood, though never explicitly said, that very intimate matters concerning the carers' private life would not be addressed in these groups. This limit, with all the consequences it entailed, clearly differentiated these groups from psychotherapeutic groups. Another differentiating element was that my role in these groups was gradually changing; there came a time when we all participated in them as more symmetrical members in terms of exchange of knowledge and understanding.

Thus the general principle was that of "free discussion" of shared problems, as Foulkes [1975a:8] wrote of certain groups which are not psychotherapeutic, though containing certain features of psychotherapy.

During these meetings we also analysed music therapy techniques, often with the help of the video. There was a gradual introduction into the language of sound and music therapy techniques, drawn by the real life experiences of the music therapy sessions - the feedback or the difficulties we had faced. Thus the carers' incentive to acquire skills enhanced their ability to do so. There was a practical difficulty, however, in that the time we had at our disposal to devote to musical skills was extremely limited.

Together with the carers, supported by their stimulating collaboration, moved by their desire to offer the best possible quality to the patients, I had the chance to explore during those meetings, or in the in-between time, new group music therapy techniques appropriate for such a setting.

Appendix C contains the transcripts of six of our *free-discussion group meetings* as an illustration of their content and character, in view of the above analysis.

5.1.1.3 Moving from the position of carers to that of auxiliary therapists and principal objects of attachment: theoretical implications

It has been emphasised that the novelty of the present model was in the way the carers participated in psychodynamic group music therapy; that they were not in the music therapy room as escorts, or in their carer role, but in order to fulfil the patients' needs for principal attachment figures, present in as large a part of their lives as possible.

Further than that, the model's novelty encompasses the processes and methodology that were followed, in order to meet a multiplicity and complexity of objectives. For example, in spite of and in addition to the special provision offered to the carers in order to facilitate their becoming the patients' principal objects of attachment, the patients were to receive psychodynamic group music therapy; and that of, apparently, no less intensity than in any other model, such as the one that includes a single co-therapist. In fact, psychodynamic group music therapy was the groundwork, the core, that enabled the evolution of the complete model. The approach, the processes and practice of psychodynamic group music therapy were an incentive, a stimulation, a binding force, a reassurance of the following: the dynamic inter-relatedness of all members evidenced through the

medium or stimulation of sound/music. It was in this context that affective behaviour made its initial appearance, followed by the formation of affective bonds.

Through becoming the patients' principal objects of attachment, through psychodynamic group music therapy and through the *free-discussion group meetings*, the carers were also gradually becoming auxiliary therapists. One can say that they were becoming auxiliary therapists in an apprenticeship model. This was another aspect of the model's novelty. In other words, they were learning their work through its application alongside my help, and not through studying relevant literature.

Their role as auxiliary therapists has to be defined and differentiated from that of the co-therapist, which is a widespread practice in psychodynamic group psychotherapy. A co-therapist is usually a trained therapist, whose role is similar to the therapist's, only s/he is less active in most models [Yalom, 1995]. In the proposed model the role of the auxiliary therapist is affiliated to that of being the principal object of a patient's attachment needs extending outside the sessions. Whereas their role as therapists is not equal to mine, that is, the main responsibility for therapeutic processes and methods lies with me, *they* are the main attachment figures to their allocated patients. This position of theirs feeds the therapeutic aspects of their role.

5.1.2 The present work and issues about research

Given the fact that there is an admitted lack of research and ways of evaluating music even with people with learning difficulties, [see Lawes and Woodcock, 1995], let alone the profoundly learning disabled patients, the method proposed here for describing and evaluating the work offers the following suggestions:

a) Because of the inherent difficulties of describing music therapy phenomena, due to the abstractness of the musical language, it is important that music therapy research is accompanied by video - or audio - recordings, which can thus clarify the processes, as such patients cannot give a concrete verbally-expressed feedback to the music therapist's interventions. They do have, however, a way of giving feedback and this becomes obvious to the outsider through studying video recordings.

b) There is a way of describing the processes, the affective quality of the therapist-patient interaction and its sequences, just as it is possible to do the same with the non-verbal phenomena occurring in the mother-infant interaction, or in psychoanalytic psychotherapy with the severely or profoundly learning disabled patients, who cannot express themselves verbally. There is no reason why this method should not be rigorous, granted that the description of all details is as accurate as possible, and the theoretical concepts clearly explained.

c) The participation of the carers and the camera operator in the special manner that this method suggests, provides a possible validating factor. For there are three to four professionals other than the music therapist, who can observe and witness the qualities of interaction, the implied or possible meaning of any micro-behaviour, the details of any changes. Moreover, these are people who work with these patients every day, so they have the potential to witness and report both any differences and similarities of the patients' behaviour and way of being inside and outside the music therapy sessions, as well as any changes in the music therapy and due to the music therapy. The conversations with the carers and the film operator were audio-taped or taken down as notes.

d) The patients in the current work had not received any other kind of help or remedial program, either before music therapy started or during the years it took place, to be more accurate, until the end of

November 1996. Changes can therefore be largely attributed to this invented model of music therapy.

e) The research has emerged from the therapy, rather than the other way round. That is, there was no artificial setting to enable the research, something that can hamper the therapeutic process and therefore the research results. This is in line with qualitative researchers in music therapy [Aigen, 1995].

The research was carried out by following qualitative research methodologies, in particular the interpretative-descriptive model that has been used by other music therapists [Aigen, 1995].

5.1.3 Further validation

Validation of therapeutic interpretations and the mood of the music was undertaken by three independent therapists and musicians, Jane Davidson, Brett Kahr and Christodoulos Georgiades. The carers and the institution's director also provided additional feedback. All validators were shown samples of my work and interpretations and these discussions reinforced the formulation of the material.

5.1.4 The contribution of the current work in treating profoundly learning disabled people in a group, following psychodynamic principles

Though music therapists have written about their psychodynamic group work in treating mentally ill and verbal patients [e.g. Woodcock, 1987; Towse and Flower, 1993; Stewart 1997], there is hardly any written work on psychodynamic group music therapy with non-verbal, profoundly learning disabled patients. In this respect, the present work is a contribution to understanding the same processes within a context, wherein there is absence of verbal language and a minimum of expressive language behaviour on the patients' part. Another

contribution of the present work is its detailed analysis of long term psychodynamic music therapy.

PART THREE

THE GROUP'S FIRST FIVE MONTHS:

MARCH - AUGUST 1994.

GROUP MUSIC THERAPY PROCESSES,

METHODOLOGIES AND TECHNIQUES,

ILLUMINATED BY ANALYSIS OF

INDIVIDUAL SESSIONS

CHAPTER SIX

INTRODUCTION TO THE CASE-STUDY, PART THREE AND THE GROUP

6.1 INTRODUCTION TO THE CASE-STUDY

The proposed methodology is illustrated by a single case-study of a group consisting of three profoundly learning disabled women who lived in "Nea Eleousa", four carers and myself as the music therapist. The music therapy sessions were held once a week [the same day and time] in the music therapy room, situated within the institution. Initially the sessions lasted for twenty-five minutes; by August 1994 they were extended to thirty minutes and by May 1997 to thirty-five minutes. Each session was followed by a twenty-minute *free-discussion group meeting* with the carers.¹

The research is based on detailed analysis of video-recorded sessions or excerpts from sessions that span a period of three-and-a-half years. The approach consists of a descriptive analysis of the detailed-observed phenomena and an interpretation of these phenomena based on concepts drawn from psychoanalysis and on countertransference. The latter is increasingly being acknowledged by psychodynamic music therapists as a tool towards understanding the phenomena, particularly as the therapist's improvised music requires that she creates an immediate non-verbal response to the patient [Heal, 1994;

¹ The length of the sessions was dependent on a number of factors: a) I felt that it was difficult to maintain continuous concentration on sound/music responses for longer than thirty-five to forty minutes at a time; b) This was the maximum time that the carers could be relieved of their other duties.

Priestley, 1994] [see Chapter Four, 4.1.8]. Countertransference is also being acknowledged as a research tool by some qualitative researchers [Hunt, 1989]. In the forthcoming analysis, whenever I refer to feelings within a session, I refer to my countertransference reactions.

6.1.1 Guide to the text¹

The reader is referred to *Appendix B* for the diagrams and detailed transcripts of each excerpt or session analysed in the text. *Appendix B*, together with the accompanying video-recording of the sessions [*Supplementary video tapes 1-5*], form the basis of the analysis that follows. Thus the numbers given in the text refer to the session's minutes and the corresponding events, described in the *Appendix B* and also shown in the relevant videotape.

6.2 INTRODUCTION TO PART THREE

Part Three focuses on detailed analysis of whole sessions taken from the group's first five months. Firstly, the group and the manner in which it was formed are introduced in this chapter.

Chapters Seven, Eight and Nine focus on the music therapy group process, as illuminated by detailed analysis of individual sessions taken from this period [March - August 1994]. This is for three reasons: a) Detailed analysis reveals the inter-relatedness of every member's sound, movement, facial expression and gesture and the way in which these elements suggest a shared affective state; b) Group music therapy techniques with profoundly learning disabled patients and their carers become clearer, as one understands the way they are formed second by second and the kind of spontaneous and instantaneous reception they evoke in all members; c) This initial

¹ Terms coined by other authors are put in quotation marks. Self-coined terms or terms largely researched here are put in italics.

period reveals the severity of the patients' state and the painstaking way that process is achieved.

The sessions analysed [July 15, 29 and August 5, 1994] are the first that were video-recorded within these first months. Due to the group's insecurities - partly manifested by the frequent absences of the carers during the first months - I decided not to film until I felt that the group was ready for it [i.e. mentally prepared], which was four months after its inception in March 1994. Such timely introduction of video-recording equipment is in keeping with the teachings of the music therapy course at the "Roehampton Institute of Higher Education".

The detailed analysis of individual sessions is based on the sessions that were filmed for two reasons: a) It is impossible to analyse exhaustively a non-recorded music therapy session in retrospect, because the medium itself [sound/music] is an abstract one and hardly lends itself to precise recollection. Moreover, the patients in these groups are severely damaged, and thus their messages are conveyed in very subtle, non-verbal ways, which can only be explained convincingly to a non-participant through video-recorded illustrations; b) The accompanying video-tapes are used as one of the factors validating the therapeutic work.

6.3 THE SELECTION AND THE PARTICIPANTS OF THE GROUP

The Selection

The group began its meetings in March, 1994. It was considered appropriate to select at random the carers. The reason was to alleviate the staff's envy towards an initial group that I had already created four months before the current group, and encourage their co-operation with the work we were doing in music therapy. I thought it was important that they did not consider me as a professional who made

judgements about their abilities and thus rejected some, but rather as someone who considered every staff member as competent to partake in the groups.

Those who were interested in taking part were asked to put their names in a list and we all together drew a lot, in order to select five. Four of them would be the permanent members - facilitators of four patients and the fifth one would substitute in case of absences. One of them - Ms Nicolaou - dropped out after the first summer holidays and was not replaced, as we finally decided to include three patients instead of four.

The selection of the patients followed discussions with the selected carers, the psychologist and the director. Our thoughts were focused on: a) offering the therapy to people who somehow indicated a desire for help; b) combining residents who could get support from one another; c) including a multiply-disabled and severely withdrawn resident, who would hardly ever have a chance in participating in any activities.

The participants¹

Sarah was twenty years old at the time the group started. Her big brown eyes were continually piercing any passer by with "screaming intensity". Indeed, when she actually screamed, it felt as if the sounds poured out from her eyes. It is for this reason, perhaps, that I often caught myself surprised by how delicate and small her figure is, expecting a huge body to carry the weight of her facial expression. With her straight hair cut short in an untidy manner and the careless way that the carers would dress her [often track-suits], one could not see in her a clear feminine identity.

¹ In order to make it more convenient for the reader, I am here using first names for the patients and surnames for the carers. In the sessions, we were all using our first names, as in the institution the patients had only experienced people calling them by their first names and were accustomed to this manner of address. For the sake of confidentiality, the patients' names have been changed.

Sarah was the eighth child of a poor and problematic family. Her early history is shrouded with inaccuracies and inconsistencies, to the point of even giving two different dates of birth. The stable factors seem to be that she was hospitalised at the age of five, or seven, months and that she suffered severe neglect from the very beginning of her life. It seems that she was often left unfed, unclean and locked in a room for long hours, at least when her parents were out working.

There is a mention of dehydration and diarrhoea at the age of five or seven months, for which she was hospitalised; there is a mention of a fall on her head and loss of consciousness in the sixth month of her life and that before these events she was developing normally. One is also struck by the reports describing Sarah's father as impulsively violent towards his children and objects in the house and the mother as "taking the whole situation light-heartedly" [social worker's report, 1977].

It does not seem impossible that Sarah was violently hit as a baby, as well as severely neglected. When the mother said, according to the social-worker's report [1977] when Sarah was three, that "the medical opinion is that Sarah would probably die at the age of five", one wonders whether that was not actually a death wish on the part of the mother.

Sarah was finally admitted to the institution at the age of five. She has rare epileptic fits, which began when, at the age of one, she was left in the sun for too long. She has never used speech or played with any object. The carers are still feeding her by holding her hand with the spoon and bringing it to her mouth; they are also still trying to toilet train her. It is not clear whether she could walk at the time of her admission, but later reports [1991] point out that she only walks with the support of someone holding her body and that is how I met her in 1994.

Whether she was found moving in the above-described manner, or sitting in a chair, her body was stooped forward, as if always positioned at the end of a precipice, in the critical moment before the big fall. A teddy bear of any size was the only object to which she expressed a need: clinging to it at most times, she would hold it tightly in her arms, as her fingers would fiddle anxiously over its surface. Her vocalisations would reach climaxes of intensity, whenever she saw either strangers or people she was connected with [e.g. her mother, on her rare visits]. Her screams emanated from lips almost permanently stuck in the smiling position.

Ms Antouna sits close to Sarah in most sessions. She is a relatively young member of staff, having worked at the institution for two years by the time we started the group. An attractive woman in her late twenties, Ms Antouna was a shy person in the early days of the group's life. She would hide the sensitive part of her personality behind the stereotype ways she learnt at the institution. Her observant and perceptive abilities flourished very quickly, though she would keep a lot of her thoughts to herself. Her naturally slow rhythm facilitated her bonding with Sarah.

Jenny was also twenty years old at the time she entered the group. Her doll-like face and slim, able body attribute her with an attraction, which differentiates her from most of the institution's residents.

Jenny was the first child but third pregnancy of a family of five. Her parents married, when the mother was seven months pregnant with Jenny on the day of a military coup, which was soon followed by the Turkish invasion of Cyprus. Her mother reported that, at the time, she fell into a state of shock and felt the foetus becoming hard inside her. When Jenny was born, the parents had just been thrown out of their home village by the Turkish troops and were living as refugees in a mountain village. Mother and baby moved out of the hospital one day

after delivery, because of the emergency state of the hospitals during that time [three weeks after the cease-fire].

Jenny was developing normally until the age of three months, when she suffered high fever and spasms. These were repeated when she was nine and twelve months and she was hospitalised both times. In the latter case, the attacks were of the grand-mal type. It was then that her behaviour had changed, according to her mother, displaying ever since her characteristic "absent glances". Ever since she has frequent epileptic fits, for which she is receiving medication.

While her motor development has been normal, she has displayed severe impairments in her mental development. The only words she has ever uttered are "mama" and "papa"; she has never played with an object appropriately, nor developed by the age of six - the time of her admission to the institution - any self-help skills. Some mannerisms of hers have remained with her to the present day, like her need to put objects into her nose or mouth, or to grind her teeth.

Jenny's mother required her admission to the institution, because she could not cope with Jenny's presence any more, nor care appropriately for her younger son and baby girl [psychologist's report, 1980]. During her long days in the institution, she either sits passively, her legs on the chair and wide-open, her head upwards or sideways, her eyes looking away into seeming nothingness; or she moves about aimlessly in her "playroom", sometimes laughing or vocalising and turning her head from one side to the other in quick movements. In other words, she displays autistic features. She seems to obey some orders coming from her carers, like "come to bed" or "let's go for a walk" and she sometimes responds to the toilet-training program.

Ms Demetriou is the carer who facilitates Jenny in most sessions. By the time the group started, she had been working in the institution for

three years. She was also in her late twenties when the group started. Like Ms Antouna, she seemed to make a good match with Jenny, displaying a rather "hyperactive" temperament, a liveliness and an immediacy in her approach to people, when she is in the appropriate environment. Such features in her personality helped her eventually to cut across Jenny's autistic mannerisms. Her rebellious personality, though refreshing towards the mature stage of the group, hampered her trust and commitment to the group at the initial stages.

Pamina was twenty-one upon entering the group. Permanently wearing a plastic helmet to protect her head from injury in case of grand-mal fits, wheelchair bound and totally silent, Pamina spent her days in the institution unnoticed by all, in quiet anonymity.

The fourth child of a poor and hard-working family, she was born by Caesarean due to bleeding just before delivery and after a pregnancy during which the mother felt despondent. At the age of eight months she did some "abnormal movements with her hands" [social worker's and psychologist's report, 1977] and four months later she suffered high fever and spasms. This was the time of the Turkish invasion of Cyprus [July 1974], when the whole family was imprisoned, their village being in the occupied area. Having no freedom of movement, they were unable to get Pamina any medical support for the following six months. In January 1975 [Pamina now aged one-and-a-half], they managed to have her taken to the capital's main hospital in the free areas. There she stayed for two weeks, before being sent to live with an aunt, until the release of her family in June 1977. Now refugees and extremely poor, the family felt unable to care for her and requested her admission to the institution.

Though developmentally delayed by the age of four, when the social worker and psychologist made their first assessment - required for her admission to the institution - she had far more abilities than the picture she now presents. Her motor development was normal and

was even hyperactive, whereas now she can not walk, having weak legs. She would use her hands to co-operate in some self-help skills, like undressing or eating, whereas now she seems unable to carry out such actions, though still seeming to have some hand movement. She would express a desire for communication by imitating or responding to some sounds, movements or commands offered by her parents as play; or by crying and expressing frustration, when she could not succeed in making her wishes understood. At the present day, none of this behaviour is manifested. She was partly toilet-trained, but now is incontinent. She has never talked, but used to have vocalisations, whereas no vocal sound is made by her any more.

Until a few years ago, and ever since she was a child, Pamina was often found holding a mirror and looking at it, or her image in it, with concern, at times kissing it. This is no longer done. An absent glance, either conveying an escape from life - or the escape *of* life - or an anxiety-laden look with her whole head and body in the act of hyperventilation, are the characteristic states of Pamina at present.

Ms Kazakaiou is the carer usually close to Pamina. At the time the group started, she had been working at the institution for three years. An attractive woman in her mid-twenties and already a mother of four children, Ms Kazakaiou shared, in many respects, Ms Demetriou's adolescent-like temperament and rebellious disposition. She also shared her mistrust that there was psychological meaning in the actions of learning disabled people.

Ms Lovari substitutes when a permanent carer-member is unable to attend. She is the only University graduate, having studied Pharmaceutics. She was in her mid-thirties when the group started and displayed more maturity in the way she related to her colleagues. She had three years' experience as carer before the group started. Though of an innately gentle temperament, she was sometimes

mentally absent in the sessions, particularly during the group's first years.

Ms Nicolaou took part in some of the sessions during the first five months and then dropped out. She was a middle-aged woman when the group started and a carer at the institution since its first days. Her institutionalised attitude was deeply ingrained and this may have been a reason that she found it difficult to stay with the group.

The filming was done by Mr Loizou, the assistant physiotherapist, for most of the times during the first two years, or by Ms Frangoule, the psychologist, when he was unavailable. Ms Lovari, as a substitute member, would also do the filming sometimes. When Mr Loizou left his post as assistant physiotherapist, the filming was done by any available carer, among those who were taking part in the groups. Whoever was taking the video-recording was being addressed as a member of the group and took part in the *free-discussion group meetings*. Mr Loizou's contribution was particularly important and valuable, as will be analysed in the following chapters.

6.4 THE FIRST MEETING WITH THE CARERS: INTRODUCING THEM TO THE SETTING

Having arranged a first meeting with the carers in the music therapy room, I tried to meet their anxieties about what was expected from them, by clarifying our objectives at the level I considered appropriate at the time.

Their role and mine was to facilitate the patients in their sound/music expression, for example by providing an atmosphere of quiet, or by holding instruments close to them and inviting them to play. At the same time, our focus would not be to elicit responses from

them and it would be best to liberate ourselves from that anxious-laden expectation.

Our focus was to be close to the patients by trying to understand their messages; to do so, it was important to observe the whole range of their repertoires in detail, and share our observations, our understanding and difficulties in a special meeting between us after the end of every music therapy session.

There were from the start anxieties about their lack of musical knowledge and skills, as none had ever received any kind of musical education. Issues of failing, of not being able to meet another's expectations, of not knowing, not having the necessary skills - all these were there from this very first meeting with the carers; feelings and states of mind, which indicated an identification with the institution's residents.

I explained from the beginning certain rules of therapeutic practice: a) We were to meet once a week, the same day and time every week; b) Knowing that the staff is subjected to changes of shift, it was important that they made a conscious, well-timed effort to be present for almost every session; c) They should never talk to a patient about what happened in a session after the session had finished; d) We should all refrain from making any references about the work to other people, unless it was necessary and we first discussed it among ourselves.

Such issues of reliability, commitment and confidentiality were not given in a didactic way, but were further transmitted through my own stance that provided them with a model [Foulkes, 1975a], as well as their own discovery that such rules bore fruit [as an example, the reader is referred to Appendix C.3, pages 21-25].

In this first meeting I also made some references to the use of the video-camera. The video recordings are a useful tool for this kind of

work, as we are dealing all the time with an abstract language. Through studying the video-recorded sessions we could be aided in our understanding about what had happened and in our collective search for what we may have disregarded or done better.

During this first meeting the carers expressed their own incentives: they wished to "be of some use to the residents". They were also curious about the effects of music on learning disabled people and about the content and the quality of things that were happening in that room for so long.

In this and in one further meeting that we had together before the first music therapy session, we made a final selection of the residents who would participate and they decided between them who would be the allocated carer for each resident. The sitting arrangement for the first sessions was the result of the collaboration between the carers and myself.

6.5 PREPARING THE RESIDENTS FOR GROUP MUSIC THERAPY

I met all the three residents in their "playrooms" [as their living rooms are euphemistically called] and spent some time with them. This helped me to form some idea about their initial location in the room, as well as the placement of musical instruments.

There and then I said to each one of them separately that, together with some of their carers, we were offering a special time for them in the music therapy room, wherein they could play music, if they wanted to. I sensed some response in them, with the exception of Pamina. I announced to them the day and time of our first meeting.

6.6 THE PATIENTS' AND CARERS' INITIAL STATE. THE FIRST THREE MONTHS: MARCH - JUNE 1994

The ambivalence and anxiety of being found in a new situation was initially in the group atmosphere.

Sarah would sit in a manner that manifested severe intensity piercing her whole body. Along with her characteristic stooped position, her legs were crossed while both her hands and legs were in continual micro-movement, expressing thus a state of anxiety. Often she would come with a teddy-bear, which she was continuously holding tightly in her arms, fidgeting her fingers over its surface. Indeed her fingers had a particular intensity, and when not in the above action, they would fiddle over parts of her own body, like her ear-lobes, her trousers in the genital area, her nose, or one against another.

With her mouth at most times open as if smiling, she would at times emit intense sounds as if they were laughter, while piercing with her eyes either myself or other carers, but certainly not giving one look to Ms Antouna, the carer who was sitting next to her. For seconds the mouth would draw back after a laughter-like phrase and then her eyes would remain "naked", as it were, in their state of horror.

Mr Loizou, the cameraman, was the first member of the group to notice the horror in Sarah's eyes and his comments were readily rejected. The carers, in their massive denial of any anxiety concerning themselves and the residents under their care, could attribute no such messages to Sarah's way of being. Instead, they would claim that she was very happy to be there and showed this through her laughter: "That's how she behaves also when she sees people she likes, like her mother or when she sees strangers and wants to attract their attention", were the carers' comments at the time.

It was only gradually that I began to pinpoint, through our video-watching sessions, the discrepancy between Sarah's lips and eyes, while the day when all the group members would be open to her messages was still very much in the future. Desiring to let them find for themselves, I was not in a hurry. In the meantime, Mr Loizou's comments and observations, his experience with the first group I had formed, as well as his very sensitive filming, in which he would focus on critical gestures, movements and expressions, were all a great help in facilitating the carers towards awareness [see, for example, Appendix C.3, pages 29, 34, 39-43].

Jenny brought along everything that characterises her life in the institution: her absent glances, her way of sitting with her legs on the chair and wide-open, her aimless movement around the room, the grinding of her teeth, her need to put the beaters into her nose or mouth. The stereotype way she would move her head and vocalise, however, as well as her "far away" look, her spinning of the beater and her erratic laughter indicated a person with autistic features. These characteristics of hers were more obvious in the music therapy sessions, more condensed, as it were, perhaps due to their connection with human relationships. This will be further discussed later.

Jenny's look of indifference was experienced with great difficulty by Ms Demetriou, the carer usually sitting next to her. For the first months Ms Demetriou would suppress her anxiety with jokes and light comments or with actually being absent from the sessions - in some obscure manner she treated her anxieties in ways similar to those of Jenny's: being absent or laughing inappropriately or dominating the discussion groups with light-sounding comments, like Jenny's vocalisations.

With embraces and kisses to the carers in the group, but particularly to Ms Demetriou, Jenny surprised everyone from the fourth session

onwards; for none had ever witnessed this behaviour of hers in her everyday life. These momentary and unexpected outbursts of affection, together with her playing two phrases on the piano in the session of May 20, 1994 - the first time in her life when she used an object appropriately - gave courage to the carers in the group. It was the beginnings of experiencing their presence as meaningful for the residents.

Pamina, however, was the person to lead the group to its most intense moments of awareness, of sincerity of commitment, of trust in the evolving relationships of attachment. One could have hardly predicted this during the group's initial stages, when Pamina's face underneath her helmet would appear to have succumbed to life's closing end: still, motionless, comatose. The signs of being alive would only come during the moments of moving her wheelchair around the room from the third session onwards. It was then that she would hyperventilate, her glance still remaining beyond reach: her "breathings in and out" would set her whole body moving, as if suffocated by a hidden anxiety. Was it an anxiety concerning some unthinkable, undefined emotion, or was it about her imprisonment in the realms of the unspeakable, wherein all desires are doomed to be for ever unrealisable?

In the session of May 13, 1994, Pamina was the only one among the patients to be present. The three permanent carer-members were also present. This was still the time, when the carers would manifest a lot of ambivalence about the music therapy sessions, sometimes expressing itself in the form of light comments about the events taking place there. On this day, with only Pamina being present, they decided to remain inactive and observe the way I would respond to Pamina.

The time came when Pamina was moving with her wheelchair around the room and I followed the rhythm of her movements on the temple-blocks with accuracy, accentuating the note that followed the bigger

movement; the time came when Pamina began her hyperventilation, and I sang to her "breathings in and out", again following their rhythm, but in this case desiring to alleviate the suffocating anxieties, I tried to create soft, soothing melodies. While all this was happening, during an intense well-timed silence, Pamina lifted her whole arm and pointed with her hand to the room's barred window. This had to be a large movement, the window being a lot higher than her position on the wheelchair; it was a movement, the like of which the carers had never seen being acted by Pamina's passive hands; it seemed to everyone in the room as a purposeful gesture, aiming to act as a message to all of us there. In the *free-discussion group meeting* that followed, Ms Kazakaiou said: "It was about her imprisonment".

This was the beginning of the carers' commitment to the group. Their frequent absences from the sessions were greatly reduced from then onwards. The impact of the above-mentioned session was most strongly felt by Ms Kazakaiou, the carer near Pamina in the sessions. She was the one to have previously expressed her ambivalence most directly, with repeated comments during our discussion meetings like: "It is ridiculous to suppose that people like Sarah or Pamina are able to retain thoughts inside them, or form concepts, or have any feelings further from comfort or discomfort."

CHAPTER SEVEN

ANALYSIS OF THE SESSION OF JULY 15, 1994: SPECIAL EMPHASIS ON THE GROUP IN THE MODEL OF THE MOTHER-INFANT INTERACTION

7.1 ANALYSIS OF THE PHENOMENA TAKING PLACE IN THE SESSION

This session, occurring on the fourth month of the group's life, contained elements characteristic of the group's initial phase, as described in chapter six. Also, the initial sitting position of the members and placement of instruments was still in use. However, this was also the time, when new things were beginning to happen, phenomena which are clarified in this chapter.

This chapter follows a detailed analysis of the phenomena that took place in the session of July 15, 1994.

7.1.1 The first ten minutes and the group in the model of mother-infant interaction [0.01 - 10.14]

This first part of the chapter focuses on the methodology and techniques employed in terms of the model of mother-infant interaction.

7.1.1.1 The first three minutes: a general description [0.01 - 3.02]

The group in stillness and withdrawal

In this early session of the group's life - the first recorded session - the patients, upon entering, reveal themselves as they are in their everyday life: passive, withdrawn, with all emotions of fear, pain and anger repressed. Thus Pamina keeps still underneath her helmet. Sarah, at most times assuming her stereotype smile, holds a huge teddy-bear with her right hand, while her left hand's fingers keep rubbing her right ear-lobe. Jenny, with one foot on the chair and legs wide open, looks absent [0.01 - 0.39].

In the quietness and focused attention that they experience offered to them in the group, and through their memory of the group trying to meet their world, new things are beginning to happen.

Pamina initiates communication: her *mouth-repertoire*

Pamina, though the most handicapped, is the first to start an attempt at inviting communication. Her first mouth sound is made even more important by the slow-moving gesture of creating it over her lifted palm [0.30 - 0.39]. As Pamina's movements are extremely rare, this instantly draws the group's attention, except from Jenny who still seems far away. Thus, the moment Pamina's hand sets off in the direction of meeting her mouth sound, it seems to all as if she is about to "say" something.

The sound is created over her palm - a sound never heard before by her carers: by pressing and pushing her tongue with some force on her hard palate. Then there is a pause, wherein she may wait for possible answers. An answer comes in the form of musical notes close to the quality of her own sound, but also close to the physical movement required in its production [0.39 - 0.43]. The timing of her repetition of

the same sound, enacted in louder dynamics, indicates that she has possibly received my response and wishes to "speak" again [0.43 - 0.48].

Upon receiving responses close to her own creations, Pamina becomes aware that she has an effect on what is happening and starts producing variations on her theme [0.43 - 3.12]. Such variations include the following: four quaver-sounds created by the movement of her tongue inside her mouth and followed by the more accentuated sound mentioned above, the one created by pressing and pushing her tongue with some force on her hard palate [0.57 - 1.01]; for reasons of brevity, and because this last sound had always formed an almost permanent part of Pamina's *mouth repertoire*, I have termed this sound as *the accentuated crotchet*. Moreover, on account of the fact that the above-mentioned variation had the most frequent occurrence throughout the session [0.57, 3.12, 4.25, 5.18, 6.57, 7.41, 7.52, 8.34, 9.41, 10.14, 10.34], I have termed it as Pamina's *typical theme*.

Indeed, at times it seems as if Pamina is checking the responses, sometimes even with humour, like, for example, when she suddenly and loudly repeats *the accentuated crotchet* [2.01 - 2.23], having kept us waiting for her part for as long as twenty seconds, when that dialogue's longest waiting time had been eleven seconds.

The exchanges are in dialogue form for some three minutes, before I hand the temple-blocks to Ms Kazakaiou [3.02]. The clearly defined waiting time shows Pamina aware of the communicative pattern; and it does not take long before she indicates her recognition of the kindred phrases she receives. From the second minute onwards [2.39ff] she drops her hand from her mouth and turns her head slightly towards Ms Kazakaiou after every phrase of hers, wherein she waits and hears the other's responses.

It is, moreover, becoming all the more clear during the session that Pamina considers all responses as only one coming from the carer next to her, Ms Kazakaiou; for it is towards her that, from the second minute onwards [2.39ff], she repeatedly turns her head, while waiting for responses to her phrases. This is probably due not only to the physical proximity and their evolving relationship; it must also be attributed to Ms Kazakaiou's tambourine phrases, as she tries to pick up motives and play them in synchrony with mine [0.48 - 0.56]. But the main cause must lie in Ms Kazakaiou's concentration and attention, channelled into a desire to meet Pamina. It is for this reason that Ms Kazakaiou is able to listen both to Pamina's phrases and to my responses [1.01 - 1.22, 2.23 - 3.02]; it seems that Pamina feels this.

Jenny's jealousy

Pamina's engagement in such interaction seems to annoy Jenny. At 1.40 minutes Jenny starts moving her leg nervously and at 2.51 minutes she heads for the door. This may have been caused by her jealousy in that Pamina was receiving my attention, for the moment that I take the temple-blocks to Ms Kazakaiou, Jenny sits down, showing us that she no longer intends to leave the room [3.02].

7.1.1.2 The music-therapist [via the music-therapy group] - patient interaction and parallels with the mother-infant interaction: the example of Pamina.

Focused attention and quietness

"The parents' job ... is to learn how to contain the baby, *how to reduce their own input in order not to overwhelm the fine balance in the infant*, and how to fit their own behavioural responses to the particular individual thresholds of their baby. This is the first step in learning how to care for a baby" [Brazelton and Cramer, 1991:114 - my italics].

As expounded in Chapters One and Three, profoundly learning disabled people have often missed out on that early caring

environment, which could meet their needs and stimulate them towards social interaction and growth. A study of the early histories of the patients in this group indicates that all of them grew up in a disturbed parental environment. Such an environment could not attend to the needs of these individuals. The exception may have been Pamina, for the first eight months of her life [see their histories in Chapter Six]. This is a possible reason why she is faster in experiencing trust in the group music therapy setting.

In meeting people who have experienced severe early deprivation, we have learnt that, similarly to a parental environment, the first thing to offer is focused attention and quietness; so that their world - with its own rhythms, sounds, gestures or movements - can unfold unhampered, as much as this is possible, by our own rhythms. It is within the history of such stillness and concentration that Pamina's first gesture and sound unravels itself [0.30 - 0.39].

I reflect Pamina's *mouth-repertoire* on the temple-blocks

Pamina's initiated repertoire is clearly experienced as communicative and calls for a response. On the temple-blocks - an instrument chosen here for its undefined, watery sound, thus resembling Pamina's sound - I respond with two notes: a quaver and a crotchet, the one quickly following the other [0.39 - 0.43]; with these I wish to reflect the two elements of her action, the one being the tongue movement and the other being the resultant sound. This is parallel to a mother's attitude and response:

"As a mother learns that the rhythms of the baby underlie the capacity to attend to her, she synchronises her own behaviour to the infant's. She learns to match the infant's cues, to time her responses... And she learns that she can add a little bit of magnification to each behaviour which will lead the baby on... By matching her rhythms, her behaviours to the baby's, she enters the baby's world, offering an incentive to reach for her" [Brazelton and Cramer, 1991:115].

As Pamina repeats her "signal" in louder dynamics three seconds after I end my response, I feel that my response has worked and decide to continue with the same modality and repeat my previous phrase [0.43 - 0.56]. Similarly a mother "develops a repertoire of "what works" and "what doesn't"" [ibid:123].

The carers' contributions

The carers are drawn by Pamina's communicative moments and, never having experienced her like that, they feel touched, desiring to facilitate her even more. Their playing is timid and simple, yet affectively appropriate.

Ms Kazakaiou, being more emotionally charged, as the carer next to Pamina, is more focused upon giving her more direct responses. For her first response she instinctively accompanies on the tambourine my second temple-block response, which is the same as my first one, described above [0.48 - 0.56].

Ms Lovari's soft cymbal touches that follow [0.48 - 0.57] function not only as an invitation to the other patients, but also as creating a gently continuous sound atmosphere, an unobtrusive humanly-created sound "presence". The same is true for Ms Demetriou's bongo-drum touches [0.56]. Pamina's third entry, and her first statement of her *typical theme*, occurs eleven seconds after Ms Kazakaiou's and my response and one second after a cymbal note played by Ms Lovari [0.57 - 1.01].

I establish a theme on the temple-blocks - Pamina creates variations

Ms Kazakaiou then instantly picks up *the accentuated crotchet* on her tambourine, while I repeat my initial two-note phrase on the temple-blocks [1.01 - 1.12]. Through this repetition, I wish to establish a theme, closely connected to Pamina's, yet simple in structure and easy to assimilate. This is parallel to the mother's way of forming her repertoire [Schaffer, 1977; Stern, 1977; 1985; Brazelton and Cramer, 1991]. Ms Lovari repeats the rhythm of my phrase on the cymbal very

softly, before Pamina takes her turn with a variation of three tongue-created quavers followed by *the accentuated crotchet* [1.12 - 1.17].

The interaction leads to an established pattern

This is now the time when I begin expanding my temple-block responses, as her expanded phrases indicate her readiness for receiving more complex responses [1.17 - 1.22]. The timing of my responses falls a second after the end of every turn of hers. At the same time, every turn of mine is still of equal length to hers and my phrases are closely formulated on her phrases in terms of tempo, rhythm, dynamics, timbre and phrasing [1.17 - 3.02]. Her surprise statement of *the accentuated crotchet* on its own occurs in this context [2.01 - 2.23] and feels as a turning point in her trust in the predictability of my responses. For the next minute [until the end of our dialogue at 3.02 minutes, when I hand the temple-blocks to Ms Kazakaiou], her phrases become longer [3 seconds], and assume more variations, the most complex one occurring at 2.39 minutes.

Brazelton and Cramer [1991:116] referring to Stern's work [1974; 1977; 1985] write that in the mother - infant relationship,

"both mother and baby learn to match the other's intensity, the contour of intensity, the temporal beat, rhythm, duration, and shape of each other's temporal displays. In the process, each member learns about him or herself, as well as about the rewards of socialising with each other."

The above-described interaction could be similarly portrayed. Furthermore, my responses are timed one second after Pamina's phrases and this is parallel to the infant's maximum interstimulus interval, within which it can detect the relation between its behaviour and that of the adult [Bettes, 1988]. Evidently within that one second Pamina's acknowledgement and recognition of the interaction becomes all the more clearer: from the second minute onwards [2.39] she listens to the responses to her phrases with her head slightly turned towards Ms Kazakaiou and her hand dropped from its position in front of her

mouth - in a position of waiting alertness. This is the result of two more factors:

For one, the repetitive character of our turns and the regularity of the timing within which I would give my responses facilitated Pamina towards forming predictable expectations. For another, Pamina had probably all along experienced my responses as originating from Ms Kazakaiou. Perhaps she was receiving Ms Kazakaiou's tambourine notes and my temple-block notes as springing from one source, that of the carer she knew best in the sessions.

The carers' contributions: the whole group as a container

In a parallel way, Ms Kazakaiou's evolving desire to offer Pamina the optimal environment for communicating her messages, to respond to her trust expressed by her initiative in "playing", all these fed her with cues on how to respond to her. The intense moments that we all shared with Pamina from the first minute of the session aroused such levels of concentration in all carers, that they could register in detail both the patients' repertoires and needs, as well as the way I was forming my responding phrases.

For this reason, Ms Kazakaiou's music therapy skills go through a progressive evolution that lead her to attempt a synchronous accompaniment to Pamina's phrases - something more demanding in terms of rhythmical and temporal organisation [2.23 - 13.37].

During the first three minutes of the session, Ms Kazakaiou's tambourine notes - formed either by direct imitation of my phrases [0.48 - 0.56], or by following a part or the whole of Pamina's *mouth repertoire* - sound as sharpening my temple-block responses; Ms Lovari's very soft cymbal notes [0.48 - 0.57, 1.03 - 1.12, 1.30 - 1.36], and Ms Demetriou's soft bongo-drum touches [0.56] or metallophone glissandi [2.01 - 2.23], all form part of emerging therapeutic skills: the

desire to create an environment that accepts, waits for whatever communication may unfold, and gives a sound - affective "embrace".

The gentleness and timing of their sounds do not only attempt to ameliorate Sarah's horror or Jenny's jealousy, but also support Pamina's evolving interaction. Their sound-presence contains and alleviates any dyadic intensity or intimacy anxiety that might have been experienced by Pamina, had the dialogue been enacted between us in absolute form. Their unobtrusive presence on the one hand softens the proximity, and on the other sharpens the interactive sounds. At the same time, their silence intensifies their respect and value for her phrases.

In this respect, the whole group acts as a container that is parallel to a mother's amalgamated stance and attitude toward her infant during an interaction. Brazelton and Cramer [1991:98] write:

"While each separate gesture or expression is a communication, the timing and the sensitive clustering of behaviours communicates more than the behaviours themselves. For example, a mother will lean over her baby, reach for a flailing extremity, hold the baby by the buttocks, enclose him or her in an envelop made up of her intense gaze and soft vocalisations. Out of this cluster of behaviours, she will heighten one of them, her voice, to elicit a response... The mother's clustering of behaviours around each vocalisation is as important in producing the response as her voice alone. A baby must be "contained" in order to attend to her."

7.1.1.3 From the third to the tenth minute: now the carer [via the music therapy group] - patient interaction: further applications of the model of mother-infant interaction [3.02 - 10.14]

The episode of engagement continues between Pamina and Ms Kazakaiou

In order to ameliorate Jenny's jealousy, as well as facilitate the evolving intimacy between Pamina and Ms Kazakaiou, I place the

temple-blocks in front of Ms Kazakaïou, silently indicating to her to use it.

This is the time when Pamina states her *typical theme* [3.12 - 3.15] and Ms Kazakaïou succeeds in giving an exact reflection of her phrase and timing it a second after the end of Pamina's turn [3.16 - 3.24], just as I had been doing. For this, she seeks my confirmation through eye-contact.

Pamina indicates her carer's mis-timing

To the following variation of Pamina's phrase, Ms Kazakaïou gives an exact reflection, but instead of allowing the established one-second waiting time, she plays her phrase simultaneously to that of Pamina's [3.24 - 3.40]. Pamina then starts her *typical theme* [3.40 - 3.44]; but after the first four tongue-created quavers - followed simultaneously by Ms Kazakaïou on the temple-blocks - she abruptly interrupts her phrase without giving the expected *accentuated crotchet*. This seems significant, considering that, in her eleven turns so far, she had never eliminated *the accentuated crotchet*. As if to emphasise her awareness and surprise at the altered format of the interaction, she not only interrupts her phrase, but also moves her palm away and turns her head towards Ms Kazakaïou, causing her to pause [3.44 - 3.56].

Researchers in the mother-infant play episodes [Stern, 1977; 1981; Cramer 1989; Brazelton and Cramer, 1991] emphasise that once the pair has achieved synchrony of signal and response, a rhythm and an anticipation of turns within it are set up in their interaction as though with a set of rules; the expectancy of such a rhythm and pattern is so powerful as to carry each member of the dyad along and evokes reactions when there is a failure.

This is parallel to what seems to have happened in the interaction between Pamina and Ms Kazakaïou [via the music therapy group]. The one-second waiting time on the part of "the other" had been

established as the expected rhythm of the interaction; that "other" had always been, for Pamina, Ms Kazakaiou, irrespective of the fact that for the first three minutes I had been giving the temple-block responses. The established rhythm created such powerful expectations that Pamina found a very clear way of indicating "the other's" failure, only after one turn's mis-timing [3.24 - 3.56].

For a person who, according to her carers and institution records, has never in her institutionalised life expressed an awareness of anybody's presence, nor initiated or maintained any kind of interaction, this gesture of hers, within an episode of maintained engagement, becomes all the more meaningful.

Pamina maintains the episode of engagement

Pamina continues the interaction for another ten minutes [until 13.35], in spite of the fact that she fails to get Ms Kazakaiou to wait for her phrases. Her acceptance of a part-synchronisation of their repertoires seems to go through moments of contemplation, as implied by the long waiting time before entering her turns from then onwards, as well as by her rubbing of her eye or her chin [4.02 - 4.25, 4.36 - 5.03]. Perhaps her frustration is partly mitigated by the containment of the group's soft background sounds [e.g. 6.12 - 6.35, 7.12 - 7.30]. For the following three minutes [until 7.56], my part partakes of this background, leaving Ms Kazakaiou freer to experience her creativity in reaching Pamina.

Indeed, it was mainly Ms Kazakaiou's emerging music therapy skills, enabling her to offer exact translations of Pamina's phrases on the temple-blocks, that facilitated Pamina's retaining her engagement for that length of time. In appreciation of this Pamina would turn to look towards Ms Kazakaiou at the end of every phrase she had played. It is to be emphasised that the continuous creation of her *mouth repertoire*, in particular *the accentuated crotchet*, must have required a lot of physical strength and effort on Pamina's part. This indicates a

tremendous persistence and a desire to communicate, as she continues untiringly with her *mouth repertoire* for some thirteen minutes.

Ms Kazakaiou's emerging music therapy skills

This was the first time that Ms Kazakaiou played the temple-blocks, or indeed anything as complex as this, in her responses to Pamina. That is to say, it was the first time that she used so skilfully the wider elements of music/sound, i.e. timbre, dynamics, melodic direction, phrasing, length of phrase similar to that of the patient's, volume. It was important that Ms Kazakaiou experienced her responses as her own creations to a large extent; it was even more important that these skills emanated from her emerging relationship with Pamina, from the trust that Pamina was showing to her and the moving negotiations that ensued between them.

Offering an optimal level of arousal and stimulation

In the mother-infant interaction, the mother tries to maintain an optimal level of stimulation for her infant. Her repetitive runs are not fixed, but include variation and elaboration; otherwise the baby gets bored and withdraws from the interaction [Stern, 1977; 1985; Brazelton and Cramer, 1991]. In a similar way, in order to maintain an optimal level of arousal and stimulation, in the eighth minute of the session I start elaborating Pamina's phrases with metallophone melodies; for the repeated rhythmical responses on the temple-blocks might eventually diminish her interest [7.56ff]. At the same time, with this move I wish to enrich the atmosphere and invite the whole group.

The metallophone melodies begin as expanded melodic translations of Pamina's *mouth repertoire* [7.56 - 8.24]. Soon they invite the other carers into such contributions that result in all of us - the carers and myself - creating one whole music, which in its totality, introduces variation and elaboration, while at the same time establishing and maintaining easily recognisable themes through repetition and

simplicity of structure [see Appendix B.1, 7.35 - 10.14 minutes and video-tape 1].

7.1.2 From the tenth to the eighteenth minute [10.14 - 18.11]: the patients' process, climaxes and mutative moments: the music addresses the group's affective state

Pamina facilitates the group to come to life

The metallophone-enriched music retains, at the same time, a spaciousness - through its pauses, long notes, glissandi and cymbal vibrations - that acts as both a container and an invitation for the other patients. The music's momentum is based on Pamina's continuing trust in maintaining and taking initiatives [expressed through the timing and variation of her phrases] in the interaction. These illustrate her evolution into a phase, wherein she is aware that she has an impact on her carer [via the music therapy group] and wishes to explore it, like a four-month old infant in its interactions with its mother.

Mutative moments: the patients make connections revealing their awakening

In this respect, it is Pamina who acts as a facilitator for the other patients. Her coming forward to the group in this trusting and enduring way may have evoked the other patients' envy or anxiety, but it also gave them the impetus to react and come to life. Thus, in the context of the more defined metallophone-enriched music, Jenny goes to the piano and her clusters, with their single-note quality, sound as responses to Pamina's *accentuated crotchet* [10.14 - 11.17]. Jenny's last piano cluster, in the form of an accentuated crotchet, makes this relationship with Pamina's motif more pronounced [10.57 - 11.00].

Thus Jenny finds a musical way to relate to Pamina, to continue and expand Pamina's initiative to communicate. The way Jenny comes out

of her isolation in the group now gets Sarah on her feet, probably contemplating of ways of getting her own messages across to the group as well [11.00 - 11.17].

Sarah stands up on her own: a new experience

The timing of the events is important and illustrates the sensitive interdependence of all phenomena concerning the group's members: it is the moment that Jenny plays her final accentuated cluster on the piano that Sarah stands up from her chair. Her desire to stand up and her initiative, in doing so, to get help from someone next to her - this time from Ms Lovari - is something completely new for her, as such a gesture had never been witnessed before either in the music therapy sessions or throughout her life in the institution. Thus, this is a mutative moment; a transformation has occurred clearly identifiable by all group members.

The piano music: an address to the whole group

My decision to play the piano is based on a desire to embrace with more substantial music the patients' moving efforts to come to life and relatedness [11.28 - 18.11]. I also felt the need to give more support to Sarah's decision, as well as a musical "backbone" to her feeble standing posture.

In the piano music I attempt to make a link with all the musical-affective elements of the patients, either of that moment or previously expressed. This is so as to provide a recollected history of the session along with the message that the present is equally attended to. Putting these two elements into a musical form is a kind of "musical backbone".

For this reason my piano themes are a recollection of the metallophone's themes - and consequently of Pamina's *mouth repertoire* - but with a further harmonic elaboration. The music's rhythms incorporate those of Jenny's head-swings. The colour - assisted by Ms

Lovari's cymbal touches - and harmonic ambience refer to a desire to support Sarah [11.28fff]. In this way I form a musical address to the group, trying to connect the links between them - similarly to the group analyst's role [Foulkes, 1964; 1975a].

It is in this context that Jenny embraces me and kisses firstly my head and hair [11.28 - 13.00]. It may be partly an appreciation of my contribution in helping them to awake from isolation. But it feels as if she is kissing my thoughts and abilities, particularly as she then kisses my right hand too. I felt guilty for having those abilities at that moment and for manifesting them to the group, thinking that Jenny was probably experiencing herself "handicapped" in comparison to my skills of playing the piano. At the same time, Jenny may have also aimed, through this gesture, to appease my thoughts, phantasising an aggressive and retaliating content. In other words, she may have projected onto my head her internal persecutory objects and therefore desired to appease any possible retaliation [Klein 1952a].

Moments of anxiety

This moment is soon followed by minutes of anxiety, perhaps a group association of the other members to Jenny's unconscious persecutory phantasies. Not only is Sarah searching for the support of Ms Lovari's hand, now that she took the big step of standing up and making a few steps [13.21 - 13.35], but also Pamina lets out her anxiety-laden hyperventilations [13.50 - 14.25]. Yet it is important to note the moment that these set off: as soon as she stretches for the tambourine and Ms Kazakaiou, reading her desire, offers it to her [13.35 - 13.50]. Instead, Pamina turns her head and begins to hyperventilate, moving both her head and hand. It is possible that the anxiety was partly caused by her not trusting enough her abilities to follow her desires, the handicapped part of hers emerging forcefully to stop her. Thus, in her quick "breathings in and out" she moves her head - possibly in this way moving away her thoughts - and her right hand - probably

shaking away her dexterity [see Appendix B.1, 13.35 - 18.11 for details].

Vocal and piano music to soothe the group's anxiety

With our music expanding now to include our voices, the carers and myself are making an attempt to soothe this anxiety [15.19 - 18.11]. There is sadness in the music, but no turbulence, as the falling melodies are formed upon the steady pulse of a modal harmony. This is because I feel that the patients are not yet ready to face their agony acquiring a clearer form in terms of magnitude and intensity. Their freshly born trust needs to be nourished with encouragement; this means that the fear inside them, the accumulated pain, the threat of human intimacy, persecutory anxiety, all these are still not to be addressed directly.

It may not be coincidental that it is during this time that Jenny and Pamina start a free-floating movement around the room, as if the safety of the environment allows them the freedom to do so [15.19 - 18.11]. Pamina heads for the synthesiser, while Jenny walks around Pamina's area of the room, playing one synthesiser note en route. There is an air of indifference in their glances, while in their desire to move and in the directions chosen, there is an inter-relatedness. Jenny, moreover, finds both a musical way [with the maraca] and a non-musical way [with the swings of her head] to enter into the group music.

7.1.3 From the eighteenth to the twenty-fourth minute: an introduction to Sarah's beater-throwing episodes [18.14 - 24.00]: "holding" music

Sarah's beater-throwing episodes are briefly described here, but more fully analysed in chapter ten.

It is probably all the preceding events in this session, as well as the history of all the sessions so far, that provide the space for Sarah's forthcoming actions. Ms Kazakaiou, Ms Demetriou and myself had already witnessed in brief those actions of Sarah in the previous session, and whispered to Ms Lovari a way of facilitating their recurrence [18.14 - 18.58]. Thus, it is with the bass-drum in front of her and through the security of holding Ms Lovari's hand that Sarah allows the beater to drop [18.58 - 19.00] and this, after moments of hesitation and ambivalence between receiving it or clinging to Ms Lovari's hand [18.47 - 18.58].

To begin with, Sarah makes the beater drop from Ms Lovari's hand, as if it is still too frightening for her to authorise the action. The drop, the fall and the sound provoke in her a scream-like laughter [18.58 - 19.08]. The same "laughter" is repeated every time the beater drops, whether it falls on the drum with a sound, or whether it misses the drum and makes no sound [18.58 - 24.00]. On account of its unlaughter quality, no joy seeming to be expressed by it, but rather a tension of bursting sounds, I have termed it as Sarah's *mock laughter*.

All through this part of the session, Sarah is struggling with her ambivalence between firmly holding Ms Lovari's hand or receiving the beater to throw it. This is made clear through her anxious fiddling and frequent movement of her fingers to and fro, from Ms Lovari's hand to the beater. Her scream, emerging from her laughter-positioned mouth, seems to come at the climactic moment of this ambivalence [20.43 - 20.50].

Another characteristic mannerism of Sarah, which is more prominent during the beater-throwing episodes, is her rubbing of her clothes in the genital area. At most times, this mannerism follows her throw of a beater [21.34 - 23.00].

Sarah's repetitions of the above events were endless throughout the years of the group's life. Whatever was illuminated in the subsequent repetitions will be discussed in due course. It may, however, be important to stress here the timing and horror quality of her laughter sound, the stretch of her lips to assume the laughing-smiling position at most times; and the momentary shrinking of her lips, particularly after some beater throws, which then unmasked the full extent of the terror expressed by her voice, eyes and body posture [20.43 - 20.50].

"Holding" music

It felt important at the time to return the fallen beaters to Sarah and to play music that "contained" the events, soothing their affective content. The music, then, is like a physical-emotional embrace that supports and soothes the anxieties. Its function is similar to the mother's and therapist's "holding" in Winnicott's terms [Winnicott, 1960](see Chapter Four, 4.1.3 and Appendix A.4). The rhythm of this music is given by Pamina. Having noticed Sarah's first beater drops and following sounds [19.08 - 19.09, 19.33 - 19.34], she prefers to wheel herself towards Ms Kazakaiou, who has now moved to the synthesiser. From there, she slowly-slowly pushes her wheelchair to even bigger areas of the room [19.34 - 24.00]. Her slow, steady push of the wheelchair, with the forward movement accentuated, makes one wonder who is the provider of the "basso continuo", the steady and firm basis, for Sarah's repertoires: Pamina's motion, or the music that follows it on the synthesiser and the piano, with its long notes and chords in modal melodies?

As Pamina approaches Ms Lovari's and Sarah's space or mine on the piano, one notices the slow swings of her head from right to left; they seem like an expression of her ambivalence about her daring steps to come close to others. Jenny's high-pitched sound in this part of the session, though it sounded then as an intrusive, mocking voice, revealed in subsequent sessions its hidden connections to Sarah's

state as described above [23.35 - 23.40]. Not being aware of this at the time, her sound was ignored.

7.1.4 The goodbye song and music [24.00 - 25.15]

Singing a goodbye song to patients is encouraged in music therapy training-schools, particularly for learning disabled patients, who receive the message that the session is approaching its end more easily in the musical than in the verbal language. My experience has also shown me that patients like their personal address during the goodbye song and music and it gives them time to express their feelings about the ending of the session.

The goodbye song and music, during which everybody is addressed, provoked no particular responses in this session, apart from Sarah's rubbing of her genital area and some movements from Pamina: her circle became bigger and with her leg she hit mine, just after addressing her with the relevant phrase of the goodbye song.

7.2 CONCLUDING REMARKS CONCERNING THE PATIENTS

In concluding this analysis of the session's phenomena, I wish to emphasise the following: Already in this early session, every patient acted dynamically upon the others. The train of their inter-connection may be missed, unless one observes everything that is happening in conscious detail. Their inter-relatedness encompasses not only their evolving desire to engage in communicative action, but also in the affective states thus expressed. In this respect they function similarly to verbal patients in an analytic group [Foulkes, 1964; 1968; 1975a].

Pamina decided to provide the first step towards building a group communication, through which all members came to life. Their statements thenceforward seemed to have been an attempt at

expressing their ambivalence concerning the human contact, their agonies concerning their "handicapped" states, their need to conceal their fear and pain, their anxieties, their desire to receive the group's support. All this was expressed by every single patient and by them all together.

In terms of the patients' evolutionary process, one may sum up the following as unprecedented in the patients' institutionalised and music therapy history: a) Pamina's ability to initiate and maintain an interaction; b) Jenny's moment of relating through an affective language to another group member [her piano playing]; c) Sarah's decision and ability to stand up from her chair through asking another's support and engage in her beater-throwing episodes, an activity she shared with another human being. All these were substantial changes that had not been witnessed in the music therapy sessions so far, nor in their lives in the institution, according to their carers.

Finally, it is obvious at this early stage that the patients cannot yet relate to all members of the group directly. They prefer to channel their communications either towards me or towards the carer sitting next to them.

7.3 CONCLUDING REMARKS CONCERNING THE CARERS

The carers have already acquired by this session a few fundamental concepts concerning the role of being a facilitator in the patients' process: the necessary quietness and total concentration, through which they give the patient sitting next to them their undivided attention; the stance of having no expectations that could give rise in the patients to feelings of failure; the mental state of believing in the patients' desire to communicate; the refraining from acting too much themselves, so as to avoid crowding the patients' space.

These elements of the group's culture were gradually transmitted to them through following my approach towards the music therapy work, but most importantly through witnessing themselves cues from the patients that responded to this approach.

Pamina's efforts and initiative touched everybody. The quietness and stillness in the room was laden with intense concentration on the part of all members. The carers deeply desired to preserve Pamina's trust and this need of theirs urged them to find ways to produce soft sound vibrations that could embrace both Pamina's communications, but also Jenny's jealousy and Sarah's horror - though they were not yet consciously aware of the affective state concerning the last two. Unconsciously - or, rather, intuitively - they knew how to respond. Ms Demetriou's metallophone playing then and Ms Lovari's cymbal touches occurred within this context.

It was within my role to gradually help the carers to become conscious both of the patients' messages and of their own choices in responding to them. This was the aim of our *free discussion group meetings*.

Finally, the carers already know by this session how to keep an appropriate affective atmosphere either through their stance or through their sounds. Their musical skills and initiatives are still limited and expressed by brief and simple phrases. But what is most important is their knowledgeable and sensitive use of these skills. It is not coincidental that Ms Kazakaïou has acquired in this session, and through no didactic method, more complex music therapy skills than all the other carers. The reason lies firstly, in her music therapy-facilitated growing attachment to Pamina and secondly, in her identification with me. In the *free discussion group meeting* of that day she said: "I feel as if my mind gets gradually located inside Pamina".

7.4 ASPECTS OF THE MODEL'S NOVELTY EVIDENCED IN THIS SESSION

The carers' process within the session was that of gradually developing an appropriate stance and responses, like those of the ordinary sensitive mother. Within the model's setting of group music therapy they learn aspects of music therapy techniques that are parallel to the way a mother interacts with her infant during the infant's first year of life. In other words, this learning comes from their unconscious/conscious observation of my responses, from receiving cues from the patients and from the evolving attachment behaviour of the patients. This attachment behaviour is still in its nascence, but unprecedented in the carers' experience of the patients. Thus it gives them stimulus, incentive and elicits within them the beginnings of their "care-giving" behaviour [Bowlby, 1988].

The music therapy techniques that are parallel to the mother-infant interaction have been mentioned by a number of music therapists [e.g. Agrotou, 1988; Heal-Hughes, 1995; Pavlicevic, 1995]. Yet their application within a group including carers en route to becoming auxiliary therapists is, to my knowledge, novel. Novel also is the way these techniques are conceptualised and analysed. When one thinks of the group consisting of the music therapist and the carers acting in a role similar to that of the "mother", it requires a different conceptual framework than when that role falls within the music therapist alone. Though that "role" is still in its first stages in this session, I have attempted to describe it in detail.

At the same time there are new aspects of these techniques and new ways of thinking about them. One of these is the concept of the whole group of carers and myself acting as the container aspect of the mother's role, different people assuming different parts of that aspect.

Another important and novel aspect is the simultaneous co-existence of dual and group interactions; that is, it is as if one person - the music therapist or the allocated carer - acts as the primal care-giver to a patient, while at the same time the whole group of carers and the music therapist also provide aspects of the primal care-giver's role.

The above techniques have immediate consequences on the patients; it is as if they augment the contribution of an available and sensitive primal care-giver within the music therapy setting. For this reason, firstly Pamina and later both Sarah and Jenny come forward to the group with certain abilities for interaction or shared activity, abilities and gestures that provide the first signs of an evolving attachment behaviour on their part; and these are people who have neither formed an attachment bond nor shared in human activities for the last fifteen or so years of their lives. The patients' abilities that showed through in treatment, including their capacity and desire for a relationship, feed the carers' attitude and willingness to offer appropriate responses and a sensitive presence.

CHAPTER EIGHT

ANALYSIS OF THE SESSION OF JULY 29, 1994: AUTISTIC STATES IN THE "FOUNDATION MATRIX" AND NON-AUTISTIC STATES IN THE "DYNAMIC MATRIX"

8.1 A GLOBAL LOOK AT THE SESSION AND THE GROUP'S "FOUNDATION" AND "DYNAMIC MATRIX": AUTISTIC AND NON-AUTISTIC STATES AND SOUNDS

The first part of this chapter looks at the whole session globally, while the second part focuses on the analysis of the phenomena and the methodology, in the order in which they appeared.

A global look at the session reveals the patients' interconnection and shared affective state. Though their signals are very subtle, as the language at their disposal is so limited, yet each member unfolds a spontaneous signal that seems to form an instinctive association with what another has just signalled - a "group association" [Foulkes, 1964; 1968; 1971; 1975a].

For example, for the first sixteen minutes, Pamina reveals herself in the room in the state that was characteristic of her at the time: sleepy, withdrawn, in a near-comatose condition. Yet, even in this state, she seems to retain a sensitivity to the other members; for she raises her stooped head towards Jenny, when the latter sings open, musical phrases to the group during the first half minute of the session [0.18 - 0.31]; and something similar happens, when Sarah stands on her feet

before the third minute of the session [2.47 - 3.14]. Her first deep drop into drowsiness coincides with Jenny's first tongue sounds, which convey a feeling of isolation [0.31 - 0.36].

Jenny's sounds become the group's foreground

Indeed it is Jenny's sounds that become prominent in this session and thereafter. Following their path during every part of the session, it is possible to infer that they voice the state of all the patients. They are possibly the foreground of the group's "matrix" [Foulkes, 1971; 1975a].

Amidst her look of indifference, with legs wide-open on her chair, Jenny "sings" right from the first seconds of the session [0.18 - 0.31]. The singing quality of her three, soft, two-note phrases needs to be emphasised, because it makes a marked contrast to the quality of her other sounds. The vocal cords remain open during these singing moments and it may be feelings of safety that enable her to keep a sustained note in each phrase.

Like an infant's cooing sounds, these phrases are inherently capable of being communicative: in terms of their attractiveness and the pauses which leave space for receiving a response. In other words, it may be that communication is not her conscious aim, but exactly because the utterance is clearly capable of provoking an immediate response from another human being, one may assume that communication is, at least, her unconscious aim.

8.1.1 Characterising and defining Jenny's sounds

It may be possible to divide Jenny's vocalisations into three categories:

A. Her *singing notes* [like those described above]. These are scarce, but form part of a new and important repertoire coming from her.

They only take a few seconds of the first, third, fourth and sixteenth minute of the session [0.18 - 0.31, 3.14 - 3.18, 4.27 - 4.30, 16.50 - 16.57]. However, these are the only clearly communicative moments of Jenny, communicative in the sense of being open to another human's response. For this reason, these sounds may be described as non-autistic, which make it possible that during those "singing" seconds Jenny experiences herself in the group as a person much less sheltered behind her autistic shell.

B. Her *intermediate sounds* that are similar to singing in phrases, but are interchangeably produced from her open and closed vocal cords. This is what happens at 3.18 - 3.48 minutes of the session. It seems as if the desire to sing, to express, coexists with the need to dampen the voice by passing it through closed cords. The voice is open and contains shades of colour, when it emanates from open vocal cords; when it is closed, it is immersed into a single, unchanging, dark colour-tone. The voice passage from the one channel to the other may well reflect Jenny's state during those moments: oscillating between experiencing the autistic isolation on the one hand, and being open to human communication on the other.

C. Her *autistic sounds* contain all those sounds that are produced mechanically at a fast tempo and are characterised by repetitiveness in terms both of sonority and manner of production. For this reason they are isolating sounds, that is, they have the property of both isolating Jenny from the rest of the group and also making the group members feel isolated, cut off from her.

These autistic sounds are of varied types:

1. They are low-sounding and either produced by the repetitive and same movements of the tongue inside her mouth or by pressing air into the inner cavities of the mouth [e.g. 1.17 - 3.14, 3.54 - 4.27, 6.29 - 7.33]; or they are made in a flat voice through a repetitive series of mouth movements [e.g. 0.31 - 0.36]. Jenny makes these "soft autistic sounds" during most of the first ten minutes of the session. In this

case, the sounds are soft with apparently a strong element of sensuality in their production. This means that the sensual pleasure of producing them, the sensual pleasure of the moving tongue or mouth or of the air pressing the inner cavities of the mouth, seems more important than the actual sound. This hypothesis is supported by the fact that during those moments Jenny is also immersed in sensual, bodily micro-movements, like fiddling with her fingers over her chin or her breast, smelling or kissing parts of the beater [e.g. 1.17 - 3.14]. I shall henceforward call all these as Jenny's *soft autistic sounds*.

2. They are loud-sounding with the sound being the important sensual element, as Jenny seems to be taking pleasure in its production per se. This is what happens, for example, at 11.03 - 14.33 minutes of the session or after Pamina's epileptic fit, at 20.07 - 23.45 minutes of the session: loud high-pitched bubbling sounds, sometimes followed by swings of her head [e.g. 11.03 - 11.20, 21.50 - 21.52]; normal-pitched repetitive [bubbling] sounds produced with open vocal cords [e.g. 20.17 - 20.23, 22.17 - 22.21, 22.43 - 22.45]; or normal-pitched repetitive [bubbling] sounds emanating from her closed vocal cords [e.g. 12.02 - 12.09, 16.27 - 16.50, 21.45 - 21.48, 22.33 - 22.41]; "Ah" or "Eh" screams, also springing forth from her closed vocal cords [e.g. 11.52 - 11.59, 12.25 - 12.30, 13.04 - 13.13, 20.07 - 20.17] or long sounds similarly produced [e.g. 21.56 - 22.08]; or a staccato series of "Eh" screams similarly produced [e.g. 12.56 - 12.58]; these may be high-pitched [e.g. 22.26 - 22.29]. I shall henceforward call all these as Jenny's *loud autistic sounds*.

8.1.2 Jenny's sounds, their corresponding affective states and their relationship to the other patients in the group

Jenny's singing notes and the group's communicative part

It is possible that every category of Jenny's vocalisations reflects a state that lies within her, but also within all the patients in the group. Her scarce singing notes, carrying as they do the potential for human

communication, may represent that small part of all the patients' mental life which managed to remain untouched by the organic and environmental damage inflicted on it. It is this part that seems to prompt Sarah to stand up on the 2.47 minute of the session and allow her to let out her complaining-like sounds from the 6.43 until the 15.45 minute, while all along holding Ms Antouna's hand. And, apparently, it is this part that so movingly urges Pamina after her epileptic fit [16.29] to acknowledge Ms Kazakaiou's expressed memory of Pamina's most explicit repertoire so far, her *mouth repertoire* [20.23 - 20.36, 21.26 - 21.45].

Jenny's intermediate sounds and the group's ambivalence

One may wonder whether Jenny's intermediate sounds, which possibly reflect the state between being autistic and non-autistic, are not related in some manner to Pamina's initial state in the group? Though sleepy and drowsy, Pamina seems at the same time capable of retaining an openness to the other members, as she turns to Jenny after her first singing phrases [0.18 - 0.31], and to Sarah the moment she stands up [2.47 - 3.14]. In other words, her isolation behind her sleep is not complete during those moments.

Jenny's autistic sounds and the group's need to freeze feelings

Pamina's sleepy, drowsy state evoked in me feelings of "frozen" pain, of darkness unknown as to its depth, of haziness and obscurity, of a horror about life slipping by: not the type of horror that is immediate and large to be acted on instantly; on the contrary, one of those states wherein "horror" assumes a dimly-lit shape, positioned in the remoteness.

It is possible, that part of the other patients' voice resonate Pamina's state of drowsiness and "frozen" horror. Indeed, a sound translation of this state may acquire the shape of an obscure, low-sounding voice emanating from closed vocal cords, as are some of Jenny's *soft autistic sounds*, at times when she produces her sounds in this way [see

category C. 1 in the above section]. Moreover, Sarah's similarly-produced voice, as it appears at 6.43 - 15.45 minutes of the session, sounds as if it brings that horror closer. Her voice feels like bursts of dampened, complaining-sounding screams, which, during that dialogue with the piano, tend to recede into murmurs. The static position of her stereotype smile can hardly mask the deep-seated fear, if one pays attention to her wide-open eyes that keep searching.

The above-mentioned discrepancy seems even more grotesque later on, when Sarah emits laughter-like screams every time she drops a beater on the bass-drum [15.45 - 23.45]. The screams are loud and horrific, and so are her eyes, yet disguised under the shape of a laughter. These are accompanied by Jenny's *loud autistic sounds* [category C. 2 above], during which times Jenny usually assumes smiles of indifference. The two parts [that of Jenny and Sarah] seem both connected and fighting each other. They are related in terms of the mechanically repetitive element, the intensity experienced by both patients and their need to appear as if experiencing pleasure. One may wonder whether the increasing intensity of their output towards the end of the session and their apparent antagonism may not be related to Pamina's expression of trust in human communication, after her complete withdrawal during the epileptic fit [16.29, 20.08 - 21.45]?

Here we come to issues of isolation and autistic states to be discussed below under a separate heading.

8.1.3 Autistic states and sounds - Non-autistic states and singing notes

Autistic states in the group

The sufferer of an epileptic fit seems to experience the world as violently abandoning him/her [Bartam, 1991:149-150]. It is a total and dreadful isolation. I feel that Pamina's comatose-like state is a layer slightly above that: she abandons the world, probably, lest it may

abandon her. This distrust in whatever is outside, and fear of what is left inside, is what seems to throw Pamina at most times into the silence of sleep. Therein there is no human contact, no potential for more hurt and damage. Her sleep or near-comatose state is like an autistic state. This is defined by Tustin [1990] as a state wherein a person generates his/her own hard, shell-like encapsulation.

It is a similar shelter that is sought by both Sarah and Jenny, only that theirs is manifested in a different manner. Their need to constantly fiddle over soft surfaces - over their own skin, or the fluff of a beater, or a teddy-bear - appears to be another somatic way of forming a wall between the inside and the outside. Tustin [1981, 1987, 1990] - a psychoanalyst with a long and deep devotion in working and understanding autistic children - writes that, in an attempt to seek shelter from frightening early experiences, autistic children originate their own protective covering. This takes the form of bodily sensations, which can be engendered by "holding an outside object loosely, or by pressing gently against it... by rocking, spinning, and by hand and body stereotypes" [Tustin, 1990:99]. By concentrating excessively on sensations engendered by their own body, they construct a shell-like encapsulation that distracts their attention away from the original trauma, pain and terror, but at the same time it equally blocks the sharing and processing of all information from the outside world and thus halts psychological development [Tustin, 1981; 1987; 1990]. Tustin calls these auto-generated, bodily sensations as *autistic sensation shapes*.

Autistic sounds and autistic states

Jenny's *autistic sounds* are yet another somatic variation of the same thing and this is the reason that I have termed them as such: almost incessantly produced they block the flow from the outside to the inside and vice versa. For this reason, during the moments that she makes these sounds, she can hardly hear anything coming from someone

else, nor invest her own vocalisations with colourful shades of meaning.

For Jenny, the sensual pleasure seems to be pre-eminent; apparently, she derives sensual pleasure from the movement of her lips and tongue, which occur during the production of sounds, and also from air pressing against the inner cavities of her mouth [category C. 1 above]; or she derives sensual pleasure from the sound she hears emerging from her mouth [category C. 2 above]. For this reason, the sounds in the latter case are louder and clearer. In both cases, however, there is a total absorption into the level of sensuality in such a manner that any affective expression is blocked. In other words, the psychic energy, instead of finding a symbolic way of channelling itself into expression, recedes into somatic outlets, which act as a fence against the experiencing of the underlying emotions.

It is possible to infer that the somatic outlets of both Jenny and Sarah keep them in a state of a continuous sensual experience, which bars the emotional - symbolic expression. Theirs is yet another kind of an autistic state. Within that they protect themselves from the possible damage to be inflicted through intimate human relationships; they also protect themselves from the devastating force of their own emotions.

Their fundamental distrust seems to get challenged by Pamina's acknowledgement of the human relationship between the 20.23 and 21.45 minute of the session. As if her act reflects their own fears, it is during this time that their sounds and acts reach a climax in terms of loudness and mechanical repetitiveness, the latter being a strong characteristic of an autistic mannerism [Tustin, 1990; Alvarez, 1992].

Non-autistic states and singing notes

In this context, how is one to consider Jenny's singing notes? The openness of the vocal cords allows the notes to be invested with some

colour. The hypothesis is postulated that they form Jenny's first attempt at an expressive language.

A small detour into philology is only intended to make the point clearer: The verb "to express" literally means "to press out" and comes from the Latin "exprimo [expressus, expressere]", which also means "to form, portray, represent, describe, express". The Latin verb is probably a transliteration of the Greek verb "ekphrasso [ἐκφράσσω]", which means "to remove obstacles, to open". Is it not possible, then, that in "expressing" oneself, one is pressing out a meaning, is removing the obstacles of isolation, of the turn into the self - which is the literal and psychological meaning of "autism" [from the Greek: autos (αυτός), which means "self"]?

In an autistic state, the world comprises concrete meanings; shapes and sounds are like concrete blocks that cement the psyche and, along with it, the path for symbolic expression. Jenny's *autistic sounds* fall within this context. Her singing notes, however, which unblock her vocal cords and open the voice to a meaningful phrase, are non-autistic sounds and reflect her non-autistic state, that is, the part of herself that, even for a few seconds, can be open to human contact and to the world outside.

8.2 THE MUSIC THERAPY APPROACH AND METHODOLOGY: AN ANALYSIS OF THE SESSION

This section focuses on an analysis of the phenomena of the session and the methodologies employed. The goodbye song and music are not included, as there are no special issues to be addressed here.

8.2.1 The *first, rhythmical part* of the session: waiting and observing; gently inviting and mirroring [0.01 - 6.29]

The *first, rhythmical part* of each session

The first seven minutes of the session are an example of a structure that I suggested to the carers: at the very beginning of every session, and for approximately five to seven minutes, each one of us would focus on only one patient. Our main objective was to observe very closely every gesture and expression coming from this patient; and secondly, to respond to her rhythmically, only after the patient had first expressed rhythm through her voice or body language. Our every rhythmical response had to be based closely and directly on the patient's rhythmical "repertoire". Whether we had achieved that, was something we would check later, during our group meeting, often by watching the video.

This sole isolation of the rhythmical element at the beginning of every session had multiple benefits. Apart from giving us the time and framework, within which to observe the patients closely, it also gave the patients a space of a special kind of quietness; such a quietness they are completely deprived of in their everyday life. It gave them, moreover, a certain security at having our undivided, exclusive attention. It was also intended to facilitate the carers experiencing closer the patients' world, as well as alleviating their anxieties at being active for the sake of eliciting responses.

Another objective during this part was to offer instruments by placing them close to the patients, as well as to create a safe sound environment through the use of "regressivogenetic" sounds [Benenzon, 1981] such as gentle vibrations or heartbeat rhythms. Such sounds would give the opportunity of relief by their potential to evoke memories of intrauterine life, perhaps the only time of relative peace in the lives of these patients [see Chapter Three, 3.2.1 and 3.4].

It is not coincidental that during this *first, rhythmical part*, the total creation - if I were to name it as such - was a common, underlying pulse. That is to say, the different rhythms were not clashing one against another; on the contrary, they were resonating on the same substratum. Thus, a common pulse and an atmosphere of waiting, listening, observing and giving a minimum of responses from our part at the beginning of every session was the foundation, on which we all built whatever followed.

The *first, rhythmical part* in this session

In this session, the sounds are mostly created by myself with the carers offering unobtrusive support. At first, I produce a soft timbre on the bongo-drums in the rhythms that follow Jenny's mouth movements. Together with the accompaniment of Ms Nicolaou's low-sounding cymbal touches, we create a sound atmosphere that attempts both to mirror the sensually-produced isolation, but also to give space and invite any communicative sounds to emerge.

At the same time, having already registered Jenny's singing sounds, I respond to them through a lively tempo on the bongo-drums just after their reappearance in the third minute of the session [3.14 - 3.54]. That tempo is a brief expansion of her preceding musical phrase. With the ensuing isolating mouth sounds, my touch on the bongo-drums also recedes again into a soft, obscure timbre-production, while Ms Nicolaou adds some soft cymbal touches.

Thus there is a blend of soft sound and silence in this part of the session. The other carers remain silent and this is in keeping with Pamina's and Sarah's ways of withdrawal. Through sound and pause in this manner, we address the state of the group, as it appears to be at that moment: The sensual isolation conveyed by Jenny's sounds, but also through hers and Sarah's way of touching their skin or soft surfaces, is given a sound reflection by Ms Nicolaou and myself; the

silence of Pamina's sleepy state of isolation is respected by the other carers' silence.

This rhythmical-timbre mirroring is a mirroring in simple syntax of the patients' way of being. It is parallel to Winnicott's concept of the mirror role of the mother and the therapist [Winnicott, 1967; 1971. See Chapter 4.1.3]. Like the infant, who has an inborn ability for amodal perception, that is, perceiving the relatedness of messages expressed in different perceptual modalities [Stern, 1985], so the profoundly learning disabled person can perceive the relatedness of the musical rhythms to her own rhythmical repertoire, conveyed in any form of body language [Agrotou, 1993c; 1994]. It is postulated that Jenny here, like Pamina with her *mouth repertoire* before, perceives the relation of her mouth movements and sounds to the bongo-drum rhythms and timbre. Through such simple mirroring, we hope to help the patients discover the way they are and find some meaning in it.

8.2.2 The sound/music interconnection with and between the patients. A musical group interpretation [6.29 - 15.45]

The piano music translates Jenny's *autistic sounds*

As it is Jenny's sounds that convey in sound language the state of the group - the autistic state of sensually-engendered isolation described above in 8.1.3 - it is these that I reflect on the piano in the seventh minute. Her sounds are the foreground of the group's "matrix" [Foulkes 1971; 1975a]. At this moment, I feel it is appropriate to enrich the group atmosphere with melodic sounds. For, otherwise, the soft timbre of the rhythmical instruments together with Jenny's sounds and the other patients' way of being, might have plunged the whole group into numbness.

The soft notes in the piano's upper register were intended to give a more alive translation of the same phenomena, and in doing so, to invite the patients into conveying their state through an expressive

language; at the same time, my piano phrases are offering an example of such an option [6.29ff].

Through rhythms and tempi that follow Jenny's *autistic sounds*, and with notes repeated at an octave's distance, I wish to translate expressively, but gently, the sensual repetitiveness of the autistic mannerism that shrouds all feelings, the "far-away" quality of all patients. I call this a "musical interpretation"¹, because through the use of melody and harmony, it translates at a deeper level the autistic states that were mirrored through timbre and rhythm in the previous section.

Sarah adds her own vocal part

It is probably the gentle colour that is now added through the piano phrases that evokes Sarah's voice only fourteen seconds after my first piano notes [6.43]. As she begins her complaining-like sounds, her face gets highlighted with an intensity not manifested earlier in the session [6.43 - 7.33]. It seems as if she is approaching the horror revealed in her eyes most prominently during the episodes of her beater-throwing on the bass-drum. Her desire to mask her closed-cord vocalisations behind her static, stereotype smile, and along with this, the real intensity of her internal fear, does not prevent her from eventually entering into a sound dialogue with me on the piano [6.43 - 14.33].

The piano clarifies the connection between Jenny's and Sarah's parts

The part of Sarah that could still entrust a human relationship seems to allow her to listen to the responding phrases I create with my left hand. I choose the middle register, so as to be as close as possible to her own sounds in pitch, and I also follow the melodic direction, length of phrase and volume of every utterance of hers; with pauses added at the end of every response of mine, I try to invite her back, and thus

¹ The concept of "musical interpretation" is discussed further in Chapter Eleven.

facilitate her entering into a dialogue form of communication - or better, an episode of engagement in the mother-infant interaction model [Stern, 1977]. This she achieves, perhaps because the accuracy she hears from my responses act as evidence that I am listening to her attentively.

It is part of my role as a group conductor to clarify the associative links between the patients [Foulkes, 1975a]; for this reason, even during the piano-voice dialogue with Sarah, I simultaneously keep, through my right hand in the piano's upper register, my responses to Jenny's *autistic sounds*. Indeed, it is the first time that Jenny and Sarah brought their parts simultaneously and retained them. It was, therefore, important that I found a musical way of indicating to them that their two parts could coexist. For this reason, I tried to link the two parts together into one musical form. Furthermore, there was an affective connection between these two parts, that of a need to dampen the magnitude of the internal voice [see section 8.1.2 above].

Jenny's piano sounds translate [unconscious interpretation] the group's state

Between the 8.06 and 8.34 minute Jenny passes through the ritual of kissing my head, while sitting next to me on the piano. The way that this act of hers is now always followed by her playing the piano, makes me feel as if, from the thoughts and skills originating from my head, she gets a portion that enables her to play.

Her few, long, slow, low-register clusters occurring one-and-a-half minutes later [10.04 - 10.20], seem to be a sound translation of Sarah's voice, as well as Pamina's state of sleep. Similarly, in group analysis, the contributions of different members, as they follow upon each other, are often considered as unconscious interpretations:

"There is frequently an element of unconscious interpretation involved. Sometimes this is more obvious than at other times, but in a sense it is always present" [Foulkes, 1975a:119].

The group shares an affective heaviness

After a few fast, descending clusters Jenny gets up from the piano and plunges into her *loud autistic sounds* [category C. 2 above], while eventually sitting underneath the synthesiser [10.24 - 13.24]. The more she lets out her sounds, the more Sarah's sounds recede; either because they are part of the same whole - that is, the desire to dampen the real voice of fear that is inside - or, because Sarah feels her part thwarted by the growing size of Jenny's part. For whatever reason, when Jenny falls into silence on the fourteenth minute [13.24], Sarah emits two poignant screams from her "frightened-looking" eyes [13.35 - 13.56]. Judging from the nature of the sounds she emitted then and the fact that the pupils of her eyes were wide open, it seems that there was horror underneath those screams.

While the carers remain silent, still on the piano I continue to link Sarah's and Jenny's parts, following closely all the elements of their voice. Along with sharing the sound elements of their material [pitch, timbre, phrasing, length of phrase, volume, intensity], I also share with them its affective heaviness, so that they may feel understood and contained. I do not, however, give back the full intensity of Sarah's screams, but rather a less uncouth variation of them; for neither she, nor the rest of the group, seem ready to receive in a clear form the full magnitude of her emotions. A therapist needs to respect the patient's protective reactions and facilitate the unravelling of the underlying emotions when, and if, the patients are ready to receive them [Winnicott, 1968]. Bowlby, moreover, in writing about the psychotherapist's role, states that:

"... to be effective, he must recognise that he cannot go faster than his patient, and that by calling attention to painful topics too insistently he will arouse his patient's fear and earn his anger and deep resentment" [Bowlby, 1979:152-153].

Defensive use of therapist's music

From the 14.33 until the 15.45 minute, the music that I play at the piano has a defensive use as well. By prolonging my responses to

Sarah and Jenny, I do not leave enough space to be fully exposed to their repertoire. It is as if by playing then, I reduce the emotional impact of their sounds upon myself, something that I could have experienced through attentive silence. Fear of being stagnated, of losing my creative and thinking abilities, of slipping into the handicapped state of being "stuck" - parts of myself that can be identified with the patients - is what seems to have caused such a defensive use of the music. The result is that the music becomes "stuck".

8.2.3 Sarah's beater-throwing episodes and Pamina's acknowledgement of intimacy: an affective bond is becoming established and reassured in the group music therapy context [15.45 - 24.00]

Sarah's beater-throwing episodes

Through some beater-drops, Sarah seems to indicate her desire to begin her beater-throwing episodes on the bass-drum [14.33 - 16.00]. Ms Antouna is there to facilitate these by returning the fallen beater, as well as offering her hand as an intermediary between Sarah's hand and the beater [see Chapter 7.1.3]. As usual, a *mock laughter* follows every fall, frequently accompanied by a rub of her genital area. At the same time, new elements are introduced in this session: a) Sarah's apparent indifference as to where the beater is going to fall; b) the absence of hesitation about receiving the beater, once her mind is decided about it [16.00 - 16.15]; c) three times she passes the beater from her genital area before throwing it onto the bass-drum, as if she wished to let it drop from that part of her body [19.12 - 19.53].

From the start of these episodes I make an attempt to insert some slow, pensive music on the synthesiser [16.15]. This was so as to convey in a musical form the seriousness of the patients' state, manifested by the severity behind Sarah's laughter-like sounds and beater-throws. Also, through playing long, sustained notes, I wished to

provide a *sound-canvas*¹ that could allow for any kind of voice to emerge.

Pamina suffers an epileptic fit

Amidst these events and Jenny's *loud autistic sounds* Pamina suffers a petit mal seizure [16.29]. In order to facilitate Pamina into experiencing a continuity of experience after the seizure, I continue the synthesiser music at a slower tempo. I also verbalise to her what had happened, so as to alleviate the magnitude of the shock inflicted by that kind of violent disruption of consciousness [16.29 - 16.59].

Jenny sings

Is it a token of the patients' subtle sensitivity to each other that, the moment Pamina returns to consciousness, Jenny immediately shifts from her *loud autistic sounds* in order to sing a variation of her initial tune [16.27 - 16.58]? It is this tune that lifted Pamina's head at 0.18 - 0.31 minutes; and these are the only moments that Jenny returns to her singing since the fourth minute of the session [4.27 - 4.30].

Ms Kazakaiou is facilitated to remember Pamina's *mouth repertoire*

Ms Kazakaiou feels tender toward Pamina and wishes to convey this through physical tenderness [18.30 - 19.06]; by taking the temple-blocks next to her and indicating to her to play Pamina's *mouth repertoire*, I convey to the carers that there is a musical way of expressing their tenderness towards the patients [19.53 - 20.07].

Pamina acknowledges her relationship to Ms Kazakaiou

Under the influence of her aroused emotions and affective responsibility toward Pamina, Ms Kazakaiou receives my message about playing Pamina's *mouth repertoire* and acts on it creatively in no time [20.08]. Amidst the havoc produced now by the ever increasing intensity of Sarah's throws and *mock laughter* and Jenny's *loud autistic*

¹ The *sound canvas* is further explained in Chapter Eleven.

sounds, the following phenomena take place [mutative moments]: Pamina listens to Ms Kazakaiou's references to her own only - so far - historical communicative repertoire in the sessions; she becomes aware that they form part of an attempt to address her - to relieve her - under the sway of intimacy. For this reason she acts in a manner unprecedented by her for long years: though in that hazy, lethargic state caused now by the fit, she succeeds in turning her dropping head towards Ms Kazakaiou and in slowly lifting her palm in front of her mouth [20.23 - 20.27]. The message is obvious, for she would only place her palm there for the creation of her *mouth repertoire*. She still has no strength to voice it out, but only wishes to "say" that this is her intention, for she received deeply Ms Kazakaiou's personal "talk" to her.

Ms Kazakaiou experiences an attachment bond with Pamina

This is Pamina's strongest acknowledgement of intimacy in the sessions, unknown of her in more than ten years of institutionalised life. The group and Ms Kazakaiou know this all too well, and the latter experiences it as her own achievement. With feelings of pride and deep sentiment she remembers exactly all her previous reflections of Pamina's *mouth repertoire* [20.27 - 20.35]. And one more surprise statement of acknowledged intimacy: Pamina succeeds in creating the characteristic *accentuated crotchet* on her hard palate in exact synchrony with Ms Kazakaiou's reflection of that note, as it came at the end of a phrase that referred to her known *typical theme* [four quavers, corresponding to the notes she would create with her tongue inside her mouth, and an accentuated crotchet, corresponding to the stressed tongue sound created by pushing and pressing her tongue on her hard palate] [20.35 - 20.36].

Jenny's and Sarah's reactions to Pamina's trust

It is not coincidental that Sarah's and Jenny's parts, as expounded above, reach their climax in terms of loudness and intensity during these moments [20.23 - 23.45]. Perhaps there is an antagonism about

who is to dominate the space; but probably there is also a concealed anxiety lest Pamina's trust in human intimacy evokes their deep-seated mistrust and fear of relationships. Can this be the reason that their parts feel to me suffocating, as if annihilating our existence in the group?

It was with a struggle that I now tried to continue playing on the piano music that accompanied and expanded Ms Kazakaiou's references to Pamina's mouth motives. Through this I wished to emphasise to the group the importance of Pamina's moving return to life and trust to the group - or, at least, to Ms Kazakaiou. I also wished to convey musically to Pamina our recognition of what she had just done [20.53 - 21.26].

Pamina comes with the complete statement of her *typical theme* [21.26 - 21.45], which provides us with possible proof of our efforts, while Sarah's and Jenny's sounds become all the more disturbing. With long chords I try to contain their anxiety, while with rhythmical motives I also try to keep a link with the previous piano sounds which related to Pamina's *mouth repertoire* [21.26 - 23.45].

Pamina's fall into sleep seems more peaceful now [23.39 - 23.44]. When, soon after, I stop the piano music, all the members' sudden silence feels meaningful [23.44 - 24.11]. It seems that, during that half minute of total quiet before the goodbye song, the whole group shared a collective awareness about what had happened.

8.3 CONCLUDING REMARKS CONCERNING THE PATIENTS

In this chapter an attempt has been made to develop interpretations and create concepts concerning the patients' sounds. Based on Tustin's work on "autistic states" and "autistic shapes", I developed the concept of *autistic sounds*, a concept that throws light on the sound

quality and corresponding affective state coming from patients. In the context of this group, it is Jenny who manifests most prominently *autistic sounds*, though in doing so, she seems to a large extent to be a spokesperson of the group and its "foundation matrix". Jenny's sounds were classified into: a) *Singing notes*; b) Sounds *intermediary* between being autistic and non-autistic; c) *Soft or loud autistic sounds*.

Her singing phrases take place for a few seconds within the first five minutes of the session and seem to correspond to the part of every patient that retains residues of trust and desire in human communication. That trust is most poignantly expressed by Pamina, just after her total withdrawal from the world, caused by her epileptic fit. Upon regaining consciousness, Jenny sings [probably on Pamina's account] her singing phrases once more. And upon hearing from Ms Kazakaiou musical statements of her *typical theme*, phrases that symbolised our attentive memory to her own only communicative repertoire in the sessions, Pamina gathers all strength together to express her acknowledgement. In responding to Ms Kazakaiou's temple-block references through her *mouth repertoire*, Pamina is furthermore affirming her emerging bonding to Ms Kazakaiou.

Such a trust and affirmation of an affective bond seems to be threatening to the other patients. Jenny's *loud autistic sounds* and Sarah's *mock laughter*, both produced predominantly from closed vocal cords and most intensely during those moments, seem to signify a need to dampen the real colour and magnitude of their emotions.

Equally inter-related are Jenny's and Sarah's sensually-engendered mannerisms and Pamina's comatose state. This state was particularly manifested by the whole group in the first part of the session and reveals the autistic state of the patients, the state of the auto-generated, hard, shell-like encapsulation [Tustin, 1990].

Hence this session reveals the close inter-relatedness of every sound and gesture originating from each patient, as this surfaces second by second and is facilitated by the music therapy approach and the carers' contribution. It can be stated that the autistic, non-trusting part of the patients forms the "foundation matrix" of the group, their shared internal world as formed through their injuries and traumas. The shared part of them that can trust and wish to communicate forms the group's "dynamic matrix" [Foulkes, 1971]. This latter evolves through the way each patient's communicative part interacts with that of another within such a specialised setting, through the "transpersonal mental processes" as Foulkes [1971] calls them [see Appendix A. 8.1]. Within this "dynamic matrix" also lies the patients' wish to destroy someone else's trust, in this case Pamina's.

8.4 CONCLUDING REMARKS CONCERNING THE MUSIC THERAPY APPROACH AND THE CARERS' CONTRIBUTION

This chapter introduced a part of the methodology that involves the creation of a *first, rhythmical part* in each session. This part gives space, invites and mirrors in simple musical syntax the state of the patients; it also soothes them through "regressivogenetic" sounds [Benenson, 1981]. It aims to facilitate the patients revealing and discovering themselves as they are and invites them to share a sound world and the sound medium in their externalisation of their inner space.

Another technique that was introduced was that of the group "musical interpretation". This is parallel to the group analytic conductor who links the group members' messages and translates them from one type of language to another, which encompasses a wider and deeper understanding [Foulkes, 1975a].

Though still in this session the sounds are created mainly by me, the carers partake in this atmosphere with their own soft and sensitively timed sounds. Like in the previously-described session, their blend of soft sound and silence facilitates the processes that take place in the session.

Within the setting of a carer and an allocated patient, Pamina's epileptic fit raised feelings of protective tenderness in Ms Kazakaiou. In contrast, when a resident suffers a fit in his/her everyday life in the "playroom", there is no space for sensitivity and feelings of affection to be expressed. The carers automatically run to the institution's corridors and shout towards the direction of the nurses a summons to attend to so and so's fit. The institution's routine is that the time of the fit should be written down in the nurses' papers and a nurse attends to judge whether any medication should be allocated. Within this routine, the patients' affective needs go down the drain; and within their institutionalised attitude, the carers usually experience the fit and its after-effects as the ultimate state of mental retardation, that is, the state of complete non-understanding, non-feeling.

In the music therapy session, Ms Kazakaiou feels spontaneously caring for Pamina's feelings caused by her fit. Thus she is especially susceptible to my indication to explain verbally to Pamina what had happened and to remind her of her *typical theme* and thus, of her moments of being alive with us. Pamina clearly felt intensely touched by such expression of intimacy during such a moment. Her efforts, channelled into rewarding Ms Kazakaiou for her memories of her and trust in her aliveness, bore strong fruit. In responding with her *mouth repertoire* to Ms Kazakaiou's phrases, she gives Ms Kazakaiou the confirmation of her emergent bonding with her. Ever since, Ms Kazakaiou has never questioned Pamina's intelligence and has always searched for ways to understand Pamina's feelings. Ever since, Ms Kazakaiou has felt attached to Pamina and responsible to remain close to her and help her as much as possible in her professional capacity.

CHAPTER NINE

ANALYSIS OF THE SESSION OF AUGUST 5, 1994: RIVALRY

9.1 ANALYSIS OF THE PHENOMENA TAKING PLACE IN THE SESSION OF AUGUST 5, 1994

This was the last session before the summer holidays. Pamina was absent, as she had already gone to visit her family. Sarah and Jenny expressed their most direct confrontation and abilities, unprecedented by them either in the music therapy sessions or in their known life history in the institution. It may be that a number of factors contributed to this: the process so far, the forthcoming holidays, Pamina's absence. It is known that in analytic groups, when members are missing, patterns of communication may change [Foulkes 1975a]. It is postulated here that the same can happen in psychodynamic group music therapy.

The session's important moments take place from the ninth minute until near the end of the session [9.24 - 28.48]. For this reason the preceding events are discussed very briefly.

9.1.1 Sarah's beater-throwing episodes and Jenny's awakening through the piano [0.01 - 9.24]

The first, rhythmical part: Sarah's determined stand on her feet

It is, possibly, an act of determination that gets Sarah on her feet right from the first minute of the session; she not only stands on her

feet more firmly than before, but also turns her look towards all other members, as if desiring to draw their attention towards her intentions [1.00 - 1.30].

Sarah's *mock laughter* and stereotype smile connected with her beater-throwing episodes

Sarah's beater-throwing episodes follow half a minute later; strangely, however, her *mock laughter* after every throw is of much less intensity than in all previous sessions. It is also obvious by now that her stereotype smile is particularly connected with these beater-throwing episodes; for it is during the moments of not being directly immersed in them [e.g. 5.20 - 5.36] that her lips revert to dire seriousness, revealing the weight she carries inside her in full magnitude.

Sarah throws beaters at me

Some of Sarah's previous behaviours reappear, like the fact that often, having just thrown a beater, she would pass the same hand from the genital area of her clothes [3.22 - 3.42]. At the same time, new behaviours make their appearance: her aiming at missing the big drum [3.50 - 4.27] and her apparent intentions at directing the thrown beaters on to my legs [3.22 - 3.42]. This last act seems to be a manifestation of a concealed aggression towards me.

Ms Antouna's calm and accepting face, as well as her patience and equanimity in the innumerable times she would return the fallen beaters, may have contributed to Sarah's new states and abilities, as revealed in this session. A discussion of Sarah's beater-throwing episodes during the first five months follows in Chapter Ten.

Jenny's pent-up anger is becoming all the more apparent in her facial expression, the more Sarah's presence calls for focused attention to be directed towards her. It is also worth mentioning that both of them fall into moments of auto-generated sensual activity, and that sometimes these moments of theirs coincide [e.g. 2.27 - 3.22]. These are more

pronounced in Jenny, who suffers to a greater extent from autistic features.

The effects of the piano music

The piano music is probably connected with stronger affective components for both Sarah and Jenny. The first one emits a vocalisation of apparent complaint mixed with pain in anticipation of my first piano phrase [7.15 - 7.31]. After only fifteen seconds of translating that fallen voice of hers into falling melodic phrases that rest on long notes, Jenny's face suddenly brightens up [7.31 - 7.36]. It seems as if, during one of my long note rests, she experienced a certain relief granted by the fact that, with the piano music, she can also discover and claim a place for herself. And, indeed, this is what she does [7.36 - 8.53].

Aspects of the group music therapist's role

As mentioned in Chapter Eight [8.2.2], an aspect of the conductor's role is to clarify the associative links. Here, this takes the form of combining the musical phrases referring to Sarah's preceding voice with a musical acknowledgement of Jenny's initiative to come to life and walk to the piano. Thus, while continuing with music that recalls Sarah's vocalisation, I incorporate at the same time a trill, which expresses an unconscious memory of Jenny's preferred mannerisms: here, a few head-swings that act as an accompaniment to the music she likes and which differ from her autistic head-swings, in that the latter are of much longer duration. Jenny's head-swing that follows immediately after my trill indicates that there was a direct unconscious - or, preconscious - communication between us [7.40 - 7.42]. Such swift exchanges of signals are what make music therapy a particularly valuable method for reaching profoundly learning disabled patients.

It is worth emphasising, in this context, the difference between a group analytic conductor as described by Foulkes [1975a; 1975b] and my role in such a group. There are three fundamental reasons that

require of me to have a far more active role than the group analytic conductor: a) The patients' signals are non-verbal and may easily go unnoticed, unless a conductor pays a lively attention to them. S/he has to keep translating the associations to another level of non-verbal language, here music/sound, so that they acquire a more articulate form. In this way, the patients are facilitated to apperceive their inter-relatedness. b) The patients' signals are so minimal, that they need a lot of encouragement to externalise a richer repertoire of behaviours. They need to feel that every signal of theirs is received by the therapist as communicative, before they experience trust and their impact on the therapeutic environment. c) Unlike verbal language, music/sound retains an abstractness, in which slight shifts of emphasis can be given in manifold variations without necessarily becoming repetitive.

Jenny tries to play the metallophone

After her ritual of kissing my head Jenny kisses the piano keys and moves to play the metallophone with her hands [7.53 - 8.53]. She is probably not yet aware of the beater's use in metallophone playing and does not succeed in creating audible sounds [8.53 - 9.11]. It is, in fact, from this session that I began hearing her "ti-po-po, ti-pa-ta" vocalisations as possible references to the Greek word "tipota", which means "nothing". They may have been uttered, at that moment, as a response to her failure in producing the desired sounds, in creating a metallophone part in parallel with my piano part.

Whatever the possible hypotheses, one thing is of certain importance: her choice to move towards an instrument and attempt to play it. Such gestures had been very rare in music therapy so far, while in her everyday life, she had never used an object appropriately either in play or in functional activity [the exception being her spoon, in order to eat].

9.1.2 Mutative moments - first part: Sarah's first autonomous walk in her known life - a bond established. Jenny's jealousy enacted - the existence of rivalry and a relationship [9.11 - 11.27]

Jenny turns her attention to Sarah's doings

By the 9.24 minute, it is the third time that Sarah decides to stand up through holding Ms Antouna's hand. The moment she throws a beater on the bass-drum and emits a two-note vocalisation, Jenny, who had just returned to her seat, ceases her head swings. She turns her eyes slowly, with the intention of witnessing Sarah's movements. This is the first time known to us, when Jenny clearly and directly shows an interest and an awareness of another resident [9.24 - 9.47].

Until then, and at most times, any awareness indicated for another resident would be shrouded in the realms of obscurity; her most habitual way was to show indifference and turn the eyes in another direction, while, possibly, registering somewhere the other's presence.

Sarah walks alone for the first time in her life

It was with shared admiration that the carers and myself witnessed Sarah's first autonomous walk on that day. Sarah was never known to have walked alone in her life there, and the carers believed that there must have been an organic impairment that prevented her from doing so [9.47 - 11.27, 15.10 - 16.17].

Piano music to encourage Sarah's efforts

Half not believing that it actually happened, Ms Antouna walks towards Sarah in order to offer her hand inside Sarah's arm. All the while, I play at the piano soft, simple phrases, which not only follow her micro-steps, but also convey the mystical suspense shared by everybody, the need to protect her courage with gentle, attentive, but unobtrusive sound [9.47 - 10.00].

Rivalry between Sarah and Jenny

Sarah is a third of the way towards the piano, when she pauses to gaze upon Jenny [9.55 - 10.00]. As she lets her frail body stand there, one feels the fragility and the anxiety penetrating her whole existence: her arms are tensely bent in front of her stooped torso, her fingers are constantly fiddling with one another. Yet, it is with triumph that she seems to us to be looking at Jenny for those seconds, as though she desired to say to Jenny that she, too, has the ability to move and to walk; that she, too, wishes to approach the leading instrument, the leader's instrument, the piano; for, eventually, that is what she does[11.27].

With striking speed Jenny responds to the challenge [10.00 - 10.04]. There was no question in the minds of the carers and myself that, from this moment onwards, Jenny was set for a monumental confrontation, her first explicit acts resulting from jealousy. That moment when she stands, looking sideways and leaning her weight on one foot, seems like a crucial moment of gathering together thoughts and planning the forthcoming actions.

With equal speed Sarah receives the message of an imminent struggle and makes a step towards Jenny on her own [10.04 - 10.08]; and as Jenny approaches Ms Antouna, Sarah touches Ms Antouna's overall in a seeming effort to safeguard her possession of her [10.08 - 10.15].

The details of all the movements, gestures and sounds are given in Appendix B.3. The reader is referred there, in order to understand the commentary that follows.

The strivings of both Sarah and Jenny are particularly poignant between the 10.15 and the 20.42 minute. Their energies are intensively channelled towards claiming a space of exclusivity.

It is possible that Sarah desired to stand up to Jenny's abilities to walk, something that also enabled her to reach the piano and the group leader; and that she wanted to point out to Jenny that all these were not only her prerogative. Jenny might have felt threatened by this challenge, perhaps because she considered herself as much less handicapped than Sarah. One thing is certain: Jenny did not want to grant Sarah the opportunity of reaching the piano and playing, nor the right to receive Ms Antouna's support. These elements indicate a person *in* a relationship, and Jenny was considered as a person with no interest in human relationships.

Rivalry over Ms Antouna's exclusive attention

Thus the struggle begins as a fight for Ms Antouna's exclusive attention. It is already known in the group culture that Ms Antouna is the carer assigned to Sarah, and this is probably Jenny's first aim: to deprive Sarah of her support figure [10.04 - 11.00]. Of course, there may be more implications behind this act of hers, for example the following: that Ms Antouna represents the adult parental figure, and thus someone who would not be allowed to be shared by another "sibling" figure, Sarah. Her jealousy towards Sarah for having this "parent" may have been facilitated to surface by the fact that the carer assigned to her, Ms Demetriou, was missing on that day.

Sarah claims Ms Antouna for herself: an attachment emerging

The "sibling" fight over a "parent" is even more obviously Sarah's motive behind her act of hitting off Jenny's hand from that of Ms Antouna's [10.20 - 10.26]. For someone, who had claimed no more in their institutionalised life than the grasp of a teddy-bear, this was an essential moment, revealing her emerging attachment to a human being.

When Jenny decides to let go of Ms Antouna's hand and [11.00 - 11.04], returning to her original position she leans on the

metallophone frame [11.04 - 11.27], Sarah courageously takes a few more steps on her own, before standing for a few seconds to face her [11.05 - 11.27]. As Sarah pauses there alone, and in the middle of the room, one wonders whether that was *her* turn for conveying to Jenny her intentions concerning her part of the confrontation.

Sarah's longest autonomous walk: the group is becoming a "secure base"

The following moments witness Sarah's longest autonomous walk and her most daring initiative in her life as known in the institution. Via Mr Loizou, the cameraman, she reaches the piano, apparently her ultimate destination [11.10 - 11.27]. Whatever causes left her body frail, her torso stooped, her feet hardly leaving the ground for a step, her arms and legs feebly connected with the rest of her body; whatever reasons filled her existence with an intensity that forced her lips to smile but her eyes to wail, her legs and arms into a state of functional inability, yet her fingers in continuous energetic movement - like that of rubbing one against another; whatever creators left her with such predicament, the efforts invested by her at this moment in the group's life are as great as life itself.

To have undertaken the afore-mentioned process entailed her exposing herself to the group, as she is; it meant allowing herself to be seen by others, and this included the disclosure of her ugly and handicapped state too; it meant trusting the group to such a degree - and this, in spite of Jenny's threats - so as to endow herself with new abilities. In this case the group became the ground, the "secure base" [Bowlby, 1988] for her testing and trying out new abilities.

Sarah's walking elicits care-giving behaviour in Ms Antouna

For all these, the carers and myself are filled with feelings of tenderness and a wish to offer support and encouragement in appropriate measures. Ms Antouna, like Ms Kazakaiou in the last session, experiences Sarah's transformations as a result of Sarah's

growing attachment to her. The affective responsibility that is automatically born out of this state bequeaths her with the intuition of knowing what to do. From the moment that Sarah's wish to walk on her own becomes clear, Ms Antouna is near and distant at the same time; in other words, she is close to her in case she is needed, but distant enough, so as to convey to Sarah the trust that she also experiences for Sarah's new abilities.

In fact, what Ms Antouna experiences is not much different from a "good enough mother" [Winnicott, 1960], who witnesses her child's first steps: neither overprotective, nor too distant, she is there for that blend of physical and psychological support that will encourage the child to take even a step further, sensitively monitoring her child's signals for proximity [Bowlby, 1988].

In the piano I translate this support and tenderness into a musical form that follows, in tempo and rhythm, Sarah's every step towards the piano.

9.1.3 Mutative moments - second part: Sarah's first piano playing. Jenny's jealousy re-enacted [11.27 - 20.42]

Jenny attacks Sarah's efforts to play the piano

Once Sarah has reached the piano, Jenny's attacks are re-enacted at a different level. They include jealous and envious attacks aimed at destroying Sarah's creations. It is obvious, when one pays detailed attention to the timing of events, that Jenny reacts to Sarah's every effort at creating her own sounds on the piano. For example, she pulls Ms Kazakaiou to the door, the moment Sarah plays her first piano notes [11.27 - 11.51]; she plays the cymbal, the moment Sarah is seated on the piano stool for the first time, somehow in anticipation of Sarah's sounds [12.36 - 12.43]; she lets out a high-pitched, squeaking vocalisation of seeming pleasure and success, every time Sarah fails: a) when Sarah fails to remain seated on the piano [12.43 - 12.52]; b)

when Sarah, upon hearing Jenny's *loud autistic sounds*, withdraws her hand from the piano - the moment it is ready to play - and walks away from the piano in order to face Jenny [14.11 - 15.17]. Later, Jenny tries to take Ms Antouna away from Sarah, and even gives Sarah a push, perhaps in order to move her away from the piano area, or away from Ms Antouna's supporting presence [16.06 - 16.51].

Moreover, Jenny's *loud autistic vocalisations* again seem to serve the function of blocking affective expression, but not only her own: that of Sarah as well. So they occur, for example, in instances when Sarah tries to play the piano, either through my hand or through her own feeble fingers [12.59 - 13.22, 14.11 - 15.13]. At times, these sounds feel as annihilating Sarah's psychic endeavours by dominating the sound space [19.24 - 19.33].

Perhaps Jenny experienced the piano area as her prerogative - the place of receiving some of the leader's abilities at the moment of their transmission from my head through her lips on to her fingers. Perhaps in this way she was sharing with me the difference from others in abilities and skills. In other words, as I had more musical skills than the carers and the rest of the group, skills that were more prominent in the piano music, so did she, as compared with the rest of the patients. Through my head she was becoming more able, or less handicapped, in any case less handicapped than all the other patients in the group. So how could she lose that state now and become equal to Sarah? It is possible that all these factors were operating somewhere in her unconscious, making it unbearable for her to accept Sarah's piano playing.

The heaviness in the room

Jenny's hostile attacks as described above and Sarah's emerging desire and courage to play the piano, repeatedly interrupted by her reactions to Jenny's aggression, made me feel fragmented and in danger of losing my attention - more precisely, of being pushed into a

mindless state of being. It was the carers' ability to "hold" the patients that enabled me to recompose my mental state, endure the heaviness in the atmosphere and listen to the meaning that was communicated through detailed observation of the patients' repertoire. The latter is described in detail in the transcripts [Appendix B.3] and the sombre atmosphere comes through when watching the video-recording. For this reason, I shall describe here only critical moments.

The carers' "holding" and "mirroring" presence

The carers facilitated both the patients and myself in the following ways: in spite of the distracting nature of the phenomena taking place in the room, Ms Antouna and Ms Kazakaiou remained unaltered in their attentive position next to Sarah and Jenny respectively.

Ms Kazakaiou's musical reflections both of Jenny's musical [cymbal] phrases [e.g. 12.36 - 12.59] and of her *autistic vocalisations* served the function of placing these within the realm of the group music. This seems to have alleviated Jenny's jealousy and envy, indicated through the fact that her *autistic sounds* were sometimes conveyed in bursts that left pauses of peace; or even conveyed musically in non-intrusive ways, as were her cymbal phrases [12.36 - 12.43 and 13.22 - 13.28].

Ms Antouna's stance conveyed her trust and respect for whatever Sarah did; her piano playing reflected her desire to retain with precision within her memory Sarah's repertoire. Thus her first phrase on the piano was a two-note low-register one, through which she reminded Sarah of her repertoire [12.52 - 12.59]. Similar precise memories were expressed throughout the session, and Ms Antouna's piano phrases were from then on a reflection or a simple variation of Sarah's phrases [e.g. at 16.21 - 16.26, 17.53 - 18.03, 18.15 - 18.20, 19.42 - 20.42, 21.56 - 22.11].

Sarah's piano episodes are interrupted by Jenny

Amidst distractions, Sarah succeeded in engaging in four piano episodes, during which she shared the piano with Ms Antouna and myself. Each one of these episodes was interrupted by Jenny's aggression. A significant reaction from Sarah occurred when she decided to turn and walk towards Jenny in order to stand there facing her [15.10 - 15.13]. For all of us who knew Sarah up until that day, this move came as yet one more unpredictable initiative of hers. She must have felt intensely annoyed to have decided on such a step; and she must have felt particularly disturbed a few seconds earlier [14.40 - 15.10], not to have followed the direction of her intentions in striking the piano keys. This act of hers was anticipated and attacked, it seems, by Jenny's *loud autistic sounds* exactly at the moment of its intended realisation [14.50 - 15.06]. Sarah must have valued her creative exchanges enough to have felt and acted in this way.

Jenny uses the beater to play the metallophone

Jenny's response to this in the form of a high-pitched vocalisation of seeming triumph [15.13 - 15.17] gets acknowledged in the piano music that incorporates and soothes these sounds of hers [15.17 - 15.25]. It is probably not coincidental that it is during these phrases of mine that Jenny reveals a new skill: in synchrony with the piano notes, she plays the metallophone using a beater. This is the first time that she had used appropriately an object, which needed an intermediate object. This has a fundamental importance for someone whose only appropriate use of an intermediate object so far had been the spoon during meal-times.

The character of Sarah's piano sounds

But what are Sarah's sounds like? How are they related to her? These are questions that the carers were posing on that day, claiming that her piano sounds were accidental. In part, this is true, because this was her first exploration of the piano; in part, it is not; for having

created something, she desired its repetition and this desired repetition implied a kindred relatedness to her own state.

Indeed, when one listens to the piano sounds the moments that Sarah is located there, one feels and hears her presence; and that is what I did with the carers on that day: during our discussion time we put on the video without looking at the screen. Whether the notes were played by Sarah, or by Ms Antouna, or by myself, was quite irrelevant: they all originated from Sarah's predicament.

Her first notes are soft and blurred, as they are feebly struck in the low register: a two-cluster phrase, the second cluster more accentuated [11.34]. Her efforts then are interrupted by Jenny's exit [11.27 - 11.51].

Sarah's focused attention on sharing piano phrases

Sarah's following three piano episodes [13.28 - 15.10; 16.21 - 16.48; 18.15 - 20.42] occur through leaning on the piano keys, in the low register again, in a manner that produces an arpeggio-like quality. Those minutes claim her first coherent and focused attention in a mutually creative exchange with another human being. She invests, as much as she can, her attention in listening and observing my fingers: With simple melodic phrases or sustained chords I answer and decompose the density of her clusters, in an attempt to clarify their unformed heaviness. In complete alertness, also, Sarah re-enters with her dissonant, arpeggio-like clusters at the appropriate time, i.e. at the end of my phrases. Sometimes she plays through my hand, by taking it and dropping it onto the piano keys. Her stereotype smile is there for most of the time. However - and whatever - she plays, the quality of her sound is that of a feeble voice that aims for something bigger, that of a heavy, unformed sound.

Sarah's entries feel as part of a transparent communicative exchange, and such a phenomenon was never witnessed in her life in the

institution. Her notes convey a blurred heaviness, in keeping with the general demeanour of her personality as revealed in the music therapy sessions. Her persistence in playing the low register keys and the fact that it is on these that she chooses to drop my hands, indicate that these sounds are probably meaningful to her. It is for this reason, it seems, that my translation of these sounds, in the form of brief phrases or long chords that decompose her clusters, or Ms Antouna's single notes, just as simple in their creation as those of Sarah, are received as intrinsic to her.

9.1.4 Mutative moments - fourth part: Jenny enters her longest engagement with her singing theme [20.42 - 28.48]

Perhaps it was the respect and space provided for her *autistic vocalisations* that facilitated Jenny's shifting them to her singing themes. For one, there was a reflection of her rhythms in Ms Kazakaiou's bongo-drum playing; for another, there were sustained chords in the piano music [20.42 - 22.34].

It is an aspect of the music therapist's role to clarify the obscure and to retain in memory the patient's repertoire [Agrotou, 1994]; thus, when Jenny's singing themes - themes known to us from the previous session, that of July 29, 1994 - appear as vocal murmurs emanating from her closed vocal cords [20.42 - 21.14, 21.22 - 21.29], I translate them into piano music, music that draws from the memories of the previous session [21.29 - 21.52]. In order to reflect the underlying tension that prevented her from direct exposure to her tunes, forcing her to mechanical vocalisations and head-swings, I invested that music with rhythmical accents.

Sarah has possibly received the message that Jenny is about to "utter" something important, and at this point plays her last cluster and turns her body slightly towards Jenny [21.14 - 21.22]. She may

even have retained an unconscious hearing memory of Jenny's tunes herself.

The timing of Jenny's singing

It seems to take Jenny a few minutes to assess the environment. After my second response she sits back on her chair, but is not yet ready to leave the mechanical way of singing [21.49 - 22.11]. After my fourth response she recedes for a while into *soft autistic sounds*, but during the piano's silence she lets out her singing theme, pure and direct [22.11 - 22.34]. The sequence of events, as well as their timing, reveal Jenny as very alert all along, receiving inside her all our efforts to reach her.

It is also possible that she needs exclusive attention in order to focus with trust on her creative endeavours; for she emits her known high-pitched vocalisation, the moment Ms Antouna tries to encourage Sarah's return to the piano with a three-note phrase in the low register. And Ms Antouna's efforts to sit Sarah on the piano stool are given the following answer by Jenny: she turns her singing tunes into high-pitched *autistic sounds* [22.34 - 23.00].

Twenty-three seconds later Ms Antouna walks a few steps away from Sarah, as if prepared to accept her withdrawal at that point [23.08 - 23.27]; and eighteen seconds after that Jenny's singing tune comes in its longest and most complete form so far: a melody in three phrases [23.27 - 24.20]. The timing, again, does not seem to be coincidental.

My responses then take particular care to reflect the softness of Jenny's singing, as well as all the other musical elements. As this is her longest, most complete and open musical address to the group - something that must have taken a lot of courage on her part - I add my voice to the piano part. This is, so as to be closer to her. Though she fills the space, created by my music and Ms Kazakaiou's accompaniment on the bongo-drums, with *soft autistic sounds* and

head-swings, these do not seem to block her psyche completely; on the contrary, they appear to leave gaps for taking in the musical environment; for fifty-three seconds later she keeps still for yet another clear and musical phrase of the same tune. To do so, she seems to have needed the group's silence [24.20 - 25.01].

The interaction between Jenny and myself reaches a climax

During the following two minutes the intensity of exchanges and awareness increases even more [24.20 - 26.38]. The reader is referred to the appendix for the details. Suffice it here to mention as examples: those seconds, when Jenny's vocal expansions coincide with mine, as if there was an unconscious shared understanding of the music's direction [24.30 - 25.01]; her laughter in apparent recognition of a mutually exchanged sound [25.01 - 25.04]; her soft vocalisation at the end of the phrases, wherein I restated her theme, again in recognition of mutuality [25.24 - 25.36]; the timing of her restatement of her theme [25.36 - 26.38].

The whole interaction is parallel to the mother-infant play period, consisting of a series of episodes of engagement and time-out episodes [Stern, 1977], when Jenny withdraws her attention, and with one theme as the basis of the whole play period. For someone as isolated as Jenny, freezing her mental life under her autistic mannerisms, it was very important not only that she maintained engagement during this play period, but also that it was she who created the theme.

The breaks in the interaction and the particular manner of her head-swings reveal Jenny's ambivalence and the possible co-existence of a wish to block away, or even annihilate my sounds; for at certain moments, I feel the turns of her head as sound barriers, at times aggressive ones [24.30 - 25.01]. However, in spite of this, the last four minutes have been Jenny's longest engagement with herself in a creative position. Such an experience was not witnessed by her carers in her life in the institution.

Ignoring at first her signs that she had had enough [26.38 - 28.37], Jenny ends up with shouting "ti-pa-ta", perhaps her way, again, for saying "tipota" ["nothing" in Greek] [28.37 - 28.45]. Enough had happened in that session, there was room for nothing more.

9.2 CONCLUDING REMARKS CONCERNING THE PATIENTS

In this session, the close inter-relatedness of everything that happens in the therapy room, is clearer than at any other time. The detailed memory of the past is also manifested and it is this memory that enables both Sarah and Jenny to take fundamental steps in this meeting.

The memory of the "facilitating environment" [Winnicott, 1965] in its totality - the group becoming gradually a "secure base" [Bowlby, 1988] - is what enabled both Sarah and Jenny to reveal parts of themselves that had remained hidden within the institution's walls for years. Sarah was never seen walking unaided in the institution's corridors, and she was not to do that there still for many months to come. Yet, in the music therapy room, this was the beginning of a habitual stroll, a weekly occurrence. Jenny had never interacted creatively with anyone, nor shown an interest in human endeavours and relationships.

Both of them entered episodes of maintained engagement, each keeping a creative part and also revealed a very subtle awareness of each other's presence. Thus the ground was established for reaching deeper levels of awareness and communication in music therapy; for leaving behind us, while in the music therapy room, the stagnating state of isolation imposed on everyone in the institution. This includes the carers as well.

The group provided the patients with a space for transferring into each other feelings of jealousy and rivalry, feelings which, in turn, gave them an impetus to engage in creative endeavours and to proceed developmentally: whereas until now they functioned in dyads, relating directly either with their allocated carer or with myself, in this session they suddenly revealed an ability to relate directly to one another.

The group gave them also a space for unfreezing their attachment needs, unfolding all sorts of cues of attachment behaviour towards their allocated carers. In this session, this was shown to be most clearly the case with Sarah.

9.3 CONCLUDING REMARKS CONCERNING THE CARERS

The carers' role can hardly be underestimated in this session. Their focused care and attention enabled them spontaneously to retain in their memory the patients' sounds and to reflect these with precision and clarity. The simplicity of their responses was most beneficial for the patients, but this will be discussed at a later stage.

The patients' cues and growing attachment towards them, and the music therapy setting, began to elicit within them a care-giving behaviour and an emergent attachment. Their growing attachment to the patients gave them the affective tools needed for a continuous sensitive approach towards them. Thus Ms Kazakaïou knows how to deter Jenny from leaving the room, and Ms Antouna feels how close or distant she must be during Sarah's first walk towards autonomous actions and decisions. She can sensitively monitor Sarah's attachment needs.

CHAPTER TEN

CONCLUSIONS AND A BRIEF DISCUSSION CONCERNING THE GROUP'S FIRST FIVE MONTHS AND THE PROPOSED METHODOLOGY

10.1 SUMMARY AND DISCUSSION OF THE PATIENTS' PROCESS

Upon entering the group, the patients formed a closely inter-related "foundation matrix". This was characterised by their autistic isolation, as they all functioned to varying degrees within an autistic shell. Though highly dependent, they expressed no attachment behaviour towards either their allocated carer or myself for the first three months. This was their defensive numbing of attachment needs and of feelings of rage, fear and despair caused by their emotionally deprived lives, the early separations from their parents, their multiple rejections.

Within the group, their non-autistic parts surfaced and resonated within each one of them. This is the group's "dynamic matrix". The fluctuation between trust and mistrust, between a wish to communicate and a wish to annihilate the other's communicative parts, was part of this "dynamic matrix". Pamina was the first one to bring this aspect into the group more powerfully with her *mouth repertoire*. Thus in the session of July 15, 1994, she managed to maintain a play period lasting some thirteen minutes, within which she explored the interaction with her allocated carer, Ms Kazakaiou through the themes of her *mouth repertoire*. It was possible to classify two characteristics of these mouth sounds, created by her tongue: a)

that she almost always created an *accentuated crotchet* through pressing the tongue with force on her hard palate; b) that her characteristic, *typical theme* consisted of four quavers created by her tongue movements inside her mouth and followed by this *accentuated crotchet*.

In the session of August 5, 1994, Jenny revealed her non-autistic part most poignantly with the play period she shared with me through her singing tune. That four-minute interaction was her first experience of shared, non-autistic play.

Jenny's singing tune appeared very briefly in the session of July 29, when an attempt was made to classify her sounds. This was made even more significant, because her sounds were often the group's foreground. Thus I made the following classification:

a) Her singing notes

b) Her ambivalent [intermediate] sounds, which are partly emitted from her closed vocal cords. These became clear in the session of July 29, 1994, but have since not been differentiated from her *autistic sounds*, as during such moments the latter are predominant.

c) Her *autistic sounds* that isolate her and are divided into:

1) *soft autistic sounds*, when the sounds are soft with apparently a strong element of sensual pleasure in their production.

2) *loud autistic sounds*, when the sounds are loud and the pleasure seems to consist upon the hearing of these sounds.

The session of August 5, 1994 indicated that Jenny used her *loud autistic sounds*, not only to isolate herself from others, but also, it seems, to attack Sarah's efforts at playing the piano. This is in keeping with Alvarez's [1992] view that a stereotype ritual is indirectly, but powerfully related to another person, i.e. it is object-related.

Sarah is characterised by a stereotype smile and intense eyes. She seems to be speaking more clearly about the group's state of terror, yet

very much disguised underneath her smiles and *mock laughter*. Sinason [1992] explains that, contrary to the myth that handicapped people are happy, their smiles are not of joy or happiness, but a manic response to terrible injury, a secondary handicap as a defence against trauma and grief. The clown-like, false handicapped smile conceals loss and abuse. Furthermore, it is very hard for totally dependent people to show anger towards their carers, as they fear abandonment, which can lead to their death. Their smile is a way of telling others that they do not know about their terrible predicament, and of making others feel equally "stupid". During the moments of not smiling or laughing, Sarah's face assumes a wailing expression, as her mouth drops and her eyes reveal more poignantly her grief.

Sarah's courageous piano playing in the session of August 5, 1994, may be an attempt at a cathartic release and a communication of that terror, her first such experience in her life. Her beater-throwing episodes, occurring in most sessions, is another kind of communication, often including a touch over her genitals and accompanied by her *mock laughter* - a scream-like burst of intense repeated sound. These episodes seem to be related to similar feelings, as well as to feelings about her sexuality. This is discussed under a separate heading below.

Terror seems also to be hidden underneath Pamina's comatose state and surfaces during the moments she hyperventilates.

Though all patients are highly dependent, their working model is that of an anxious avoidant attachment type. Not expecting anyone to lovingly care for them, they live completely detached. The process so far indicates that within the group setting, they are proceeding towards acknowledging their attachment needs. This is firstly expressed by Pamina, who creates her *mouth repertoire* after her epileptic fit in the session of July 29, 1994, as a response to Ms Kazakaiou's expressed memory of this repertoire. It is also expressed by Sarah in the session

of August 5, 1994, when she walks unaided for the first time in her life, yet needing Ms Antouna close to her.

Finally, the last session surfaced feelings of rivalry and jealousy between Jenny and Sarah, this showing that they can relate to one another - a developmental shift from the state of relating only with a carer or myself.

10.1.1 Sarah's beater-throwing episodes and sexuality: a discussion

In this section I shall address some hypotheses concerning some of Sarah's behaviours, stating firstly that it is difficult to grasp the conscious and unconscious meaning of such complex aspects of challenging behaviours. In fact, they may refer to a multiplicity of meanings. Whatever they mean, for Sarah they retain a significance, as she needs to repeat such behaviours over and over again. This means that she is trying to convey messages that need to be understood and contained.

One such behaviour is her repeated grasping of the genital area of her clothes. It is possible that this relates to her anxieties concerning her sexuality. Such genital masturbatory behaviour may be a reference to the phantasy that her handicap is the result of her parents' damaged sexuality or her own violence inside the womb [Sinason, 1997].

During her beater-throwing episodes, her grasping of her genital area carries a certain significance for her, as it almost always follows her throw of the beater, and it is almost always the hand that threw the beater that touches her genital area. Her throwing the beater and her genitals seem to bear an interconnection. There is also an interconnection between these and her *mock laughter* that is always accompanying these actions. All these may possibly lead to certain

experiences of fear and violence that she is repeatedly re-enacting in the transference within the group situation. It is possible that they refer to actual experiences of violence and abuse, intertwined with her phantasies about them. The group with its objects enables her to repeat actively experiences in which she was the passive recipient [repetition compulsion [Freud, 1920]].

In the session of August 5, 1994, she throws the beater at me, though hardly at her carer, Ms Antouna. It is possible that she is operating a split, considering me as the bad object which she has to attack, while keeping Ms Antouna as the good object to which she turns for support. All along these beater-throwing episodes, she needs to keep hold of her carer's hand.

I shall return to more thoughts concerning these issues at a later stage.

10.2 SUMMARY OF THE CARERS' PROCESS: THEIR ROLE AND CONTRIBUTION

When the carers first entered the group, they were operating like the mothers of anxiously attached infants: lacking the mental space to receive the residents' signals and needs, giving scattered responses, being unpredictable and emotionally unresponsive, feeling no commitment towards the residents. Gradually they are being facilitated towards becoming like ordinary sensitive mothers, though, of course, this is not yet firmly established within them.

The patients' cues within the specialised setting of group music therapy elicited within the carers their natural care-giving behaviour. Pamina's response to Ms Kazakaiou's memory of her *mouth repertoire* and Sarah's trust in Ms Antouna, so as to walk unaided for the first time in her life, provided a most powerful feedback for these carers to

begin feeling an attachment towards their allocated patients. This emerging attachment gave them the affective tools for beginning to monitor sensitively the attachment needs and signals of their patients. Thus Ms Antouna knows how close she needs to be, in order to help Sarah materialise her first walk.

Through internalising gradually and unobtrusively my role [unconscious observational learning - see Chapter Five, 5.1.1.1], the carers are now developing a stance of quietness and careful observation, of waiting for their patients to convey their needs and signals. They also found out by themselves, within the emotionally charged atmosphere of the sessions, simple music therapy techniques, like that of "mirroring" the patient's repertoire in simple musical syntax, as well as retaining a memory of that repertoire.

10.3 SUMMARY OF THE PROPOSED METHODOLOGY AS REVEALED SO FAR

In receiving all signals as communications and free group associations, the space is opened for profoundly learning disabled patients to unfold deeper layers of their mental lives and their wish to communicate them. By decoding such signals, through connecting the patients' own responses within a more articulate non-verbal language - a musical/sound language - the patients feel that they have an impact on the therapeutic stage, which mirrors who they are. Then they transfer into this stage hidden aspects of their mental lives.

The music/sound world is employed in the creation of a safe sound environment, in that sounds are related as much as possible to the patients' own rhythms, sounds and affective states, and thus form part of a reliable and predictable atmosphere.

Part of this safe environment is the *first, rhythmical part* of the session. The stance of observing carefully, providing space of quietness and giving only minimal rhythmical responses, only after the patients expressed rhythm, put the carers in a state of almost abstinence from action and in a better position to feel close to the world of their allocated patients. It gave them a potential mental space to do so. For the patients, this *first, rhythmical part* gave them a unique experience of a quietness of "respect", as all sounds in their institutionalised lives are beyond their control and outside their own needs. It gave them the experience of being exclusively attended to - another experience they totally miss in their lives. The offer of "regressivogenetic" sounds gave the opportunity of relief in evoking memories of intrauterine life; and the rhythmical mirrors of the patients' own rhythms, with their simple musical syntax, gave them the chance to apperceive the directness of our responses to them.

Music was employed so as to "hold" the patients emotionally, soothing and comforting them or giving them courage for their endeavours. Such was the music during moments of anxiety or during Sarah's walk or Pamina's return to life after her epileptic fit. It was also employed in order to translate the patients' affective state into a language of deeper understanding ["group music interpretation"]. Yet, within this model, the music was not experienced by the patients as coming solely from my part. The carers' attention and gentle contributions facilitated the patients to experience the music as coming from their allocated carers. This fed them with feelings of acknowledgement and appreciation towards their carers, which in turn fed their carers with stimulants for developing a care-giving behaviour. Thus the beginnings of attachment bonds were initiated.

An important experience for the patients was their engagement in play periods parallel to the mother-infant play periods. For people who lacked social interactions almost from the beginning of life, this was an essential experience. The potential of music/sound to establish

contexts of shared tempo, rhythm, timing and duration of phrases, contour, timbre, enabled the patients to be active participants and initiators of themes. The emergence of these skills is considered to be the result of the music therapy model, wherein the whole group assumes aspects of the containing role of the mother. This, on the one hand, increases the "dose of parenting" and, on the other, decreases the anxiety of intimacy, which, for patients with such predicament, must be quite overwhelming.

PART FOUR

**THE GROUP'S PROCESS OF THE
FOLLOWING FOUR MONTHS:
SEPTEMBER - DECEMBER 1994.
FURTHER EXAMPLES OF
METHODOLOGY AND TECHNIQUES**

CHAPTER ELEVEN

INTRODUCTION TO PART FOUR - THE SESSION OF OCTOBER 3, 1994: ISOLATION AND THE TECHNIQUE OF THE SOUND CANVAS

11.1 INTRODUCTION TO PART FOUR AND THE GROUP'S FOLLOWING FOUR MONTHS: SEPTEMBER - DECEMBER 1994

The following four chapters describe and analyse the group's process covering the months from September until December 1994. This closes the first ten months of the group's life. Under the limitations of the present work, it was considered more important to give the details of the unfolding material for the first ten months of the group, and then summarise the processes that occurred thereafter.

The first three chapters [Eleven - Thirteen] focus on excerpts taken from three sessions throughout those months, excerpts that were characteristic of the group's processes and methodology used. Chapter Fourteen discusses the group's main themes and certain theoretical considerations.

11.2 MEETING AFTER THE SUMMER HOLIDAYS - THE SESSION OF OCTOBER 3, 1994. RETURN TO ISOLATION

The Autumn of 1994 brought some objective changes. I was appointed by the Ministry of Education and Culture, and thus my time-table was changed. For this reason we had to change the day of

the group's meetings from Fridays to Mondays. This was explained to the group at its first meeting after the summer holidays.

During this period we decided to change the sitting position in the sessions; the carers and I felt - and communicated it to the patients - that it would be more appropriate for Jenny to sit in the middle, between Pamina and Sarah, as she was more active and mobile, and this could have stimulating effects on Pamina and Sarah.

The initial sessions after the summer holidays were characterised by the group's state of stillness and isolation. This state and the way it was manifested and dealt with are exemplified by some excerpts taken from the session of October 3, 1994.¹

11.2.1 The session of October 3, 1994: the first excerpt: the first, rhythmical part of the session [2.00 - 7.18]

The patients in a state of withdrawal, but not complete

The patients' way of presenting their withdrawal was reminiscent of the group's early life. For the first five minutes of the session Pamina had her back to the group and a still face; Jenny, in her usual posture with legs wide-open, made *soft autistic sounds* over her palm; Sarah fiddled with her cheek. In other words, Jenny and Sarah were given to their auto-generated, sensation-engendered isolation, while Pamina's stillness was equally autistic.

Yet I felt at the time that their autistic withdrawal was not exactly the same as at the beginning of the group's life. Somehow in their quietness and isolation, there was a dim awareness of the human presence, or more specifically, of the group's presence: Pamina's face was immobile, yet not near-comatose as when she first came to the

¹ Two excerpts are analysed in the text. The reader may refer to Appendix B.4, 23.00 - 25.00 and the corresponding video-tape for a third excerpt, as a further example from the session.

group; indeed there was some life in her glance. Sarah's face was leaning towards her carer, Ms Antouna, while with her eyes she was following me; Jenny's face was also leaning towards her carer, Ms Demetriou.

When Pamina pushed her wheelchair backwards with some force [4.53 - 6.35], it may be that she was attempting a push out of that state of immobility. I accompanied those movements of hers with the temple-blocks - an instrument known in our group history to have an importance for her; she turned her head to the right, towards the direction of the temple-block sounds, seemingly interested or alert about another's response to her.

Pamina's wheelchair push attracted Jenny's attention and it may not be coincidental that it was some thirty seconds after witnessing this that she got hold of Ms Demetriou's hand; and Sarah turned her eyes in the direction of Ms Antouna, her allocated carer, as well as towards other members of the group. Some seconds later, though, Jenny started her typical autistic mannerisms, like swinging her head and creating sensations on her palm, smiling without apparent reason amidst her *soft autistic sounds* [6.35 - 7.18]. Sarah continued fiddling, now with her neck; and Pamina remained fairly still in her new position, again with her back to me and to part of the group, yet slightly closer to my position.

These five minutes taken from the beginning of the session characterise the group's state at the time: withdrawn, yet with some signs of a possible wish to inter-relate once again. For the approach of the carers and myself the reader is referred to Appendix B.4, 2.00 - 7.18, and the corresponding video-tape.

11.2.2 The session of October 3, 1994: the second excerpt [15.21 - 21.36]. The group's state of isolation - the technique of the *sound canvas*

Pamina's language of isolation

Pamina's brief turn to the right towards the group [15.21 - 15.23] followed by her big push of the wheelchair backwards [15.26 - 15.35] were her first movements since the fifth minute of the session [4.53]. For approximately ten minutes she had been quite still in that position of isolation from the group. This push had occurred 3.46 minutes after I had left Ms Kazakaiou's chair and moved to the piano.

I felt that Pamina's backward push was, perhaps unconsciously, intended to reach Ms Kazakaiou, for she located her wheelchair in Ms Kazakaiou's seat-place. Perhaps her absence was more intensely felt after I had left Ms Kazakaiou's seat and moved to the piano. Pamina chose to remain at that position until 19.06, her decision then to take other directions being probably connected to the music therapy phenomena until that time.

I played long, piano notes to her backward push and Pamina turned to look towards me [15.26 - 15.35]; perhaps she was aware that I was observing her and trying to understand her, using sound to communicate this to her; Pamina's glances towards people were meaningful, for they were so rare. From that location she finally turned her back to the group and faced the window, her glance travelling through its iron bars. Was she searching for Ms Kazakaiou in that space that represented the outside world, the space to which everybody disappeared - their return being uncertain - after they had left the residents behind in the institution's walls?

It is possible that through this language of body movement Pamina spoke about the isolation caused by abandonment, about the pain of loss. For sure, when, from that same location, she leaned her head

and body backwards, while "abandoned to the window's fate", I felt that this was her language's theme [17.35].

Feelings of loss and abandonment in the group's transference

Pamina had the most potent language to "speak" about isolation and abandonment, partly, perhaps, because her own allocated carer was missing from that session. Yet Jenny's and Sarah's brief holdings of their carers' hands, followed by them taking their hands away [15.35 - 15.58, 16.32 - 16.53, 17.58 - 18.17] may have been gestures that conveyed a similar experience: an object of attachment lost, while not feeling confident that it may be found again; and their shared state of isolation must have been connected to the group's disappearance during the summer holidays, to the fact that the carers and myself had abandoned them, with all the unconscious memories of earlier separations and rejections that this had evoked.

"An interruption to therapy probably always generates some reaction in the patient; sometimes it is conscious, at others unconscious, but nonetheless evident... How a therapist evaluates these reactions and responds to them will reflect his theoretical position" [Bowlby, 1988:153].

In psychodynamic thinking, the way breaks in therapy are experienced are deeply related to the way the patient had experienced early separations in life. For the patients in this group, early separations were dramatic, all of them having been hospitalised for periods of their early life and all of them having spent the first years of their lives in turbulent home environments. All of them were admitted to the institution between the ages of four and six, with little contact with their families ever since. Indeed the feelings of abandonment and rejection must have been powerful.

The therapist's acknowledgement of the patients' feelings of abandonment

It is part of the therapeutic work to acknowledge those feelings, when a therapist feels that these are present in the therapy room; to endow the patients the space to own them and provide the facilitating environment for their being conveyed by the patients themselves in the medium of an expressive language [Winnicott, 1971]. A psychoanalytic psychotherapist might say to such a group: "I feel that the group may be speaking about how lonely and abandoned it feels; perhaps you have lost trust that we are going to be here to care for you like you felt towards your parents, when *they* disappeared leaving you behind in the institution." And she would say this, having left intervals of silence for the patients to voice their state by themselves. By acknowledging the patients' feelings through her silence, but also through her words and the way they are uttered, she is giving herself an expressive medium and form that translates the patients' state. This is, so as to enable them to use it themselves, when they are ready, and so that the patients' unconscious state may be facilitated towards gradually becoming conscious.

The *sound canvas*: the music therapist's way of acknowledging such feelings

In psychodynamic music therapy something parallel can happen through the therapist's techniques and methodology. In the present work, I have attempted to formulate, conceptualise and analyse some techniques to that end, like that of the *sound canvas*. This was used, for example in this session from the 16.20 to the 20.52 minute, in combination with "mirroring" and gentle "musical interpretations".

The timing of the *sound canvas* - Jenny seems to act out her carer's disappearance

The *sound canvas* that I created through the piano's music was preceded by the following events: the moment Pamina turns towards the window, Jenny gets hold of Ms Demetriou's hand in order to drop it

immediately and get up. She makes a few steps and then returns to her seat with hissing sounds, again getting hold of Ms Demetriou's hand [15.35]. It is possible that she had picked up Pamina's message and gives her own similar message with her body language. In taking and dropping Ms Demetriou's hand, she may have referred to what Ms Demetriou had done to her, taking her and then dropping her during the summer holidays, by going away. Her brief exit from her own seat may have exact references to Ms Demetriou's disappearance, and her return to her seat to Ms Demetriou's reappearance; for when Jenny returns to her seat, she resumes her hold of Ms Demetriou's hand. This is a possible interpretation of the events, in particular considering their timing in detail.

Ms Demetriou gently mirrors Jenny's repertoire

This is the time when Jenny makes hissing sounds, possible expressions of anger at Ms Demetriou's disappearance, yet expressions very much repressed under her autistic mannerisms that isolate and freeze her emotions. Ms Demetriou's soft instrumental playing then - either with fast cymbal touches, or with xylophone glissandi, or with fast bongo-drum phrases - was an unobtrusive reflection of Jenny's doings: hissing sounds in low volume, head-swings and *loud autistic vocalisations*.

The character and constituents of the *sound canvas*

Thus the *sound canvas*, formulated through the piano music, had to be coloured with the blend of the "brushes" of isolation and stillness, which are laid over the anxiety and pain caused by abandonment - coming from all the patients in the group; of repressed, yet lightly surfaced anger - coming predominantly from Jenny; of sadness about loss - evidenced mostly in Pamina; of the pain springing from the ambivalence whether the objects of attachment will ever be reliably present and available - evidenced in Jenny and Sarah.

The piano music unravels repeated, spaced out, ascending arpeggios of unobtrusive dissonance, arpeggios that rest on long notes in the piano's high register and on pauses of silence [16.20 - 17.58]. This is the canvas's colours of isolation and stillness - created through the repetitive character of the arpeggios, interspersed with high-pitched long notes and pauses; and this colour is blended, through the mild dissonance, with "strokes" of a repressed anger and anxiety.

These repeated arpeggios are interpolated by the following: a) a slow phrase consisting of long notes near the middle register [18.03 - 18.17]; it starts with an idea of a tonality, evoked within me by Sarah's search for Ms Antouna's hand, but ends up with no tonality, as Sarah moves her hand away, not trusting what may be there for her; b) by repeated waves of high-register dissonant phrases that reflect during those moments Pamina's slow head movements, a rare break from her immobility so far, as if carried by the intermingling of the sounds and her inner state [18.23 - 18.45].

The above-described "waves" are repeated - though being transferred to a lower pitch - just after the interruption made by a loud outside noise which gives Pamina a stir [18.43 - 18.48]; through their repetition I aim to convey the reality of our continuing existence in the room [18.48 - 19.06]. It is possibly not coincidental that this is the moment when Pamina sets herself into motion for yet another variation of her body language's theme [19.06]. With her slow, struggling movements she firstly hits the wall repetitively, in her efforts to turn her wheelchair towards the group - or towards the sound [19.06 - 21.36]. I feel a loneliness, an isolation of concealed despair, as Pamina is struggling alone, at first against an empty wall, and then towards some human beings; and this hidden despair of isolation, I feel to be part of the group. The arpeggios are now a *basso continuo* whose accents coincide with, and reflect Pamina's moments of exteriorizing her intentions: the exact moments of the achieved thrust forward. While still retaining the previous colour of isolation, the arpeggios are here also an attempt to

formulate musically Pamina's efforts. The slowly-formed melody above those arpeggios is an endeavour to translate her sadness. Thus the music at this point has an interpretative character that is superimposed onto the *sound canvas*.

Pamina turns towards Jenny and Ms Demetriou - possibly the effect of the music

Perhaps it was the music's kinship to the patients' state that prompted Pamina to make definite moves at this point in the session to turn towards some particular people [20.14 - 20.25]. The moment she turns towards Jenny and Ms Demetriou, having succeeded in wheeling herself around half-a-circle, Ms Demetriou plays a xylophone glissando that is addressed specifically to her. It sounds a welcome to her and springs forth from Ms Demetriou's natural response to Pamina's proximity-desiring behaviour.

Jenny's reaction of jealousy of Ms Demetriou's attention towards Pamina

Yet another body-language utterance ensues from Jenny in a few seconds [20.25 - 20.52], a seeming reaction to Ms Demetriou's welcoming of Pamina: possibly jealous of her carer's attention towards Pamina, resulting in Pamina sharing Jenny's space, she leaves her seat having handed her beater to Ms Demetriou, only to return to it twenty-seven seconds later with the gong-beater [20.52 - 21.13]; with this object she is now abandoned to her autistic mannerisms even more exclusively, smelling its fluffy part, or plucking its tuft [20.52 - 21.36]. It is important that this new version of Jenny's autistic behaviour seems a direct reaction to jealousy over Ms Demetriou's exclusive attention; for it means that she has already experienced in the session the desire to be close to her carer. In the meantime, Pamina, as if thwarted by Jenny's departure from her seat, wheels away from that position near her, but soon returns [21.27 - 21.36], probably encouraged by Ms Demetriou's repeated invitation to her through the xylophone's sounds. The piano music has already paused.

The end of this extract reveals once again the patients' language of movements, gestures and postures, all of which give signals of isolation and affective states of having been abandoned; they also "speak" about the remnants of a desire to trust once again the relationships formed in the group; the reactivation of this desire is facilitated through the music therapy techniques and methodology employed.

11.2.2.1 The technique of the *sound canvas* - pure or in combination with "mirroring" and "gentle musical interpretations"

The nature of the *sound canvas*

The predominant music therapy technique in this extract was that of the *sound canvas*. This can be defined as the blend of silence and sound that is contained within a musical form, wherein any participant can create whatever affective picture comes to mind. The form has a similar role to the spatial boundaries of the painting canvas: it delimits the area to be coloured and in doing so, saves the participant from falling into chaotic disorganisation. In the above extract, the form was given through the repeated arpeggios and the steady underlying pulse of the piece.

The canvas area is not of a neutral colour; it is presented in a colour that would facilitate the participants painting on it, through its kinship with their inner state. In this case, the unobtrusive dissonance of the arpeggios, their rest on high-pitched notes and their repetition was the colour of isolation, stillness and repressed anger. At the same time, the canvas has to be free from definitive figures and shapes, so that the participants can create theirs. For this reason pauses and long notes were interpolated between the repeated arpeggios; and the dissonance was mild, so that it could be stretched and highlighted by a participant, if she so wished.

The carers' participation in the creation of the *sound canvas*

It was of a great significance and consequence in the present work that such techniques involved the carer's creative participation. This could be achieved with simple musical skills on their part, so that they were active from very early on. In the *sound canvas* described in the extract under discussion, the colours were enriched through Ms Antouna's brief, soft and slow metallophone phrases, often of a dissonant character, and through Ms Demetriou's xylophone glissandi or soft motives. Her soft and fast phrases on the bongo-drum mirrored Jenny's soft autistic sounds, like small lightly-coloured brushes in the canvas.

The effects of the carers' participation in the creation of the *sound canvas*

The result was not only a richer *sound canvas*, but also a shared creation by the carers and myself. This strengthened the ties between the carers and myself, stimulated their presence in the room and their inventiveness and responsibility for meeting and inviting the patients' world. For this reason, Ms Demetriou created spontaneously and at the appropriate moment the xylophone glissandi and phrases that invited Pamina near her and Jenny. Of equal importance was the fact that the patients experienced the music as coming from their carers as well as from me. Just as a child experiences his/her parents' united efforts to reach him/her more beneficially than a single parent's efforts, so the patients gained far more trust and strength in our presence through the shared efforts of the whole group of carers and myself. Moreover, in the present model, the carers were the primal objects of attachment and it was towards them that they had to regain their trust.

The effects of the *sound canvas*; its combination with "mirroring" and gentle "musical interpretations"

The *sound canvas* technique can be the foundation, upon which further combinations of techniques, like those of "mirroring" and gentle "musical interpretations" can be superimposed. The resultant combination has a different effect than when the two latter techniques are employed on their own. It is gentler on the patients, more soothing, and for this reason the *sound canvas* is of particular appropriateness when the group is in states of anxiety or isolation, that need to be contained in a non-threatening, yet active way: the *sound canvas* replaces that kind of silence from the therapist's part, that can be a collusion with the patients' death wishes or with their slipping down into the abyss of an empty void; the *sound canvas* portrays the patients' affective state in a non-depictive manner, that is, in a way that does not threaten the patients with precise forms of clear-cut edges.

"Mirroring" was superimposed on the *sound canvas* between the 18.23 and the 19.06 minute of the session, when the ascending arpeggios were turned into repeated waves of high-register dissonant phrases, so as to follow Pamina's slow head movements, amidst her stance of isolation. It may have been the music's gentle affiliation with her inner state that prompted Pamina at that moment [19.06] to embark on her endeavours to turn away from the window's "isolating eye". The potency of her body language, occurring at such moment of the music's process [19.06 - 20.25], called for a gentle "musical interpretation" to be superimposed onto the *sound canvas*. This was the function of the slow melody formulated over a *basso continuo* of arpeggios that shifted at this point, so as to simultaneously reflect Pamina's moving efforts to come back to life. The music became a translation of her affective state. It was possibly this acknowledgement of her inner world, the pain of isolation and abandonment that lies deep within, that enabled her, at last, not only to approach other group members, but to do that with apparent interest at their doings.

"Mirroring", "holding", *sound canvas*, "musical interpretations": their connection

The concept of "musical interpretation" has been discussed by many music therapists [e.g. Odell-Miller, 1989; John 1992; Pavlicevic, 1997]. "Music interpretation" is generally defined as the therapist's musical rendering of the patient's unconscious affective state. In the present work, I have clarified that the therapist is frequently translating through her music either the patient's spontaneous behaviour [e.g. Jenny's *soft autistic sounds*] or the patient's affective state [e.g. the feelings of sadness in Pamina's body language]. How unconscious this affective state is and how conscious it becomes through the therapist's musical interventions may not be possible to know. However, I have come to understand that, to a large extent, my role entails a musical articulation of the patients' way of being and this is one of the factors that can facilitate change. This musical articulation can be formulated at different levels of intensity and I have conceptualised the above techniques as representing such different levels.

"Mirroring" is the simplest articulation, the simplest musical syntax. It is helpful in reflecting a behaviour without including in it a strongly-coloured musical/affective language. "Holding" is a modicum above "mirroring" in terms of affective expression and the *sound canvas* is even more affectively invested. In this respect, I am here differentiating my technique from that of other music therapists' definitions of "holding" [e.g. Bruscia 1987; Pavlicevic 1997]. While "holding" is a musical "embrace" offered so as to soothe or contain the patients and in doing so, it does not depict the underlying emotions - or it does so very gently - the *sound canvas* portrays such emotions with more clarity, yet at the same time retaining an openness. In contrast to "holding", the *sound canvas* calls a slight alert to the patients' feelings. "Musical interpretations" are even clearer portrayals and deeper

translations of the patients' affective state - in the way that this is received by the therapist.

Each of the above techniques is appropriate in the right context. The present case-study gives examples of such contexts.

11.2.3 Conclusions about the session of October 3, 1994

In this session all patients brought signals that seem to reveal their shared feelings of isolation and abandonment, probably precipitated by the summer holidays - the first holidays since the group began.

An attempt was made to conceptualise the technique of the *sound canvas*, considered an appropriate therapeutic address to the group, when in states of anxiety, sadness or isolation. The *sound canvas* can be defined as a blend of sound and silence, within a musical form that resonates the feeling state of the patients, but also leaves space for any kind of sound to emerge from their part. The techniques of "mirroring" and gentle "musical interpretations" can be superimposed upon the *sound canvas*, in which case their effect is gentler on the patients.

The music therapy techniques of "mirroring", "holding", the *sound canvas* and "music interpretation" have been conceptualised as being respectively gradations of the intensity and depth concerning the therapist's articulation of the patient's language.

It is considered important that the carers participate creatively and spontaneously in the music therapy techniques, however simple their contributions might be. The reasons for this are the following: a) The patients experience the music as a shared creation and this brings them closer to their carers; b) The carers feel responsible for the music therapy approach and for reaching out to the patients; they feel inventive and free to take initiatives. An example of this was Ms Demetriou's musical welcome to Pamina, when she decided to leave

the window and turn towards her and Jenny; c) It strengthens the ties between the carers and myself. d) The musical result is richer.

CHAPTER TWELVE

THE SESSION OF OCTOBER 17, 1994: THE STRUGGLE TO TEST AND REAFFIRM TRUST AND MUTUALITY. THE TECHNIQUE OF CONTEXTUALISATION

12.1 THE SESSION OF OCTOBER 17, 1994. THE STRUGGLE TO TEST AND REAFFIRM TRUST AND MUTUALITY

This session brought to the surface more clearly the group's struggle to reaffirm trust and mutuality after the summer holidays. Pamina had the first and clearer voice in this struggle, while the other members acted out their ambivalence, particularly evidenced in the ways they reacted to Pamina's efforts to re-find her object of attachment.

12.1.1 The session of October 17, 1994: the first excerpt [4.56 - 10.30]. Pamina struggles to test mutuality through her *mouth repertoire*

Pamina initiates communication through her *mouth repertoire*

This extract, taken from the session's first part, reveals the initial state of the group. The stillness is not as powerful as in the session of October 3, 1994. Sarah, though sitting in a position of immobility, lets out dampened sounds in an almost continuous pattern of bursts and pauses. Jenny's *soft autistic sounds* also occur in the same pattern of bursts and pauses; and Pamina, though having chosen again that position that places most of the group - and particularly Ms Kazakaiou

- behind her, is the first one, once again, to initiate communication to the group.

Just as she had done exactly three months ago - in the session of July 15, 1994 - *she* starts the session's communicative sounds, this time also with her *mouth repertoire*. The passage of time, the group's history and process so far, together with the position from which she chooses to utter her *mouth repertoire*, makes this occurrence a different story.

In intervals of no longer than thirty seconds she repeats *the accentuated crotchet* seven times and listens to the quality and timing of the responses [5.05 - 7.40], before she allows herself an expanded variation of her known *typical theme* [7.40]. As in the past, her mouth repertoire is always created over her palm, raised in front of her mouth. During this time [5.05 - 7.40], the other patients allow the space for Pamina's signals to be heard.

This extract is an excellent example of *the first, rhythmical part* of every session. The reader is referred to the transcripts in Appendix B. 5, [4.56 - 10.30] and the corresponding video-tape for the excerpt's details, revealing the quality of the carers' presence expressed in their sounds and silences. Suffice it here to mention that Ms Kazakaiou's temple-block reflections of Pamina's *mouth repertoire* seemed to have been instrumental in reminding her of their earlier history in the group.

Pamina responds with more trust: its effect on the other patients

From 7.40 until 8.48 minute, Pamina shows herself responding to the group's methodology employed towards inviting her trust; for she not only creates her *typical theme* [8.43 - 9.13], but also expanded variations of this [7.40 - 7.58, 8.06 - 8.43] - though remaining all along in the same position that keeps most of the group to her back. At her evolving trust, based on the affirmation of mutuality from Ms

Kazakaiou, Sarah, but most prominently Jenny, seem to be reacting. Already to Pamina's first expanded statement [7.40], Jenny makes an "Ouh" vocalisation and Sarah her initial dampened screams, that gradually take the shape of complaining-sounding murmurs. And to Pamina's *typical theme* [8.43] Jenny responds with a "Pah" vocalisation, a sound that seems like a mockery to her. "Pah" is the Greek for "Boo" in the "Peek-a-boo" game. Was Jenny there mocking Pamina's attempts at re-finding her object of attachment?

Jenny attacks Pamina's communications with her *loud autistic sounds*

Certainly Jenny's ensuing *loud autistic sounds* [8.48 - 10.35], as they increase in duration and volume all along, seem to be an aggressive reaction to Pamina's efforts, they seem to be an attack on her; indeed, they are an attack on that part within the patients that struggles to re-trust the group, to re-find the objects of attachment.

Pamina reacts to Jenny's attacks

The patients' alertness to such non-verbal messages never ceases to astonish me: Pamina's instant reaction to Jenny's first *loud autistic sounds* that interfere with her endeavours is, firstly, a turn of her head and glance upwards and sideways, in the direction of Jenny's sounds [8.48 - 9.13]; and, secondly, a shortened variation of her *typical theme* [9.13 - 9.28]. Then she prepares herself, through the placement of her palm over her mouth, for a whole theme, but, possibly because of not finding a quiet space due to Jenny's sounds, she only creates the *accentuated crotchet* [9.28 - 10.30].

Jenny's destructive, high-pitched sounds and Pamina's reaction

Some of Jenny's sounds now turn into a high-pitched level, particularly towards the end of the extract [10.30 - 10.35]. Jenny always creates such high-pitched vocalisations, when her mind is turned towards destroying something. This makes it even clearer that her whole reaction in this part of the session was founded upon a wish

to destroy Pamina's messages. Pamina's eyes are alert and turn towards the sound events occurring behind her back. Before doing so, she has the chance, in a moment of quietness from Jenny's havoc, to prepare her hand and palm for *the accentuated crotchet*. Amidst the attacking sounds, that is all that she can say; for her *typical theme*, or its variations, would be devoured by the force of Jenny's oral statements.

12.1.2 The session of October 17, 1994: the second excerpt [12.28 - 18.53]. The group unites in its struggle to reaffirm trust - the technique of *contextualisation*.

Only a few minutes after Jenny has attacked Pamina's efforts, she makes her most substantial move so far to create her own piano sounds and to share the instrument with me [12.28 - 13.01]. This marks the beginning of a phase in the session, wherein all the patients make contributions, which correlate with their shared state of becoming alive and struggling to re-trust the group. This was the result of the way each patient resonated Pamina's efforts.

Though Jenny's piano playing lasts less than a minute, her playing contains shades of colour, particularly her phrases of single-note reiterations. At the end of her first phrase, Pamina creates her *accentuated crotchet* [12.34 - 12.40], and Jenny re-enters her ensuing phrases after Pamina's sound [12.40 - 13.01]. Indeed, until 13.19, there is a flow of sounds that do not crush; on the contrary, one follows upon another with a certain flow. This is facilitated by the music therapy technique called *contextualisation*.

The technique of *contextualisation*: a brief outline

This was one of the fundamental techniques taught at the *Roehampton Institute of Higher Education* and analysed by Pamela Steele-Bartam [Steele, 1984], the tutor of the course at the time. *Contextualisation* is defined as the music therapist's endeavour to put

into a musical context the various sounds coming from the patient. In the present model I have attempted a further exploration and elaboration of this technique, like the following: that in responding to the patient's sounds, the music therapist adds other sounds that act as the *binding text* that holds these sounds in a unified whole. This does not mean that the *binding text* lacks spaces for whatever sound may originate from the patient. As in most music therapy techniques, the idea of open spaces for the patient is paramount. For this reason, this *binding text* can consist of restatements or reflections of the patient's phrases, or expansions of his/her repertoire, or variations based on some motif springing from his/her repertoire; it can also consist of questioning phrases coming from the therapist, or of interpretative phrases that find their root in the therapist's countertransference. It can also be a combination of all or any of the above. But it should almost always be arranged in such a manner, so as to remain open for any statement or diversion that can spring forth from the patient, at any time s/he so wishes.

The above are some of the theoretical issues which I have developed in the present model. It has been mentioned before that one of the group conductor's roles is to link together the various parts coming from the patients. One way that she can do this in psychodynamic music therapy is through *contextualisation*, as defined above. In the present model the novelty is that the carers are active participants in this technique; and just as it happens with other techniques, e.g. that of the *sound canvas*, the effects of *contextualisation* are strengthened through their creative contributions.

The sounds coming from different patients may easily be experienced as scattered, if they are not bound together into one context that reinforces their inter-relatedness. This is what happens from 13.19 until 18.53. The inter-relatedness concerns the desire to step out of the state of isolation and explore the reaffirmation of trust, with all the ambivalence that this entails.

New theoretical concepts on the technique of contextualisation

I shall now return to the beginning of the extract, in an effort to pick up the patients' elements which inter-relate, together with analysing the elements of the music - that of the carers and myself - which constitute the *contextualisation* technique. In doing so, I shall also endeavour to develop some further theoretical issues that emanate from this technique.

Jenny's first phrase of single-note reiterations [12.28 - 12.34] is not only non-autistic [i.e. not mechanical] through the colours that spring forth from it, but also through its softness, which leaves spaces for the co-existence of any other sound. It is possibly for this reason that Pamina enters her *accentuated crotchet* at the end of Jenny's first piano phrase [12.34 - 12.40]. Ms Kazakaiou's immediate response refers to both patients: firstly, she gives an accurate reflection of *the accentuated crotchet* on the temple-blocks; and then, after a brief pause, she reflects Jenny's phrase through a phrase on the temple-blocks that reiterates softly a single note.

Jenny re-enters her phrases of single-note reiterations [12.40 - 12.54], before she changes the character of her music with phrases of loud clusters, which carry a sense of force and determination [12.54 - 13.01]. She was possibly encouraged by Ms Kazakaiou's distant-sounding reflections of her initial phrases. But when I respond to Jenny's last phrase on the piano with rhythms and a melodic line which reflect the forcefulness of her own phrases, this seems to be too much for her [13.01 - 13.16]; perhaps this music was too close to her, both instrumentally and affectively; for she then stands up from the piano stool, in seconds she makes hissing sounds [13.29 - 13.40] and soon embarks upon destroying the gong [13.40 - 13.48]. Our closeness may have brought her own ambivalence to the surface.

My piano response was formed in an attempt to reflect Jenny's last phrases, while creating a sound link with Pamina's repertoire. For this reason I ended my phrases, bringing them to a pause, with a triple repetition of a rhythmical motif that reflected the last two notes of Pamina's *typical theme*: a quaver followed by an accentuated crotchet [13.01 - 13.19]; this was also the rhythmical motif with which Jenny ended her last phrase. Ms Kazakaiou instantly picked up this rhythmical motif and restated it twice on the temple-blocks almost simultaneously with me. It can then not be coincidental that Pamina immediately follows with a new, more varied and expanded version of her theme so far: 1 quaver pause, 6 quavers with every second quaver being accentuated, and 1 quaver pause followed by *the accentuated crotchet*.

In the above excerpt, the facilitating factors that brought forward Pamina's communication were the following: a) the use and repetition of the rhythmical motif consisting of a quaver followed by an accentuated crotchet; b) the use of the above in a music that linked Jenny's communication with that of Pamina's; c) the close connection of this motif with a part of Pamina's repertoire, as known in the group [her *mouth repertoire*].

Terms for the technique of contextualisation: the binding text; the rhythmical leitmotiv; the basic unit of the rhythmical leitmotiv

As the music unfolds, the double repetition of this rhythmical motif becomes a binding element in the music's form and communication. It is analysed as follows: quaver, accentuated crotchet - quaver, accentuated crotchet (! ! - ! !); or its close variant: quaver, accentuated quaver, quaver pause - quaver, accentuated quaver, quaver pause (! ! ! - ! ! !). Until 18.53, when this piece comes to an end, the above rhythmical phrase forms a fundamental part and characteristic of the music's *binding text*. I have therefore called it the *rhythmical leitmotiv* of the piece's *binding text*; and the simple rhythmical motif [i.e. quaver followed by accentuated crotchet or by accentuated quaver and quaver

pause (! ! or ! ! !]), I have termed it as the *basic unit of the rhythmical leitmotiv*. Both the *basic unit* and the whole *rhythmical leitmotiv* are reflections of part of Pamina's *typical theme*. In this way the music's *binding text* is connected with the patients' repertoire.

When Jenny interrupts the flow of sound communication by trying to destroy the gong accompanied by high-pitched vocalisations [13.40 - 13.48] - with which she usually indicates her destructive wishes - Ms Kazakaiou's restatements of the *rhythmical leitmotiv* on the temple-blocks act as retainers of the music's coherence [13.48 - 13.58]. My piano response to Jenny's repeated high-pitched vocalisations takes place within the context of the music's continuing form; for this reason, the notes that reflect these vocalisations are followed by others that restate three times *the basic unit of the rhythmical leitmotiv* [13.58 - 14.16]. At this point, the latter sounds also as a musical answer to Ms Kazakaiou's temple-block phrases, and this enriches the music's *binding text*.

With Jenny now back in her seat, Ms Demetriou's cymbal phrase [crotchet, quaver, accentuated quaver (! ! !)] is a variation of the *rhythmical leitmotiv* and alongside her last accentuated quaver Pamina creates her *accentuated crotchet* [14.16 - 14.24]. It is as if the music's *binding text* created textual lines, onto which any patient could write her part. Ms Kazakaiou's temple-block phrase follows [crotchet, quaver, accentuated quaver, quaver pause, quaver, accentuated quaver (! ! ! ! !)]; with this she creates a variation of Pamina's *typical theme*, that is at the same time linked up with Ms Demetriou's last cymbal phrase.

Ms Antouna's first entry in the piece with the bass-drum sounds close to *the basic unit of the rhythmical leitmotiv*, while I unite and hold together the rhythmical elements, particularly the *rhythmical leitmotiv*, by incorporating them in two melodic phrases on the piano [14.24 - 14.48]. These have the character of waiting for whatever

communication may unfold. In this context, Jenny's ensuing middle-pitched "Ah" vocalisation does not sound as if it falls into a void [14.48 - 14.53]. Between this and her next vocalisations at 15.14 and 15.19 there is a marked difference: the last two are clear responses to the music's facilitating context, whereas the first one could have been a random, isolating cry.

The contents of the binding text

This context - *the binding text* - contains contributions from all the carers and myself interspersed with pauses, with *the basic unit of the rhythmical leitmotiv* binding everybody's entry - even the melodic phrases of Ms Demetriou on the metallophone contain this motif [14.48 - 15.20]. It also contains melodic piano phrases that reflect Jenny's vocalisations [14.48; 15.16]; that convey a message of waiting for whatever sound a participant wishes to create [14.56 - 15.06]; that pose a questioning musical attitude formed upon the rhythm of the *rhythmical leitmotiv* [15.06 - 15.14]. Indeed Jenny's first responding-sounding "Ah" vocalisation occurs after this last phrase [15.14 - 15.16].

The group's trust and liveliness emerges

My following piano phrase, also built upon the *rhythmical leitmotiv*, is an attempt to answer Jenny's vocalisation there and Ms Demetriou accompanies that with a single cymbal note [15.16 - 15.19]. That Jenny's ensuing vocalisation is a response to that, is clear not only through the timing and quality of her sound, but also through her facial expression [15.19 - 15.20]. The fact that she uses the word "Pah" there may refer again to issues of reappearance. Perhaps she was again experiencing a certain pleasure at the reappearance of the group life.

This instantly brings forward the *typical theme* coming from Pamina's mouth [15.20]. It seems clear that Pamina enters her whole theme or expanded variations of it, when she feels safe that there is enough space for her theme to be heard; otherwise she silences herself, or only

creates the *accentuated crotchet*. While Ms Kazakaiou gives her predictable response on the temple-blocks, I create musical expansions on the piano that include Jenny's vocalisations, but formed on the rhythms of Pamina's *typical theme* [15.20 - 15.33].

Jenny seems to be reverting to states of distrust yet again, as at this point she resumes her destructive-sounding high-pitched vocalisations [15.33 - 15.52]. Now the piano's *binding text* shifts, and in phrases characterised by single-note reiterations - though still in the rhythms of the *rhythmical leitmotiv* - I attempt to remind Jenny of her first piano phrases occurring between 12.28 and 12.54.

Yet this is the time when Sarah decides to overcome her distrust for the group, leave her seat and approach the piano for the first time since the summer holidays [15.52]. With Ms Antouna's hand tight under her left arm, she makes her first steps towards the piano [16.06 - 16.11].

The technique of *contextualisation* continues until the end of the extract at 18.53 minutes. From what has been analysed above, I think that the reasoning of the sounds will be clear, when one reads the transcripts and observes the video-tape. Therefore, I shall only describe the important moments until the end of the extract. Suffice it only to stress that throughout the extract, the music retains a thematic unity, formed on the rhythms of Pamina's *typical theme*. The resultant *rhythmical leitmotiv*, is incorporated into phrases that, at the same time, refer to whatever sounds are emanating from the other patients.

Simultaneous state of alertness and creativity: the group's first such moment

Thus the same musical approach occurs when Sarah "speaks" to the group. Firstly her steps, and then her vocalisations are addressed within the continuing flow of the same musical form [16.06 - 18.53]. In spite of Jenny's destructive-sounding high-pitched vocalisations, only

seconds after Sarah's decision to come to life [16.11], the three patients achieve moments, when they all speak the voice of communication at the same time [16.27 - 16.50]: Sarah's glance towards the group from a standing position en route to the piano, Jenny's cymbal phrase and Pamina's *typical theme*, all occur in a continuous flow. This moment, revealing the patients' shared state of being alert, creative and forward-coming in their trust in the group, is the result of the music therapy approach so far in the session, and, in particular, the technique of *contextualisation* as described above. It is the first such moment in the group's life.

Sarah's ambivalence

The ambivalence pertaining to this trust is, perhaps, most strongly conveyed by Sarah during the voice dialogue she has with me at the piano less than two minutes later [18.10 - 18.53]. Though allowing her dampened screams to evolve into a communicative exchange between us, our voices making that exchange even more direct, her body becomes increasingly tensed up, as she lifts her right shoulder upward and close to her head. Her posture gradually assumes a shape, which appears like a superimposed tensed skin over her fragile body. It seems as if her "inter-action" with me was experienced as an action against her inner contents [Bick, 1968], which she tried to protect through tensing up some of her body muscles. Tustin also refers to such bodily tension expressed through the skin and explains it as the result of overwhelming threat, that causes one to become stiff with terror [Tustin, 1990:134].

12.1.2.1 Conclusions about this section and the technique of *contextualisation*

In concluding this section, it is emphasised that the extract analysed herein reveals the first concurrent efforts of all patients to entrust their communicative signals to the group; though the moments of this trust are brief and easily conquered by distrust, ambivalence or fear of

annihilation by another, they are, however, present. For people who have been totally indifferent to human exchanges in a lifetime, this can be attributed to the music therapy group and the employed methodology.

The methodology under discussion in the present extract was that of *contextualisation*. This was considered the appropriate way of facilitating the patients' trust to emerge and be conveyed through sound. The carers' creative participation in this technique was of paramount importance in this process. Though their phrases were simple and their musical skills very limited, they had the ability to spontaneously pick up and retain the *rhythmical leitmotiv* and its *basic unit*, that bound the context of the music together. It needs to be stressed that these were not addressed and classified as such at the time; what was emphasised then, during our *free-discussion group meetings*, was the appropriateness of all of us creating together one music; this music had to be open - through pauses and non-intrusive playing - to any emerging sound from the patients; it had to be connected with them through motives that would refer to their own repertoire: with these motives, we were to fill the space between the patients' sounds; it had to be formed by hearing each other; it should have a form.

The detailed analysis of the extract was intended to indicate the subtlety with which sounds are connected between the patients, the carers and myself; and the subtlety with which *contextualisation* is built up instantly and spontaneously by focusing on all the details of the patient's sounds, remembering them and bringing them to life within the music's *binding text*.

12.1.3 The session of October 17, 1994: the third excerpt [23.57 - 31.40]. Ambivalence - the object is re-found

The third excerpt is only given in summary form here, as a validation of the hypotheses already mentioned concerning the group's ambivalence between states of trust and mistrust, as well as the apparent effects of the *contextualisation* technique within that setting in encouraging mutuality and the re-emergence of feelings of trust. The reader is again referred to Appendix B. 5, [23.57 - 31.40] for the details in the formation of the musical approach.

Jenny is the spokesperson of aggressive feelings in the group

On the video-tape, the third excerpt is preceded by a clip from the same session [19.17 - 21.33], that shows Jenny getting in Sarah's way the moment that Sarah re-finds her old skills and trust and decides to walk towards the piano. The timing of her walk to the gong - situated in front of Sarah - seems to indicate this. Her high-pitched vocalisations at that moment are yet another proof of her hostile wishes. Sarah makes a few steps on her own in order to give Jenny a push on her back. This series of events reveals the aggressive and hostile feelings between the patients. These are more obvious in Jenny, partly, perhaps, because of her predicament and partly because she can externalise them better. Indeed, in this respect, she may be the spokesperson of the patients' feelings. It is well-known in group analytic theory that often one patient acts or speaks on behalf of the group of patients, through the mechanism of projective identification [Ganzarain, 1989]. By this is meant that the other patients' unwanted parts are split off from them and evacuated onto another person. This person unconsciously identifies with these split parts that are projected onto him/her.

Sarah seems to be threatened by the others

The third extract begins after Jenny has returned to her seat, thus allowing Sarah to make her way towards the piano [23.57]. Upon

reaching it, however, she does not have the courage or trust to play a single note. Unlike what she had done in the session of August 5, she does not remain still or at peace for any length of time [23.57 - 29.02]. Turning her eyes from person to person, and being particularly concerned about Jenny's doings - as it is towards her that she mostly turns her glance - she seems so much threatened by others, as to be unable to create anything herself. The strength of her ambivalence fits within a picture of Jenny withdrawn into her *soft autistic sounds*.

Pamina's trust returns: Pamina's *mouth repertoire* becomes a harmonised part of the music

Within the context of the music, however, Pamina's *mouth repertoire* gradually unfolds itself yet again, her sounds increasing in length and frequency [24.31 - 29.02]. Not even in the session of July 15, 1994, had she created her *typical theme* or expanded variations so many times within such frequency [25.18, 25.31, 25.46, 25.59, 26.17, 26.30, 27.03, 27.18, 27.33, 27.47, 27.58].

I felt that Pamina was experiencing the re-awakenings of trust for the reappearance of her allocated carer; and the comfort that the group endows a sound/affective space for her to exist. Though still keeping her back to Ms Kazakaiou, it is towards her that she turns her head, every time she hears Ms Kazakaiou's responses coming from the temple-blocks. I do not think that it is an exaggeration to state that her *mouth repertoire*, from 25.46 onwards, *sounds*, and *is*, a prominent and well-harmonised part of the whole music; that it was the result of a synchronisation skill on her part and that she must have experienced pleasure in creating it - something that evoked Jenny's envy, if one judges by the hard and envious look she gave Pamina during one of her creative moments [27.58 - 28.22].

Is it part of Pamina's feeling of creativity that causes her left hand's fingers to make micro-movements before and during a number of her

phrases [25.18, 25.46, 25.59, 27.33, 27.58]? It looks as if she is playing an instrument for which a certain dexterity is needed.

Pamina experiences anxiety before turning to face her carer for the first time in the session

It seems that Pamina's sudden pangs of anxiety - evidenced by the way she moved her left hand in front of her face amidst bursts of hyperventilation - was linked with her desire and decision finally to turn her wheelchair and search for the real face of her allocated carer; to search beyond the sound and verify the sound's witnesses [29.02 - 29.37].

Pamina and Sarah find their allocated carers

Pamina's turn coincides with Sarah's walk towards her seat. Ms Antouna had already returned to her seat, thus allowing Sarah the space needed to experience her ability to walk alone. Sarah finally finds and gets hold of Ms Antouna's hand [30.02 - 30.20].

Sarah remains standing there and holding Ms Antouna's hand during the goodbye song and music [31.28 - 31.40], while Pamina times her complete turn towards Ms Kazakaiou, so as to coincide with the last phrases of the goodbye music. Did she need to test Ms Kazakaiou's predictability and attentiveness for the length of a whole session before she could acknowledge Ms Kazakaiou's return? One thing is certain: that both Sarah and Pamina witness during the session's last minutes the re-finding of their objects of attachment.

12.1.4 Conclusions about the session of October 17, 1994

This session was about a struggle to test and reaffirm trust and mutuality. Old themes repeated themselves, like Pamina's *mouth repertoire* or Sarah's walk to the piano; but they were repeated amidst an atmosphere of ambivalence and a state of internal fight between trust and distrust. This distrust pertained not only to the patients'

relationships to their allocated carers or to me, but also to the relationships amongst themselves.

The "spokesperson" of this distrust and of the hostile wishes between the patients was Jenny. This was indicated by such events as her *loud autistic sounds* during Pamina's endeavours to communicate with her *mouth repertoire*, as if intended to devour Pamina's sounds; or by the envious and hard look she threw to her towards the end of the session, the time that Pamina was more confidently establishing a sound communication with her allocated carer and the group; or by the way she blocked Sarah's walk to the piano, through absorbing herself with the gong, which happened to lie on Sarah's route.

Though Jenny withdrew into an autistic state at the end, Sarah and Pamina reached out for their allocated carers with a certain feeling of trust. They were facilitated in reaching that position by the music therapy approach and the carers' evolving abilities to meet them, both through sound and through an appropriate stance. For a large part of the session, the music therapy technique used was that of *contextualisation*. The carers' contribution to this technique strengthened the ties between them and myself, and between them and their allocated patients.

Thus Pamina re-finds Ms Kazakaiou during the session's last minutes, having first tested for thirty minutes the quality and length of her attention, as well as her endurance in giving it without being able to look at Pamina's face; and Sarah walks alone, in order to hold steadfastly Ms Antouna's hand for the last minutes of the session. Ms Antouna, like the "good-enough parent", has sensed her ability to walk alone, and allows her that amount of physical space [from the piano to her seat], within which she can experience this emerging ability without fear. Seen from the angle of attachment behaviour theory, Ms Antouna very sensitively monitored Sarah's attachment behaviour needs and sensed that, for that length of time, at that point in the

session, Sarah could terminate her attachment behaviour in order to explore her abilities to walk alone. As Bowlby [1988] writes, with increased security the care-seeker increases the time and distance away from his/her care-giver, provided the care-giver is known to be accessible and responsive when called upon.

CHAPTER THIRTEEN

THE SESSION OF NOVEMBER 7, 1994: DESPAIR - THE OBJECT RE-FOUND AND RE-LOST. THE SIGNIFICANCE OF THE BEATER

13.1 INTRODUCTION TO THE SESSION OF NOVEMBER 7, 1994

The previous chapters of *Part Four* dealt with the group's reaction to its first long break, which took place in the summer of 1994. By November the issue of re-losing and re-finding the object of attachment assumed yet another dimension. It seemed as a deeper plunge into this sensitive area, with Pamina, yet again, as its most explicit exponent.

The excerpt that follows, taken from the session of November 7, 1994, is a poignant example. This closes the description of the group's process for the months September - December 1994, which consisted of detailed analysis of characteristic excerpts from sessions and the music therapy techniques employed under the proposed methodology.

13.1.1 The session of November 7, 1994. One excerpt [10.44 - 22.17]

This excerpt, taken from the middle part of the session, can be divided into two parts, a predominantly musical part [10.44 - 18.36] and a predominantly non-musical part [18.36 - 22.17]. What distinguishes the two parts is my decision to invest the first eight

minutes with music [10.44 - 18.36], while abstaining from it during the following four minutes [18.36 - 22.17]. It was the patients' way of being and my countertransference response to it that spontaneously brought about that decision. This will be explained in what follows.

13.1.1.1 The excerpt's predominantly musical part [10.44 - 18.36]. Despair about being pushed and dragged, about re-losing the object - the music therapist makes herself present

Pamina's body language: anxiety about re-finding and re-losing Ms Kazakaiou

This part of the session is governed by Pamina's circles. The circles themselves speak a language, a body language, and it is this that I decide to invest with music; because Pamina's body-language is a poignant one.

In the absence of a voice and of the courage to use her hand as an intermedium for creating a sound through an instrument, Pamina's postures, gestures and movements become the tools through which to perform her own experiences within the therapeutic stage.

Her circles keep Ms Kazakaiou as a meaningful, focal point within the periphery of her movements. This is evidenced by such incidences as her pauses near Ms Kazakaiou, with micro-movements on location for some thirty seconds [12.00ff]; or by her determined turn, achieved with the help of her legs, that enabled her to wheel straight to Ms Kazakaiou and remain facing her in close proximity, amidst hyperventilations, for about one minute [13.18ff].

For the first four minutes [10.44 - 14.45], Pamina's circles seem to be about re-losing and re-finding Ms Kazakaiou. She is herself performing the act of losing her and finding her, an act that gets repeated many times. This is perhaps her way of mastering the experience of loss, acting out an experience for which she had been the

passive recipient [Freud, 1920; Alvarez, 1992]. The transference relationship with Ms Kazakaiou enables her to bring into it her past experiences, her early losses, and the way she had suffered when her first object of attachment disappeared from her life. The eruption of continuous hyperventilations, the moment she re-finds Ms Kazakaiou close to her, probably refers to the pangs of anxiety that she must have suffered during those losses [13.18ff].

The timing of Pamina's messages

It is not coincidental that Pamina brought these issues into the session and into her relationship with Ms Kazakaiou, having first - in the session of October 17, 1994 - tested Ms Kazakaiou's reliability and availability after her return from the summer holidays. This session's phenomena are a continuation of the affirmation of mutuality that had occurred then through the *mouth repertoire* test. Having re-found Ms Kazakaiou, Pamina can now explore with her at a deeper level her experiences of loss.

Therapeutic music: to offer a presence

It is my countertransference that guides my decision to invest the group atmosphere with music during those moments. Through Pamina's language I feel the image of a solitary, lifeless path marked with repeated losses and I wish to keep a musical company with this path. It is as if saying to her that, during those repeated re-plays of her life's losses, she is not alone.

Sarah's murmurs, as they take a shape of bursts and pauses, are yet another pattern of repeated appearances and disappearances. It is these sounds that I firstly take in, during my address to Pamina and the group; the piano phrases at the beginning of the extract are an expansion and a response to every single one of Sarah's murmurs. But the main aim of the piano music is to create a humanly-invested presence, a voice that calls the patients back to life. The carers' rhythmical accompaniments reinforce this aim - in particular, the

accurate and steadfast rhythmical beat that follows every movement of Pamina through the hands of Ms Kazakaiou. This is a similar therapeutic function to what Alvarez [1992] writes about treating severely depressed children, who have lost hope. Then it is necessary for the therapist to bring the patient back to life.

Pamina's circles become more dramatic: the music acknowledges and soothes

When Pamina hyperventilates, the piano music assumes yet another aim: that of soothing her anxiety, yet acknowledging her pain [13.18 - 15.58]. Within the atmosphere of this music, her circles gradually assume more meanings. From 14.45 until 17.44 her circles become even more dramatic: the movements are slower, the pauses within the circle longer; soon there is a struggle in every wheelchair push. Her torso appears all the more stooped, her body curled up and even more handicapped, as she keeps her legs on the wheelchair seat. It appears as a dropped, ailing body and soul that drives itself in unending, aimless-appearing circles. And every push comes with a struggle, is the result of an effort; there is a struggled push followed by a struggled pause; and then a struggled being stuck on the wall, a struggled being turned towards Ms Kazakaiou, a struggled being banged on the xylophone.

The group shares the same affective state: an emotional and physical captivity: a group "musical interpretation"

There is a moment when Pamina's torso becomes even more stooped [16.29 - 16.50], while Sarah seems concerned; I then feel that it is appropriate to strengthen my presence in the room and the endeavour to be close to the group through more intimate music. As soon as the first slow, vocal phrases are heard, with the accompaniment of the piano, Pamina's state, as described above, reaches a dramatic climax [16.50 - 17.44]; the plaintive character of the music, as it translates my own feelings, evoked by Pamina's predicament, meets Sarah's painful state, expressed through her facial expression.

Those moments from the 16.29 until the 17.44 minute carry the group to a state of shared affective intensity: along with Pamina's struggled pushes of her dropped body, and along with the music, Sarah's face assumes an expression of piercing pain, as she turns her glance from my direction towards Pamina. She seems to have registered with clarity Pamina's language and my musical response to it; and this has evoked her own pain concerning the same issue: the fate of being pushed, dragged and banged for a whole lifetime; the captivity of the body and the soul; the state of the struggled, non-creative, passive despair. At least, these images and feelings were very strong in my countertransference and I believe that they reflected the phenomena in the room at the time.

Indeed Sarah's body was tight and tensed, in a motionless sitting position with crossed legs, from the beginning of the session until this moment; her voice was all along entrapped into murmurs, just as she entrapped the teddy-bear tight in her arms. Was that not the state of an arrested body and soul? The kinship between her state and that of Pamina's body language must have been too strong for her, so as to make her leave her stereotype smile and assume that expression, as if "penetrated" by a painful image [17.10 - 17.44].

Moreover, it seems to be no coincidence that, at exactly the same time, Jenny placed her body on her own chair, so as to assume a similar posture to that of Pamina, but in an exaggerated form; the result was the same dropped body. This is the first moment in the session that Jenny allows herself to react to the group phenomena outside her autistic mannerisms; because the phenomena were of such an overpowering nature. Thus each patient's resonance was equally overwhelming.

Pamina gives the exit from this state, just as it was she who gave the entry. Placing herself by the side of the xylophone, she strokes its

keys, before she gets hold of the beater, in order to look at it attentively [18.06 - 18.14]; she then passes it from the right hand to the left and back to the right again, before she lets it drop on the floor [18.14 - 18.26]. This was her first touch of an instrument, her first handling of the beater. The drop brought a *mock laughter* in Sarah and drew Jenny's attention [18.28 - 18.36]. From this point on, new things began to happen.

13.1.1.2 The excerpt's predominantly non-musical part [18.36 - 22.17]. Re-losing and re-finding the beater

During the following four minutes the patients are engaged in closely-interrelated actions. As will become apparent in the following discussion, it seems that it is the concrete content of the actions themselves that are important, rather than any translation of its corresponding state into a musical form. For this reason I decided to let the actions speak and not play music that would be irrelevant to their concrete content. The actions are described in detail in Appendix B. 6, [18.36 - 22.17] and for this reason the events are given here only briefly.

Pamina repeats dropping and taking back the beater

The actions begin as repeated drops of the beater by Pamina after their repeated returns into her hands [18.36 - 19.42]. It is important that she wishes to collect the fallen beater herself, rather than anybody else handing it back to her. This action of dropping the beater and then bringing it back engages her attention until the end of the excerpt.

This evokes Sarah's *mock laughter*

Sarah feels a close kinship with Pamina's doings. Just after every drop of the beater by Pamina's hands, she elicits the same *mock laughter* that, so far, would mark a beater-drop by her own hands [18.28 - 18.36, 18.56 - 19.51].

Jenny takes Sarah's beater

Jenny, having observed the happenings in the room, firstly chooses to get hold of Ms Antouna's hand, that is, Sarah's object of attachment [19.42 - 19.51]; she then takes over Sarah's beater, which was lying on the bass-drum, and fiddles with it over the metallophone in front of her, producing a laugh herself [19.51 - 20.05]. It is possible that she is here contemplating overpowering the actions of the other patients through a related action by herself.

Sarah reacts

Sarah seems aware that something related to her, and towards her own object of attachment, is boiling inside Jenny's head, and she immediately gets the beater from Ms Antouna's hand, in order to throw it first at Ms Antouna's overall and then in the in-between space behind her and Ms Antouna [20.05 - 20.18].

Ms Antouna assumes the role, as in previous sessions, of returning to Sarah her fallen beater, and Sarah continues to drop it together with *mock laughter* [20.18 - 20.26]. All this is somehow capturing Pamina's attention, who is possibly experiencing its close inter-relatedness to her still continuing activity of dropping and collecting her beater; and Jenny makes a further step closer to her intentions, by bringing her body even closer to Ms Antouna.

Jenny's use of the beater so as to take away Ms Antouna

In a movement of surprise, Jenny hands Sarah's beater back to her [20.39 - 20.43], only to reveal four seconds later her true intentions: her desire to take away Sarah's real object of attachment, Ms Antouna [20.43 - 20.45]. Sarah discards the beater once more, and Ms Antouna once more collects it for her [20.40 - 20.45]. Jenny, determined to carry on with her intentions, removes the beater from Ms Antouna's hand and pulls her harder from her chair [20.45 - 20.58]. Jenny's and Sarah's hands carry a momentary fight, before Sarah seems to give up

Ms Antouna, as she turns her body towards the other side of her chair, fiddling with her cheek [20.58 - 21.08].

At the end Jenny manages to pull Ms Antouna out of her chair [21.08 - 21.26]. In an attempt to restore some balance, Ms Antouna, now standing in front of Sarah and being held by Jenny's hand, offers the fallen beater back to Sarah [21.26 - 21.35]. But Sarah seems to show her desire for the real object, Ms Antouna, through the fact that she dropped that beater onto Ms Antouna's now empty seat [21.38 - 21.39].

Ms Antouna alleviates Jenny's attacks

Ms Antouna spontaneously receives Sarah's meaning and offers her hand to her. Sarah instantly accepts this and with its support she gets up from her chair [21.39 - 21.45]. At this point Jenny leaves them and comes to the piano for a few musical phrases [21.45 - 22.17].

It is evident that in this part of the session the beater assumes a significance. This will be discussed in the following chapter, which deals with certain theoretical considerations.

13.1.3 Conclusions about the session of November 7, 1994

In this session Pamina became the group's foreground in unravelling a body language that seemed to convey states of despair, entrapment, feelings of being dragged and banged in endless repetitions and anxiety about having lost her object of attachment [Ms Kazakaiou]. Her slow, never-ending circles with her wheelchair - with Ms Kazakaiou as a focal point in these circles - seemed as desperate attempts to speak a language, where hope was perhaps totally lost. During the moments when the group shared the same painful state - when Sarah's face frowned with a grimace of distress and Jenny stooped her body on her chair, so that it seemed in the same posture as Pamina's dropped body - I had the following image in my mind: the carers dragging the patients out of their beds, into their clothes, into

the toilets, into the bathrooms, into their beds again, all done in a "lifeless" manner, as if there is no person inside that body. Pamina's body language evoked within me a piercing grief about the state of being de-humanised, depersonalised; and the terror, when you can never see or imagine an end to it. This is where there is no hope.

The therapeutic music, then, had two aims: a) to voice a call to the patients to come to life, by reminding them of the group's and the therapist's presence; b) to interpret the affective state of the group, thus conveying to them that they are being understood.

It is possibly for this reason that the group emerges from this state and engages in actions that concern the beaters, actions that seem to bear concrete meanings - to be discussed in the following chapter. Whatever the meaning, these actions contained some life, and therefore hope.

Finally, it is assumed that the group, with Pamina as the "spokesperson", revealed such painful states, after Pamina had re-affirmed her trust in Ms Kazakaiou in previous sessions, like that of October 17, 1994.

CHAPTER FOURTEEN

MAIN THEMES AND THEORETICAL CONSIDERATIONS: THE GROUP IN THE PARANOID-SCHIZOID POSITION

14.1 MAIN THEMES IN THE PATIENTS' PROCESS AND THE PARANOID-SCHIZOID POSITION

In summing up the patients' process since the beginning of the group, it is possible to single out certain main themes. There are two levels at which these themes can be addressed: a purely descriptive level and an interpretative level. I shall start at the descriptive level.

All the patients entered the group in a state of severe withdrawal and isolation, just as they functioned in their institutionalised lives. There was nothing that they did in their lives for years: absolutely nothing. There was no-one to whom they related in terms of forming an interaction or expressing an attachment need, not even simply needing to be close to that person, showing a preference for his/her company.

In the music therapy setting, the following occurred:

a) Pamina initiated and maintained a sound interaction through her *mouth repertoire* [July 15, 1994]. Ever since, she has used this same repertoire in other sessions to communicate with her carer, Ms Kazakaiou [July 29 and October 17, 1994]. That her carer was the object of her communications was made evident by turning towards her at critical moments [after her epileptic fit on July 29, at the end of the session of November 17, 1994].

b) Sarah walked alone for the first time in her life. She played with an object for the first time in her life [the piano, in the session of August 5, 1994] and showed her need for her carer, Ms Antouna, to be close to her and support her.

c) Jenny maintained a play period in which she shared with me her singing tune [August 5, 1994]. She explicitly revealed feelings of rivalry towards another patient, Sarah, at that same session. These were unique experiences for her.

The above are facts that can be described accurately, yet they are not the only themes in the group. There is also a general atmosphere of heaviness, long periods when nothing seems to happen, long periods when it feels difficult to be in the room. This is the other level of addressing the main themes: the interpretative level.

The patients' achievements, even at this early stage of the group's process, are considered significant given their predicament. It is postulated here that this is the result of a continuous effort at understanding their world. It is this that enables the carers and myself to continuously monitor their non-verbal signals and bringing them to life. In fact the music therapy techniques that have been described so far - that of "play in the model of the mother-infant interaction", "mirroring", the *sound canvas*, *contextualisation*, "musical interpretation" - are all based on a consistent, coherent and detailed use of the patients' non-verbal signals, so that they are brought to life. The analysis of the extracts have been detailed exactly for this reason. Unless the focus is on the details of every single sound or rhythm, their signals are lost, for they are so minute. It is this that enables these patients to feel alive and that what they are and how they are, is meaningful within a relationship.

However, first of all, they had to experience the music reaching their affective state and speaking to their feelings. Without that, there could not have been any desire on their part to communicate. The music therapy room would have been one more place in which to vegetate.

Countertransference reactions and interpretations are an aid to this understanding. From these I am led to some more main themes in the group.

Sarah's beater-throwing episodes have already been addressed and I shall return to them later. There are also Jenny's *autistic sounds* and her use of them to attack the other patients. In fact, Jenny is characterised by hostile wishes towards the other patients' efforts to create something or reveal a need for communication. She is projecting onto them her aggressive feelings. Sarah pushes her away when she can [August 5 and October 17, 1994], or is observing and remaining inactive within her stereotype smile and fear-filled eyes. Pamina withdraws her *mouth repertoire* under Jenny's attacks [October 17, 1994]. In other words, there is either an attack or a fear of being attacked. Without such a fear Pamina would have felt undisturbed by Jenny's sounds and continue her *mouth repertoire* in the session of October 17, 1994; and Sarah would have continued her walk to the piano, in spite of Jenny's presence in front of her in the gong area, in the same session.

Of course the attack is not in the realm of objective reality, but in that of unconscious phantasy. That reality is very real for these patients. Having never experienced a benign and emotionally responsive primal care-giver, their inner world is peopled with hostile and aggressive objects [see Chapter 4.1.2 and Appendix A.3]. The absence of the breast is not experienced as an absence, but as a presence of a bad breast [Klein, 1952]. When there is nobody emotionally present to receive your fears, anxieties, hatred and

aggression, the impact of these emotions rebounds into the self, with the result that they get magnified and distorted.

In the group, the patients bring a psychic world that is tormented with projections and introjections of persecutory and life-threatening objects. As Sinason writes [1992; 1997], for many learning disabled people, the threat of annihilation and wish that they are dead has a basis in the reality of their life experiences, as well as in their phantasy. This means that persecutory anxiety is exacerbated. All these are characteristics of the paranoid-schizoid position, and this is another aspect of the group matrix.

14.2 THE BEATER: SYMBOLIC EQUATION AND SYMBOLIC EMPTINESS

During her beater-throwing episodes [e.g. sessions of July 15, 29 and August 5, 1994] Sarah needs to throw the beaters and desires their return, so that she can re-throw them; whenever this happens, she emits *mock laughter*, which means that she attributes a certain significance to this act: this *mock laughter* occurs predominantly in connection with a beater's drop.

Pamina seems to desire something similar in the session of November 7, 1994; only that in her case, she seems to prefer to pick up the beaters herself. This act of hers immediately evokes a series of spontaneous reactions in the other patients, which appear closely connected: Sarah makes *mock laughter* after each one of Pamina's beater drops; Jenny picks up Sarah's beater after having got hold of Ms Antouna's hand and eventually hands this beater to Sarah before pulling Ms Antouna hard, so as to remove her from her position next to Sarah. The moment Jenny picks up Sarah's beater, Sarah takes Ms Antouna's beater and throws it at the latter's overall. Sarah continues with some more beater-throws.

There are a lot of details in this series of actions, but even if one considers only the above-described actions, it seems that every patient in the group resonates something in connection with the beater. Here are some considerations:

In Sarah's and Pamina's actions, the beater is an object that appears, disappears and re-appears; or it drops, is fallen, recovered and thrown again. In this respect, they may be connected with their objects of attachment, which appeared and disappeared, or with parts of themselves that have been dropped and risen again.

Segal [1957; 1991] has thrown light on the concrete thinking that characterises people operating in the paranoid-schizoid position. For them, symbols are not representations of objects, wherein the subject knows that the symbol stands for the object, but is not the same as the object. In such cases, the symbol is identical with the object, something that Segal [1957] has called "symbolic equation". She brings the example of a schizophrenic patient who could not play the violin, because he felt that it was "masturbating in public". For him, playing the violin was not a symbol of masturbation, but an equation with it [Segal, 1957].

"Symbolic equation" is the result of the mechanism of projective identification, wherein parts of the self are evacuated and projected onto the object, leading to a confusion between subject and object [see Appendix A.3.5.1]. "Symbolic representation" is achieved in the depressive position, when the person has experienced his/her separateness from the object and an awareness of a separate internal and external reality [Segal, 1957; 1991].

Coming back to the patients of the group, it is possible to postulate that for them the beater is a symbolic equation with their objects of attachment that appear and disappear. Consider the timing of the

above-mentioned beater activity of the group: it occurs after Pamina has re-affirmed Ms Kazakaiou's return in the session of October 17, 1994, and just after she became the group's "spokesperson" for feelings of despair and for a continuous re-finding and re-losing Ms Kazakaiou, during her wheelchair circles in that same session of November 7, 1994.

That objects of the therapy room can be equated with the therapist or with parts of the self has been shown by psychoanalysts [e.g. Segal, 1991; Alvarez, 1992]. Furthermore, Freud [1920] first drew attention to the play of a little boy which he thought represented his mother's appearance and disappearance. The little boy would hold a wooden reel with a piece of string attached around it, and would repeatedly make the string appear and disappear. In this way he was staging his mother's disappearance and reappearance, with himself being the active agent of the action instead of the passive recipient. Freud thought that therein lies the pleasure and the need to repeat unpleasant or traumatic experiences: in being active for what one has suffered passively at the hands of another [repetition compulsion].

Jenny's use of Sarah's beater indicates another possible aspect of the symbolic equation: that the beaters are equated with parts of the patients that have been damped, dropped, rejected; or that they are equated with aggressive parts of the self. In fact, within a single action Jenny may be signifying all the aspects of the equation: a) She takes Sarah's beater alongside taking Sarah's object of attachment [Ms Antouna]: here the beater is possibly equated with the object of attachment. b) This causes Sarah to take Ms Antouna's beater and throw it at Ms Antouna's overall: here the beater is possibly equated with the patients' aggressive part. c) Jenny gives Sarah's beater back to her alongside pulling away from her Sarah's object of attachment: here the beater is possibly equated with the rejected, dropped part of the patients, that is, by giving Sarah her beater Jenny is rejecting Sarah.

Before closing this chapter on theoretical considerations, it may be appropriate to emphasise that for these patients, this was their first experience of staging the appearances and disappearances of objects. Alvarez [1992] points out that for the very deprived child, the therapeutic setting may be his/her first experience, wherein s/he has the power to bring back the object. This experience carries more weight than when a person has already experienced a mother who returns and gives her reliable love. People deprived of such an experience start from another position, what she calls "symbolic emptiness" [ibid]: Unlike the above-mentioned play of the little boy described by Freud [1920], these people do not feel a joy at their power to bring back the object. Instead they experience a newly-discovered potency to cause the object's return. Their starting point is not the illusion of oneness with the object, but an emptiness, a desolation.

The group's profound difficulty at using the beaters as they are meant to be, for the creation of sounds, may be related to such symbolic emptiness. In other words, had they been able to use the instruments and the beater's capacities for music as the means with which to stage issues of appearance and disappearance, then they might have started with symbolic equations and proceeded towards symbolic representation. The fact that they start with the beater's use as predominantly a non-sound-causing object indicates that they start with symbolic emptiness.

One might perhaps say that in this group the two concepts, that of symbolic emptiness and symbolic equation, meet somewhere: the symbolic equations that are probably operating in the group as analysed above, may be rooted in inner states of emptiness and nothingness, within mental worlds that build a good object from scratch.

14.3 CONCLUDING REMARKS ON PART FOUR

The detailed analysis of the characteristic excerpts for the period September - December 1994 aimed at clarifying further the subtlety of the patients' interconnection and the gradual unravelling of deeper layers of their personality, the construing of appropriate music therapy techniques and the efficacy of the model's setting in facilitating change. In fact, the processes to be described in summary form in *Part Five* reveal far more dramatic changes for all participants. However, as mentioned earlier, in the context of the limitations of the present work, it was considered more important to give a microscopic analysis of the group's first ten months - when the process is slower and the techniques have more of an immediate, raw effect - and a macroscopic one for the following two years and ten months.

Among the techniques introduced in this part were the following:

- a) The *sound canvas*, the blend of sound and silence within a musical form that gently translates the patients' affective state, yet leaves open spaces for any kind of sound to emerge from the patients. This is considered an appropriate technique when the group is in states of isolation or deep anxiety.
- b) The technique of *contextualisation*, which employs *leitmotifs* coming from the patients in order to construct a musical *binding text*, onto which the patients' sounds can fall more meaningfully. This is considered an appropriate technique for linking scattered group sound associations, the result of fragmented states in the group. Such states are exacerbated in periods of distrust and persecutory anxiety.
- c) The technique of group "musical interpretations", wherein the therapist's music, facilitated by her countertransference reactions, aims to translate at deeper levels the affective state of the group. This is considered an appropriate therapeutic response when there is a need to acknowledge feelings in the group and facilitate the experience

of relief in the patients, through sharing with them difficult feeling areas.

d) The function of the music to offer an alive presence to the group and facilitate the patients coming to life. This is necessary at times when the patients seem to experience feelings of hopelessness and despair.

During this period the carers have developed their musical-therapeutic skills, so as to participate even more actively and creatively in the music therapy techniques. Though their performing skills are still simple, the quality of their listening has already developed enormously, so as to enable them, for example, to partake spontaneously in the creation of the *binding text* within the *contextualisation* technique [October 17, 1994].

The development of music therapy skills in the carers is parallel to the development within them of care-giving skills. Thus Ms Demetriou acknowledges and feels a need to welcome through music Pamina's return to the group in the session of October 3, 1994; and Ms Antouna is even more courageous in trusting Sarah to walk completely on her own in the session of October 17, 1994.

PART FIVE

**HIGHLIGHTS OF THE GROUP'S
PROCESS DURING THE
FOLLOWING TWO YEARS:
JANUARY 1995 - JANUARY 1997**

CHAPTER FIFTEEN

INTRODUCTION TO PART FIVE AND HIGHLIGHTS OF THE GROUP'S PROCESS DURING THE PERIOD JANUARY - JUNE 1995: FROM MANIC STATES TOWARDS THE FORMATION OF A TRANSITIONAL OBJECT

15.1 INTRODUCTION TO PART FIVE

Part Five consists of five chapters: Four of them deal with each succeeding six-month period, while Chapter Sixteen discusses the role of the present methodology in alleviating the handicapping effects of envy. *Part Five* describes the group's process, based on selected, characteristic excerpts. This part aims only to give a summary of the processes and describe important moments during the two years from January 1995 until January 1997.

The reader who is interested in the details of the phenomena, the techniques employed and their reasoning is referred to *Appendix B.7 - B.31*, where the analysis of the selected excerpts and the music therapy techniques employed follows the same detailed line as for *Parts Three and Four*.

15.2 HIGHLIGHTS OF THE GROUP'S PROCESS DURING THE PERIOD JANUARY - JUNE 1995

The first months of this period revealed states of intense anxiety and aggressive activity, as exemplified by the excerpts from the sessions of March 20 and March 27, 1995. The latter session brought to the surface moments of creativity as well.

Between the months of March and June 1995, a gradual process was realised, whereby the therapeutically-created music acted as a reassuring "good object", which was slowly becoming internalised within the patients, enabling them to be less hampered by their persecuting fears and shift towards a certain degree of integration. This process was mostly achieved in the month of June and is exemplified by excerpts taken from sessions in June 1995.

This means that the group was gradually moving away from the paranoid- schizoid position and towards the depressive position, the latter characterised, among other elements, by the internalisation of a good object and the reduction of persecuting anxiety [Klein, 1935; 1940; Segal, 1973]. This step was not complete and fluctuations between the two positions kept occurring, but each repeated fluctuation was of a slightly different character.

15.2.1 The sessions of March 20 and March 27, 1995: states of mania with Sarah's beater-throwing episodes as the foreground

A new phase in Sarah's beater-throwing episodes was brought to the surface, characterised mainly by the intensity and degree with which she repeated old patterns.

The predominant new characteristics, exemplified by the excerpt from March 20, 1995 [Appendix B. 7, 2.20 - 9.37], were the following:

a) Sarah's clear desire to prevent Ms Antouna from playing herself with the beater [*e.g.* 3.18 - 3.38, 3.46 - 4.12, 8.45 - 9.02, 9.23 - 9.37], while at the same time she would always take the beater from Ms Antouna's hand. These actions indicated, perhaps, her phantasy of total possession of the beater, this possession, nevertheless, being connected to the way she related to Ms Antouna.

b) The clarity with which she threw the beater in other directions: towards Ms Antouna [3.18 - 3.30, 4.49 - 5.29, 7.39 - 7.56], towards the floor [3.05 - 3.18], towards Jenny [8.13 - 8.45, 9.02 - 9.23]. This revealed, firstly, that she made clear choices as to who or what was the target of her throws; and, secondly, that her throws were aggressive thrusts against particular others.

c) The speed with which she repeated her actions and the strength with which she threw the beater endowed these episodes with a particular character of intensity, which added to their obsessional and manic character.

d) The intensity and character of her *mock laughter* after almost every beater-throw also added to the manic state that she revealed during these beater-throwing episodes.

e) Her consistent decision to let the beater drop on the cymbal and metallophone at most times, thus creating a sound effect related to her inner state. Thus this time Sarah created clear and precise sounds on the instruments, which seemed to translate the intensity of her inner state: they were falling sounds, of big volume and numerous vibrations, which nevertheless ceased to exist rather abruptly, in order to be created yet again.

Sarah's intensified state of manic behaviour [March 27, 1995 - the first excerpt [Appendix B.8, 3.59 - 7.24]

In the session of March 27, 1995 [Appendix B. 8, 3.59 - 7.24] Sarah's manic episodes of beater-throwing activity were even more intense, witnessed by her object greediness and the character of her laughter sounds.

Quickly grasping as many beaters as possible from Ms Antouna's hands [e.g. 4.11 - 4.36, 6.53 - 7.24], it was clear that she aimed to let them drop onto the floor, or onto Ms Antouna's body [e.g. 3.59 - 4.22, 5.04 - 5.55, 6.53 - 7.24]. This hunger for objects is characteristic of manic states, as described by Klein [1935]. At the same time there is a contempt for the objects, accompanied by the omnipotent sense that the subject can bring back any object s/he desires.

The sadistic component of such manic states were witnessed by Sarah's throws at Ms Antouna's body, but also by her apparent pleasure in getting Ms Antouna to bend down on the floor, in order to collect the thrown beaters for her. It was also witnessed by the character of the laughter sound, which was even further removed from "laughter" than in previous sessions. Indeed, it sounded closer to a scream, evidenced by the exploding quality of the sounds: a scream of fear mixed with sadistic pleasure.

15.2.1.1 Sarah's beater-throwing episodes and the manic defences

It is to be remembered that Sarah has experienced Ms Antouna as a helpful and supporting figure - in fact, the first person to whom she has ever shown an attachment need and the first person in whose presence she walked without being physically held for the first time in her known life [e.g. sessions of August 5 and October 17, 1994]. This means that Ms Antouna must have become for her a valuable and important person, whom she needed and on whom she depended.

Sarah's manic defences as described above were related to this newly-found position, that of being attached to someone she valued and depended on, someone she felt as a good object.

The manic defences are formulated as the person's way of defending against his/her dependence on a good object, as well as against their fear that their aggressive wishes can destroy this valued object [Klein, 1940]. They are defences that arise in the depressive position, when the person experiences feelings of love and guilt towards a whole good object.

Manic defences are characterised by the person's omnipotent control of the object, causing its appearance and disappearance as s/he so wishes and include feelings of triumph and contempt. Through this omnipotent control s/he denies his/her dependence on the object, while his/her feelings of triumph and contempt lead to a defeat and devaluation of the object [Klein, 1940; Segal, 1973]. All this entails a sadistic relation to the object, which is then turned into a persecutor again and thus paranoid fears are revived [Klein, 1940].

Sarah's beater-throwing episodes are considered as manic defences for reasons already described and are briefly mentioned here:

a) Her repeated throws of the beaters bore a direct relation to the way she related with Ms Antouna, her object of attachment. It has already been mentioned that the beaters constituted a possible symbolic equation with aspects of the objects of attachment [see Chapter Ten]. In these episodes, this became more evident through the fact that Sarah seemed to be deriving pleasure in getting Ms Antouna to return the fallen beaters for her.

b) Her eagerness to grasp the beaters and not let Ms Antouna use them showed her omnipotent control and possession of the beaters.

c) Another aspect of her omnipotent control was her need to cause the beaters' appearance and disappearance as she so wished.

d) The speed with which she repeated her actions, her hunger to grasp as many as possible in the session of March 27 are characteristic of manic defences.

e) Her *mock laughter* when the beaters were dropped seemed as a violent expression of sadistic pleasure, as well as an expression of her triumph at causing the beaters' drop. This was further indicated by the fact that she seemed to be feeling pleasure at getting Ms Antouna to kneel down and collect the fallen beaters for her.

f) With her repeated drops of the beaters she showed her contempt for them, and with her repeated wishes to grasp them again she showed her omnipotent phantasies that she could bring them to life again.

Within these episodes Sarah's persecutory anxieties were increased, as she treated these objects so destructively. Furthermore she seemed to have split the one good object [Ms Antouna] into a multiplicity of objects - the many beaters. This splitting into many parts is another aspect of manic defences [Segal, 1973]. These multiple objects then became persecutors in themselves. Different persons in the room were an aspect of these multiple objects - e.g. Jenny, Ms Antouna - and she needed to throw the beaters directly at them too. Then, persecuted by their retaliation she would grasp her genitals, as if protecting in this way her inner contents from being snatched away by an annihilating bad object. Her anxiety in relation to Jenny may have referred to such projected phantasies of having her contents robbed by the object. All these are possible interpretations and in keeping with Kleinian psychoanalytic thinking. They are also in keeping with my countertransference reactions in the room, experiencing feelings that

had to do with being violently invaded and in pieces. This is the reason that I failed to keep a sane distance from her actions in the session of March 27 and also possibly the cause of the group's disintegration.

15.2.2 The session of March 27, 1995¹. The second excerpt [Appendix B.8, 14.20 - 21.00]. Sarah shared in a creative exchange: the result of a technique that ameliorates envy

The second excerpt from the session of March 27, 1995, shows Sarah coming out of her manic states and becoming engaged in sharing a creative exchange. This was facilitated by the music therapy methodology to be discussed in the following chapter, a methodology which aimed at alleviating the handicapping effects of envy.

The importance of the carers' repertoire

Within the context of "holding" music that I initiated at the synthesiser, Sarah walked towards the piano area. Ms Antouna felt spontaneously a need to encourage Sarah to play the piano by starting to play two or three-note phrases herself [14.51ff].

It was instrumental in this work, that the carers were active participants in the music therapy phenomena. They were encouraged, furthermore, to create sounds as close as possible to those of their allocated patients. This had to take into account the fact that the carers had no musical training or skills. Thus the carers' sounds had to be simple, sometimes unattractive. Yet they were encouraged to create them, for it was of great benefit to the patients: It seemed that

¹ It is to be noted that, as from this session, the carers and I decided to remove the helmet from Pamina's head during the sessions. While at the beginning of the group's life the carers considered that Pamina had to wear the helmet, because her sudden epileptic fits could damage her head, at this point they felt that Pamina would suffer no such injury in music therapy; and if she were to suffer a fit, they were confident that she would be safe without the helmet. This different stance indicated their own growing feeling of security in the sessions and their trust that our work benefited the patients at deep levels.

this facilitated the patients feeling their carers close to them; they must also have felt that their carers were playing the kind of music that they could have played themselves.

This is clearly seen in this excerpt. Sarah would probably not have been able to share the piano with me in the sustained way with which she shared it with Ms Antouna from 16.25 until 21.10. The fact that it was in such circumstances that she chose to be a participant at the piano for the first time since the session of August 5, 1994, seems to verify the above statement. However, Sarah's playing did not include more than scattered single clusters, seeming to be deterred by feelings of anxiety.

Conductor's contextualisation from a distant instrument facilitated the interaction between Sarah and Ms Antouna

From the synthesiser, situated some distance away from the piano - the place of the interaction between Sarah and Ms Antouna - I assumed the role of a facilitator for both Sarah's and Ms Antouna's exchanges. This was done through the technique of *contextualisation*, which had a double function:

a) Through linking up the sounds coming from all patients, the music presented these sounds in a less threatening form [e.g. 15.03 - 16.25]. In this way, the patients were enabled to find their way towards musical/sound expression less hampered by their persecutory anxieties and hostile feelings, projected onto the other patients in the group. Such anxieties and feelings have been frequently mentioned, but in this instance they were witnessed by Sarah's constant turn towards Jenny, every time she seemed to contemplate playing, or did indeed play a piano note [e.g. 17.26 - 18.02, 18.20 - 18.56]. These gestures were often accompanied by a touch of her playing hand on her genital area. Perhaps her persecutory anxieties were again related to fears of "castration" by Jenny. In other words, Sarah may have been feeling that, whatever contents she were to produce with her hand,

could be snatched away by Jenny's doings. So she turned to check Jenny's doings every time she let out her contents [piano notes], or every time she was considering entrusting the group with her contents.

b) The *binding text*, created in the synthesiser phrases, held the piano dialogue between Ms Antouna and Sarah within musically meaningful directions and prevented it from falling into disintegration by losing its musical thread. It is as if I provided an aesthetic support for their piano notes, being at the same time close to their own motives and dynamics, but augmenting the timbre and the musical colour of their notes. In particular, I tried to give a musical direction to Ms Antouna's two or three-note piano phrases through forming mine into clear melodic lines. In this way Ms Antouna "learned" to play for Sarah through a creative and spontaneous musical experience, and through no "didactic" method - even more, through an event that came to life by her own initiative.

It is methodologies like the above that seemed to have facilitated the patients gradually receiving "one whole good object": the carers and myself, and the music created for them by our combined efforts - this music being evidence of our benign existence.

15.2.3 The sessions of June 19 and June 26, 1995: music as the "good object" leading to more trust in the creative impulse and the formation of a transitional object

For the sake of brevity in the description of the processes, in this section I shall fluctuate between excerpts from two sessions that took place in June 1995.

15.2.3.1 Sarah's gradual reception of the group music as "one, whole good object"

Sarah's ambivalence towards receiving "one whole good object" [June 19, 1995 - the first excerpt [Appendix B.9, 8.59 - 13.12]]

Through Sarah, this session revealed the painstaking way through which the therapeutically-created music was being received as a whole good object, leading to moments of greater synthesis, integration and creativity in the group. Within the ambience created by a modal music that I played on the synthesiser - in the dulcimer character - Pamina approached the synthesiser closely, as if desiring to play it herself [9.20 - 9.59] - even though she refrained from doing so, when I attempted to place her hand on it; and Sarah began her freest walk in the room so far, without her teddy bear and without needing to look directly for Ms Antouna's whereabouts, yet with agony and tension as revealed by her facial expression and her clasping hands [8.59ff].

The therapeutic function of the music in this case went beyond the aim of reflecting or interpreting the affective state of the group. Themes and motives were created for the sole purpose of facilitating the patients' experience of a "good object". This "good object" was the amalgamation of the music created and the transference relationship so far. In other words, it is the fact that this music was created by the group conductor and the carers, people with whom there was an established therapeutic - transference relationship, that facilitated the music's reception as a good object. The soothing and pleasing elements of the musical sound [see Chapter Three] facilitated this function of the music: to remind the patients of our comforting and pleasure-giving presence.

Sarah walked towards Mr Loizou [8.59ff], the cameraman, and touched his leg, as if desiring to show him her walking achievements. From there, she gradually turned towards the whole group and looked at it from that standing, elevated position in front of the camera - a

"more able", "less handicapped" position [12.48 - 13.12]. When this happened, all three patients found themselves in close proximity to each other, as Pamina paused her wheelchair in between Sarah and Jenny. In the in-between time [8.59 - 13.12] Sarah revealed a richness of facial expressions and bodily movements or postures, all of which seemed to indicate subtly her fluctuations between: a) the state of receiving the music and experiencing relief and pleasure, and b) the state of feeling anxiety and mistrust for it, stiffening her body and soul, as she would turn from member to member. Her whole stance was miles away from her stereotype smile and intense eyes: apparently it was about feelings of ambivalence for receiving everyone's music as benign within her [see Appendix B.9, 8.59 - 13.12, for the details on how this music is formed and its subtle interaction with Sarah's and the group's non-verbal language].

Sarah's gratification at receiving the good object [June 26, 1995 - the first excerpt [Appendix B.10, 5.02 - 10.14]]

A similar event took place in the following session, but characterised by a different attitude from Sarah [Appendix 10, 5.02 - 12.28]: her walk towards the piano and back to her seat was carried out without revealing facial expressions of agony. The teddy-bear that she held seemed to serve the function of a transitional object, as it allowed her to feel secure enough in walking away from her object of attachment, similarly to a young child's use of a teddy-bear through which s/he bears separations from the primal care-giver [Winnicott, 1951].

Sarah's vocalisation, uttered as soon as I sat on the piano stool, sounded as an expressed desire for the music that might have come from me through the piano [5.02 - 5.55]. That moment, and for the following five minutes [5.02 - 10.14], Sarah seemed to me to be asking and responding to the "good object": Her murmurs, at the end of my phrases, were almost always accompanied by a spurt of a bigger smile: this seemed like a moment of introjecting a gratifying experience that soothed her anxieties, the gratifying experience of a good object. Her

eyes were less tensed, less stretched wide-open, and her smile had a liveliness, a movement in it, that differentiated it from her stereotype smile. She seemed to acknowledge the use of the music to hold her; for during her walk towards her seat and Ms Antouna, she turned with that kind of gratified expression to look at me [7.58 - 8.17, 9.20]; it seemed like an awareness of the benefits of the music within her, something that enabled her to make by herself the steps towards Ms Antouna, rather than ask, through eyes filled with agony, that her carer remain close to her [as was the case in the last session's excerpt].

The difference, then, is that in this session Sarah knew about the goodness coming through the music, whereas in the last session she feared that it might not be continuously available. This does not mean that she experienced no fear; only that she experienced less fear and distrust than in the past, alongside a certain amount of pleasure and gratification. These were important not because of their magnitude, but because of the newness of the experience and its impact on her inner world.

The music substituted - represented - the good object

It is also indicative that, when Sarah reached Ms Antouna and got hold of her hand, she let go of that hand while looking at Mr Loizou and then the whole group [9.46 - 10.03]; repeating her murmurs of pleasure, she subsequently turned to look at me, as I continued the music, and - seemingly, with the support of the music inside her - she turned to have a look at the whole group yet again. In other words, I felt that Sarah, the moment she let go of Ms Antouna's hand, had been enabled to substitute Ms Antouna's hand with the "good music" inside her; this was a less concrete, therefore a more substantial, representation of the good object, which she could internalise, so as not to need the actual grasp of the actual hand. Having internalised the good object during those moments, it was a pleasure to be with, and to have a look at, all the other members of the group.

15.2.3.2 Creative moments in all patients

The degree of internalisation of the good object, the entailed alleviation of persecutory anxiety - indicated by the patients' greater tolerance for each other's creations and the closer physical proximity that they could sustain - enabled all of them to engage in musical creations.

Sarah shared the piano with me and her carer [June 19, 1995 - the first excerpt [Appendix B.9, 13.12 - 18.55]]

Sarah had been avoiding sharing the piano with me for a whole year - the last time being the session of August 5, 1994. Her endeavour to do so in the session of June 19, 1995, came as a continuation of her ability to share it with Ms Antouna in the session of March 27, 1995. Only that this time, Sarah seemed far less threatened by Jenny, not needing to turn and check Jenny's actions. Her frequent turns towards Mr Loizou, the cameraman, seemed to have been expressions of her pride at her achievements and of her desire to obtain his recognition [*e.g.* 14.35 - 14.41, 15.15 - 15.24, 16.26 - 16.47]. It is worth noting in this context, that, with similar pride her carer, Ms Antouna, turned towards Mr Loizou, expressing her desire to have her allocated patient's achievements recorded [14.59 - 15.06].

In terms of musical skills and awareness, Sarah's process included the following:

a) For the first time in the history of the sessions, Sarah's piano notes were clearly heard and not feebly created.

b) She twice repeated the rhythmical phrase of the group music - two quavers followed by one crotchet [14.16 - 14.35] - thus revealing her nascent musical awareness and ability to participate in the group

phenomena. On the whole, the timing of most of her responses revealed her awareness of the music's flow and tempo.

c) There was one instance, when she participated with Ms Antouna in creating one long phrase by playing in swift turns with her [16.19 - 16.26]. Sarah played one crotchet, to be followed by one crotchet and two quavers played by Ms Antouna, and then by two crotchets played again by Sarah. It all sounded as one phrase played by one person, as each followed the other with coherence and in the same tempo, timbre, colour and dynamics. It seemed as if, through Ms Antouna's auxiliary hand and mind, Sarah had achieved in creating something longer, more complicated, richer, and thus more rewarding. It was possibly for this reason, that she then turned her glance towards Mr Loizou, smiling and looking proud [16.26 - 16.47].

e) Through being facilitated to experience an identification with Ms Antouna, Sarah was enabled to reach out and identify herself with me, as the more skilled player. This identification reduced the impact of the envy she would have experienced, had she been alone with me at the piano, when the comparison with my skills could have been experienced as too great.

Her attempt to become identified with me was indicated by the way she often reached out for my hand, desiring to guide its direction herself [e.g. 14.50 - 14.53, 14.57 - 14.59, 15.06 - 15.10, 15.36 - 15.40]. In one instance, she directed my hand onto a certain location on the piano, so as to play herself a cluster simultaneously with me and right next to my own hand [15.06 - 15.10]. Again, in this case, it seemed that Ms Antouna's two-cluster phrase on the edge of the high register took the role of being Sarah's phrase; and from this position Sarah could stretch her hand and start to play like me.

It is possible that through Ms Antouna's auxiliary existence, through introjecting Ms Antouna's function and musical skills, Sarah was

enabled to form an illusion of creating a skilled piano music through my hand. This is similar to Winnicott's ideas concerning the baby being facilitated by the mother to bear the illusion of creating his/her mother's breast [Winnicott, 1951]. In this case, my hand became a transitional object-in-formation towards reaching the music [breast]: it is possible that she was beginning to perceive my hand as an object pertaining of the paradox of being "me" and "not-me" at one and the same time.

Jenny used my hand as a transitional object to play the piano [June 19, 1995 - the second excerpt [Appendix B.9, 22.00 - 27.44] and June 26, 1995 - the second excerpt [Appendix B.10, 14.18 - 15.50]]

In both of the above excerpts, Jenny got hold of my right hand and used it to play the piano. The total length of her playing reached a maximum of 2.30 minutes, yet it was her first experience of creating music continually and concisely for as long as that. The pressure on my hand was firm and determined, with the result that the clusters she created through my right hand were of loud dynamics; the tempo she created through directing the timing of pressing my right hand on the piano keys was fast; her determination brought a consistency and coherence into the phrases.

There was a certain subtly created richness in these episodes. For example, in the session of June 19, 1995, though the clear phrases were long, ranging between thirteen [22.47 - 23.37] and ninety quaver clusters [24.59 - 25.36], I was all along feeling a continuum of shorter, but quite even phrases, through the kind of pressure that she was exercising on my hand. At the same time the pressure was undergoing slight oscillations, thus indicating oscillations in the resultant dynamics and colour of a given phrase.

Like Sarah before, Jenny seemed to have formed the illusion that it was she herself who created the sounds, through touching and

directing my playing hand. She found in my hand a transitional object-in-formation.

Pamina played an instrument for the first time [June 26, 1995 - the third excerpt [Appendix B.10, 18.10 - 29.10]]

The first and last time that Pamina took a beater into her own hands - in the session of November 7, 1994 - it was met with turbulent reactions from the other patients [see Chapter Thirteen]. Now, six and a half months later, the group endowed Pamina's explorations with a different atmosphere [Appendix B.10, 18.10 - 29.10].

Four important elements were introduced, which characterised this part of the session:

a) Pamina's patience and persistence to remain close to the metallophone and xylophone for almost the whole thirty minutes of the session;

b) Her determination to explore, in her own tempo, the xylophone - or rather an instrumental sound - for the first time. To be more specific, it was a determination to explore an object [the xylophone], through the use of an intermediary object [the beater], something that she embarked on for the first time in her life;

c) The other patients' prolonged quietness, which allowed Pamina the space to engage in her endeavours;

d) The carers' patience and appropriate insistence, caused by their intuitive confidence in Pamina's desires and abilities. It is important to stress that the difference from the initial attitude of the carers towards their handicapped patients was enormous. Ms Demetriou invented all sorts of ways to convey the message to Pamina, "I am sure that you can play, and that is what you desire". It was a significant part of her therapeutic skills that she was conveying this message continuously and persistently for eleven minutes, yet not once overstepping the limit to being - even to the slightest degree - oppressive; also that Pamina's prolonged hesitation did not cause her to lose trust in Pamina. This attitude of hers is similar to a mother's appropriate stance in her

interaction with her infant: she must be both selfless and selfish - "selfless in being able to see the baby's side, and selfish in desiring feedback from the baby" [Brazelton and Cramer, 1991:122].

Through waiting, and inviting Pamina with musical motives that reminded her of her history in the session and her *mouth repertoire* [e.g. 18.43 - 18.56, 19.06 - 19.35, 20.01 - 22.35], Ms Demetriou succeeded in gaining Pamina's trust. Pamina's first grasp of the beater and throw onto the xylophone keys [18.56 - 19.06] was followed by five minutes of withdrawal. Five minutes is too short for someone who has never in her life used an intermediary object for achieving a specific aim; but for all of us who experienced the atmosphere in the room at the time, it felt immensely long; it almost felt as if it would never come again. Perhaps it did come back, because Ms Demetriou had such profound faith, and because she succeeded in transmitting this faith to all the carers and myself; thus we could support her.

Other facilitating factors included: a) the carers' sensitive and soft playing that respected Pamina's rhythms and ambivalence, giving her an optimal time to initiate her creations herself by picking up the beater; and b) the *contextualisation* technique that I used from an instrument located at a physical distance from Pamina and Ms Demetriou [similarly to the technique used in the session of March 27, 1995 [14.20 - 21.10] for the piano interaction between Sarah and Ms Antouna].

Thus gradually Pamina became more daring and eventually immersed herself in playing the xylophone by dropping the beater [24.57 - 29.10].

15.2.4 Concluding remarks concerning the period January - June 1995: the patients' process towards the depressive position and the formation of a transitional object, and the carers' process towards auxiliary therapists

The group's process in this period entailed a phase of manic activity, with Sarah as the "spokesperson", followed by a slow and painstaking evolution towards greater synthesis and integration, towards a world less feared. The ever-returning presence of a benign object - the allocated carer via the music therapist - assured each patient that her aggressive feelings had not injured it. At this stage each patient was gradually introjecting and beginning to internalise a whole good object, a whole mother [auxiliary therapists and music therapist] and her good contents [the therapeutically-created music]. Sarah's free walk in the session of June 26, 1995, was the result of this process, being "held" not by physical hands, but by the therapeutically-created music and Ms Antouna's care-giving mind. This process was beginning to bring enormous relief within the patients' terrified and fragmented internal world, enabling each one to spring to life - even for brief moments - and this is what the creative impulse is about.

It is postulated here that the processes were not complete and clear-cut steps, but shifts towards, and fluctuations forwards and backwards, each fluctuation being of a different kind. For example, when Sarah received the "whole good object" in the session of June 26, 1995, she had not completely internalised it, but allowed it to sit inside her enough, so as to enable a further step towards integration and creativity.

Both Jenny and Sarah had used my hand at the piano as a way of creating the piano music themselves. It seems that they had formed to some degree the illusion that the piano creations were theirs and that my hand was in their possession. This is similar to the way Winnicott

describes an important aspect of the maternal function, that of presenting the breast when the baby is ready to create it:

"The baby develops a vague expectation that has origin in an unformulated need. The adaptive mother presents an object or a manipulation that meets the baby's needs, and so the baby begins to need just that which the mother presents. In this way the baby comes to feel confident in being able to create objects and to create the actual world" [Winnicott, 1962: 62].

Here, the setting serves a similar function, and the music created is similar to the function of the breast's milk. In this context, my hand served as a transitional object, an object created and owned by Sarah and Jenny, while paradoxically belonging both to them and to the object.

Again, it is possible that Sarah's and Jenny's use of my hand was not absolutely that of a transitional object, but that it was imbued with some properties of a transitional object. It was certainly not an autistic object - for neither their hand, nor their sounds isolated them; and it was certainly not at the level of symbolic equation-emptiness as described in Chapter Fourteen: it was imbued with far more life than the play with the beaters.

In all these respects, the way Sarah and Jenny played the piano and the way Pamina used the beater to create xylophone sounds, indicated a process towards internalising an alive and "good-enough object" that enabled them to discover some creative ways of communicating in the room. Winnicott [1951, 237] writes that:

"the infant can employ a transitional object when the internal object is alive and real and good enough (not too persecutory). But this internal object depends for its qualities on the existence and aliveness and behaviour of the external object."

Alvarez's [1992] view has already been mentioned, namely that for severely deprived patients, it is the potency to create objects that needs to be acknowledged and assured, as such people had never experienced the omnipotence of creating the object. Alvarez argues

that these patients may reach the transitional object from a position of "symbolic emptiness" [see Chapter Fourteen].

This is, then, a possible way of considering the patients' process: from an empty equation of lifeless internal and external objects towards the potency to create for the first time objects that return and can be non-threatening; from the lifeless play of the beaters to the life-birth of the first sounds created for their musical sake; from the paranoid-schizoid position towards the depressive position, when the patients need to protect the internal and external good object and thus reduce their aggressive feelings towards it. The latter was indicated through the way each patient allowed far more space for another's creations than in previous sessions and could retain for a time a physical proximity between them. From the depressive position back to the paranoid-schizoid position, but of a different kind [e.g. Sarah's beater-throwing episodes in the session of June 26, 1995 [Appendix B. 10, 10.14 - 12.28]. This is further discussed in the following chapters.

In a parallel fashion, the carers' presence had undergone changes that enabled them to function as sensitive care-givers, continuously monitoring the patients' needs and attachment behaviour, and optimally encouraging them towards exploration and movement away from the "secure base" [Bowlby, 1988]. In the sessions analysed previously, the initiatives and the big steps were made by Ms Antouna and Ms Kazakaiou. In the session of June 26, 1995, Ms Demetriou displayed an equally sensitive presence, guiding the whole group towards having faith and patience for the unravelling of Pamina's hidden skills.

In fact, the carers' faith in the mind of even the most handicapped patient in the group proved beyond doubt their own mental advancement as carers and auxiliary therapists. The way they co-operated musically during these last sessions of June 1995, and the way they communicated affectively between them and with myself

indicated their evolution not only into auxiliary music therapists, but into therapists whose contribution is the essence of the things happening in the music therapy room.

The following three chapters, though making continuous references to the carers, will not focus on their development. For the sake of brevity, this is again picked up in the concluding chapters of the thesis.

CHAPTER SIXTEEN

THE ROLE OF THIS METHODOLOGY IN AMELIORATING THE HANDICAPPING EFFECTS OF ENVY BOTH IN THE CARERS AND IN THE PATIENTS

In the following discussion, I shall take as an example part of the second excerpt from the session of March 27, 1995 [Appendix B.8, 14.20 - 21.00], discussed in the previous chapter [15.2.2]. It is particularly clear through observing the video-extract that, while the sounds that I create on the synthesiser hold Ms Antouna and Sarah in an aesthetic ambience that is related to them, and against the background of which their own sounds become more meaningful, it is at that level of physical distance from which they are protected from envy or feelings of failure; such feelings could have been evoked had their comparison with my skills been direct.

Sarah had never used her hands to play anything or to hold an object - not even her spoon to eat - in her whole life; yet it is evident in music therapy that she can grasp a beater and that she can press the piano keys; she had never walked without physical support, yet in the music therapy sessions she has found ways to walk unsupported. And though she had revealed her skills in pressing the piano keys for the production of sound in August 1995, these skills disappeared for over seven months. It is obvious that she experienced reasons that deterred her from revealing her abilities and making use of them.

Sinason [1986; 1992] describes the use of a type of secondary handicap, as the handicapped person's way of dealing with the pain of

difference between them and the normal population, which entails an attack on their own abilities. Through such an attack they deny this pain and the feelings of envy for what others have, of which they are deprived. By becoming more handicapped, there can be no comparison. Profoundly learning disabled people are particularly susceptible to feelings of envy: a) they know that their handicap can never go away and will never enjoy the benefits of normal life; b) they have often experienced a traumatic early relationship to their parents, that led to a failure in the internalisation of a secure and good object.

It has been a frequent occurrence in my clinical work that a learning disabled patient could not tolerate me playing anything at all, and would hold my hands away from the instruments: so great was their envy of me having abilities that they did not feel they had. This is what seems largely to deter some patients from touching an instrument for months or for years. Other reasons include feelings of failure and an anxiety that whatever would come out of their self would be ugly and devalued, feelings that are also often the result of an insensitive and hostile environment.

Klein [1957] has shown that the maternal breast is the prototype of life-giving substances and creativeness. This is the first object to be envied by the infant, even when things go well enough and the infant is born with a strong constitution. In the opposite circumstances, the infant's envy can be exacerbated by the unbearable frustrations s/he may be feeling at the breast, experiencing that the breast contains and enjoys all of which the infant is deprived. The infant's resultant envy aims at spoiling and destroying the breast, as a way of getting rid of such painful feelings. This is the root of envious feelings which are re-evoked repeatedly in life, their degree being dependent upon the way the person secured within himself/herself a good internal object. Klein [1957, 181] defines envy as "the angry feeling that another person possesses and enjoys something desirable - the envious impulse being to take away or spoil it".

Within an unsupported institutionalised environment, it is not only the residents who feel envy for the non-handicapped, but the carers feel similarly for the non-carer professionals, even more so for the professionals whom they consider as "specialists" within the field. They feel that such professionals own a certain knowledge, the content of which the carers are deprived. This results in their need to attack the professional's knowledge, thus ridding themselves of the painful feelings of being "dis-abled" in identification with their clients. One of the reasons that, I believe, there has been a big turn-over of psychologists in "Nea Eleousa" is the carers' hostility and devaluation of the psychologist's work. Along with that, they attacked and devalued their own psychological insight concerning the residents.

It is for these reasons that the proposed methodology is aimed at ameliorating the handicapping effects of envy both for the patients and for the carers. In terms of facilitating the carers, this included the following:

a) The carers were given the mental space to be creative and take initiatives, without worrying whether the end result would be aesthetically pleasing. Through the technique of *contextualisation*, I would frequently incorporate their sounds within musically meaningful phrases, just as in the example of March 27, 1995, mentioned above; or the sounds would be addressed within a simple musical/sound syntax, as in *the first, rhythmical part* of the session.

b) The carers were the main objects of attachment and the patients would express their acknowledgement towards them, thus providing them with powerful feedback that they were the creators of these new relationships.

In terms of ameliorating the patients' envy, this was facilitated in the following ways:

a) They each had an allocated carer, who was giving them exclusive attention, and this facilitated them making a split between a good and

a bad object: either I or their carer could become the bad, persecuting object, to whom they could project their hostile feelings, without this endangering the other object, which they would keep as good.

b) The presence of an exclusive relationship with an allocated carer within the group alleviated the patients' envious attacks between each other. Thus Jenny tolerated not spoiling Sarah's creations because she had Ms Demetriou next to her, from whom she could take what she wanted. Her tight embraces with Ms Demetriou occurred at moments when Sarah would turn uneasily in Jenny's direction; they seemed to be Jenny's defence against her envy, as if during those moments she hallucinated having in her hands the idealised "breast" [e.g. in the second excerpt of March 27, 1995].

c) The fact that their allocated carer played what the patients could have played themselves, or could have imagined playing themselves, facilitated their identification with them: they could easily introject their carer's musical function. This brought them a step closer to my skills and made it easier for them to receive the music coming from me.

d) Through identifying with their allocated carers, they could also identify with the path that their carers were traversing in music therapy: a path that helped them to be more open to the communication and understanding of the non-verbal language, leading to a richer use of the sound medium. Put differently, the reduction of their carers' shame in exploring a new medium without having had a previous knowledge about it brought the reduction of the patients' shame in doing the same. Being enabled to create sounds themselves, alleviated their envy of the conductor's sounds.

e) Finally, as mentioned above, the physical distance between the patient-carer couple and myself saved them from making a direct comparison between their skills and mine, something that could have evoked feelings of envy to a degree detrimental for the development of their own skills.

CHAPTER SEVENTEEN

HIGHLIGHTS OF THE GROUP'S PROCESS DURING THE PERIOD SEPTEMBER - DECEMBER 1995: FURTHER TOWARDS THE DEPRESSIVE POSITION

17.1 INTRODUCTORY NOTE

This period coincides with my decision to start tape-recording the *free-discussion group meetings* with the carers. As this is a middle period in the group's life, the transcripts from those meetings given in Appendix C.1 - C.6 serve as examples of a process that started with them defending themselves against the meaning of the patients' signals and progressed towards developing greater insight and understanding.

17.1.1 The session of September 18, 1995: rejection and withdrawal

After the summer holidays of 1995, the patients again became withdrawn, but their language was more direct. Thus in the session of September 18, 1995, Pamina seemed to be the exponent of this language: she approached firstly Ms Kazakaiou [Appendix B. 11, 10.28 - 11.43], and then me at the piano [Appendix B. 11, 15.00 - 17.58], all along hyperventilating. I felt as if she desired to deposit on both of us her hyperventilation: her anxious "breathings in" of our re-appearance, and "breathings out" of our disappearance; and all this mixed with anger, if one looks closely at her lifted eyebrows.

Issues of withdrawal and rejection became clear in the carers also during the *free discussion group meeting* of that day [Appendix C.1].

This was the time when Sarah began a kind of cough, which in the following sessions took the clearer form of a belch [Appendix B. 11, 17.03 - 17.16]

17.1.2 The session of October 2, 1995: anger and aggression

States of withdrawal, but anger as well, became prominent in October 1995 and were experienced with anxiety by the carers [see Appendix C.2]. Jenny immersed herself in a kind of aggressive withdrawal - as indicated by her angry eye-expression - that seemed to me to be annihilating everybody's existence; Pamina wheeled herself in circles; and Sarah let out sounds in continuous bursts and pauses, sounds that sounded as if they carried with them the weight of a painful complaint [Appendix B. 12, 4.00 - 6.53]. It was the sadness of Sarah's sounds that were the object of the therapeutic music [Appendix B. 12, 4.00 - 6.53; 19.40 - 24.00].

These sounds reached climaxes of forceful air evacuations, that burst out from frightened, wide-open eyes and lifted eyebrows, eyes that fixed themselves on some particular other carer, but not her own allocated carer. In the session of October 2, 1995, it was towards Ms Lovari that she let out these belches, perhaps because Ms Lovari was sitting next to Jenny or, so as to avoid evacuating them onto her own allocated carer, Ms Antouna, or onto myself [Appendix B. 12, 6.30 - 6.46]. Her belches were from now on accompanied by farting.

The anger and aggression in that session were clearer than ever, and manifested themselves in simple acts, like the following: Sarah had her back turned to me for a large part of the session; Pamina threw down Ms Kazakaiou's instruments twice [Appendix B. 12, 9.15 - 9.55; 12.10 -

13.10]; Jenny tried to bite and pinch both Ms Lovari and Ms Antouna [Appendix B. 12, 22.09 - 23.43].

There were, however, moving moments of trust and communication, like Pamina's position next to me in alertness - when I was singing about the sadness in the group [Appendix B. 12, 20.42 - 21.47] - and Sarah's throwing of the beaters: unlike the past, she would often support herself by leaning on the metallophone, and control the fall of the beaters; often she wanted them to create a sound [Appendix B. 12, 25.25 - 27.42]; sometimes she wanted them to carry an aggressive message to Jenny, as she would throw them in front of Jenny's feet [Appendix B. 12, 27.42 - 38.30].

It was from this time that Sarah would make a series of belches, every time that we sang the goodbye song at the end of the session; the timing of her belches would coincide with the first phrase of the goodbye song, the phrase that sang goodbye to her [Appendix B. 12, 28.30 - 29.16]. In the *free-discussion group meeting*, the carers explored the meaning of Sarah's belches and eventually reckoned that through these, Sarah was "vomiting", rejecting us [Appendix C.2].

17.1.3 The session of October 9, 1995: Pamina's skills in combining musical repertoires and Sarah's fear. The carers growing skills and attachment to the whole group

It was Ms Demetriou's growing therapeutic skills that brought forward in Pamina unprecedented skills in the session of October 9, 1995 - skills that she had never communicated in her whole institutionalised life, as validated both by the carers, and by the institution's director [see Appendix C. 3]. Pamina not only played an instrument [the tambourine] with a beater, but also combined another part of her paralysed body that was available to her for movement, her foot, in order to create a more complex musical structure, a structure that combined rhythm, tempo and volume [foot-beatings] with timbre

[tambourine notes] [Appendix B. 13, 15.06 - 23.57]. Her rhythm, tempo and volume, through her foot-beatings, were not only her creative way of controlling a desired structure in the music, but also a means of initiating and maintaining an intense dialogue communication with the music coming from the carers and myself. In this dialogue she could even include playful tricks, by creating surprise delays: almost hitting the floor with her foot and then delaying it for a split second [Appendix B. 13, 22.31 - 22.59; 23.35 - 23.57]. And this was a person who had never played or communicated with anyone in her institutionalised life. The result was a creation and a communication of a far more developed content than her *mouth-repertoire*.

Pamina's evolution brought up intense fear in Sarah, as revealed by her screams in the form of *mock laughter*, every time that Pamina let the beater drop on the tambourine. Though the carers were beginning to develop an awareness of Sarah's identification with Pamina, they could still not hear the terror in her sounds. It was the cameraman, Mr Loizou, who first pointed out the hatred in Sarah's eyes during those moments [see Appendix C. 3, pages 29, 34, 39 - 43].

Ms Demetriou was the person most responsible for Pamina's trust in this session, for she could retain in her memory the way she invited Pamina to play the xylophone the last time that Pamina revealed an interest in the instruments, in the session of June 26, 1995. At the same time, she had a deep trust herself and a desire to help Pamina [see Appendix C. 3].

This was a period when the carers felt strongly attached towards all the patients in the group, trusted the patients' potentials and felt indignation from other workers' feelings of contempt towards the residents. With the support of our *free-discussion group meetings*, this indignation was turned into a desire for deeper commitment and confidence within them to bring out unprecedented skills in the

patients [see Appendix C.3]. As an example of their sensitivity in observing the details of the patients' signals and responding appropriately, the reader is referred to Ms Demetriou's statements on observing Pamina's eyes and monitoring her need to pick up the beater on her own from the xylophone [Appendix C.3, page 33].

17.1.4 The session of October 16, 1995: Pamina made tricks with her *mouth repertoire* to test her substitute carer

It is a token of Pamina's intelligence that she used her *mouth repertoire* in the following session, that of October 16, 1995, to test her substitute carer, Ms Lovari, to discover whether she, too, could focus her complete attention on what she had to say, like Ms Kazakaiou. Her *mouth repertoire* in the excerpt shown on video-tape three and transcribed in Appendix B. 14, 19.10 - 22.52, was full of tricks, like her almost creating the expected *accentuated crotchet*, but refraining [e.g. Appendix B. 14, 20.07 - 20.19]; or leaving out a quaver from her *typical theme* [Appendix B. 14, 22.20 - 22.41].

17.1.5 The session of November 13, 1995: Sarah experienced her limitations and anxieties about the other's beater-drops

The session of November 13, 1995 seemed to have brought to the surface Sarah's pain concerning her limited abilities [Appendix B. 15, 16.00 - 25.43]. This was the first time that she had touched the piano keys, or my hand to play, since the session of June 19, 1995. But unlike that session, there seemed no pleasure of achievement this time, no illusion of creating the sounds; it seemed that here, she was facing the dire reality of how little she could do, and her turns towards the cameraman and the group were not turns for obtaining recognition as in June 19, 1995; rather - I felt - she was asking for complete quietness, as only that kind of stillness could somehow give her some relief; some sign that, though a person deeply damaged and rejected, she was not being rejected by the group.

It seemed that anyone's sounds were causing Sarah unbearable anxiety, in particular the possibility of Pamina dropping a beater. This seemed to be the reason that she turned towards her and Ms Lovari, farted and screamed, the moment Ms Lovari - while playing the tambourine with a beater - went close to Pamina [Appendix B. 15, 19.46 - 22.02]. That this was a scream of anger was clear to everyone [see Appendix C.5]. Two-and-a-half minutes later Jenny dropped both Sarah's and Pamina's beaters - apparently she registered Sarah's anxiety and wanted to add to it. Soon after, Sarah walked away from the piano so as to face Jenny, her face tensing up, seeming in this way to express her anger at what Jenny did [Appendix B. 15, 24.34 - 25.43].

It is possible that in her mourning of her lost abilities, of her painful limitations, of being emotionally "dropped" since early childhood, Sarah was the group's "spokesperson", the person who carried that weight; for Jenny was still within her aggressive and often autistic withdrawal, and Pamina lost in her sleep. Jenny's attack on Sarah's beaters may have been an attack on such a message [Appendix B. 15, 24.34 - 24.56]. The carers' feelings of anger that the patients were expressing a contempt towards them were possibly related to this issue - a countertransference response of being "dropped" [see Appendix C.5, e.g. page 62, 70-71].

17.1.6 The session of December 4, 1995: towards containment

First excerpt: the patients shared a more contained space. Ms Kazakaiou initiated the "good object" music

The first excerpt from the session of December 4, 1995 [Appendix B. 16, 8.43 - 13.27] is an example of the patients' process, whereby they could gradually share a smaller physical space; this implied that they could also share a more intimate psychical space. With their glances,

they were either looking or subtly avoiding each other, thus showing their tolerance in noticing - and their greater awareness of - each other [Appendix B. 16, 11.19 - 13.27].

This process was facilitated by the carers' growing therapeutic skills. In the above-mentioned excerpt, it was Ms Kazakaiou who initiated the pleasure-giving "good-object" music [see Chapter Fifteen, 15.2.3.1], and then the whole group of carers and myself joined in to enrich that music.

Second excerpt: Jenny communicated with the music and re-found Ms Demetriou

The same music brought Sarah with fast steps to the piano [Appendix B. 16, 14.48 - 14.53], while Jenny, for the first time in the group's history, revealed her joy and pleasure at the group music, a pleasure that led her to communicate in a non-autistic manner and to re-find Ms Demetriou, her main object of attachment, for the first time since the summer holidays [Appendix B. 16, 14.02 - 15.48].

It was clear to all of us that Jenny's "la-la-la" - in terms of its timing, dynamics and melodic contour - was her response to the piano glissandi [Appendix B. 16, 14.59 - 15.26]. Her prolonged eye-contact with Ms Demetriou that followed, accompanied with a jerk so that her head came even closer, was received by the carers and myself as Jenny's gesture of re-finding Ms Demetriou [see Appendix C.6, pages 85-6, 91].

Third excerpt: Jenny expressed herself creatively

Within a few minutes, Jenny could vent her aggression, among other feelings, in a creative manner, through her cymbal playing; this, along with the fact that the whole group of carers and myself had put this aggression into a responsive musical/symbolic language, may have made it easier for Sarah to tolerate Jenny's sounds and attacks, when

the latter threw Sarah's beaters to the floor [Appendix B. 16, 19.19 - 22.35].

That aggression was a constituent of Jenny's cymbal phrases was indicated through their rhythm and her vocal accompaniments of hissing or high-pitched sounds during this musical exchange.

Fourth excerpt: Sarah's non-smiling face

The process towards internalising a containing environment facilitated Sarah tolerating Ms Antouna's absence from her side, when she was at the piano and Ms Antouna at the bass-drum [Appendix B. 16, 26.36 - 31.40]. Within those few minutes, her facial expression of dropped lips and serious, pleading eyes towards Ms Antouna, revealed a person in touch with her pain; she was here steps away from the manic states of her *mock laughter* or stereotype smile of the past: a suffering, yet far more mature personality.

17.1.7 Conclusions for the period September - December 1995

Within this period, it seemed that issues of the group's sadness, pain and feelings of loss emerged more clearly, as well as a more intimate relationship between the members, who could now share a smaller physical space. All this indicates that the group immersed itself in the depressive position at a deeper level than in the past. The fact that they seemed to have made further progress towards the internalisation of a whole good object enabled them to express their anger and aggression more directly than in the past. This process continued even more clearly in the following period.

CHAPTER EIGHTEEN

HIGHLIGHTS OF THE GROUP'S PROCESS DURING THE PERIOD JANUARY - JUNE 1996: A DEEPER IMMERSION INTO THE PARANOID- SCHIZOID AND THE DEPRESSIVE POSITIONS

18.1 INTRODUCTION TO THE PERIOD JANUARY - JUNE 1996

This was a period when the patients' aggression towards each other was expressed directly and without hesitation. It is possible that, as the patients felt safe that the carers and myself could receive their anger and hostility without retaliating, and their pain without running away from it, they had the space to unravel the full force of their aggression: they knew that the group, within that specialised setting, would protect them.

At the same time, the patients' traumatic history made it difficult for them to maintain an identification with a good object. Though introjecting the benign presence of the group as a good object, they would still shift to states of suspecting all members and feeling persecuted by them.

18.1.1 The session of February 19, 1996. Sarah's belches: an internal world of aggression resonating aggression in the group

The first direct manifestation of aggression came in the form of Sarah's belches. This was something that had already begun in the previous months; but this six-month period saw its culmination, as illustrated by a series of excerpts taken from this period.

Thus in the first excerpt of the session of February 19, 1996, [Appendix B.17, 1.29 - 5.20] it is clear that Sarah's belches were particularly directed against me; but they were also directed against others, particularly during the moments when she perceived others as engaged elsewhere. The latter will become clearer in later sessions.

Countertransference reactions to Sarah's belches

Sarah's belches, frequently accompanied by farting, seemed to be endless evacuations thrown at me. While exposed to them, I had the feeling of not knowing when they started and whether they would ever end. At the beginning I felt sick, like being dropped in dung for a frighteningly indefinite period of time. Then I thought of Sarah's early history - that little history that cared to survive time: as a baby she was left unfed, unclean and locked up for hours on end; her hospitalisation at the age between five and seven months because of dehydration and diarrhoea; an alcoholic father who hit his children; a reported fall on her head at the age of six months.

Sarah's unending air-evacuations were her way of telling me what it felt like to be so abusively "dropped" from life; for such early experiences must have felt like being thrown into a dirty soil of death; being completely emptied of life-giving entities such as milk, food, mother's safe and tender arms, parental love.

Details of Sarah's behaviour while belching

The details during the moments that Sarah was evacuating her belches are very revealing: she stooped her body and tensed her facial muscles; her belches came out of horrified, wide-open eyes and lifted eyebrows and she frequently farted at the same time; at peak moments of belch evacuations she would partly let go of her support on the piano's frame, and then her whole body seemed wavering unsupported, yet all tensed up; the fingers of her hands were stretched out, or fiddling with each other [see, as examples, the video-excerpts and corresponding transcripts from the session of February 19, 1997, described in Appendix B.17, 3.13 - 3.52, February 26, 1997, described in Appendix B.18, 3.39 - 3.56, 4.52 - 5.54 and March 4, 1996, described in Appendix B.19, 0.38 - 2.04].

The meaning of Sarah's belches and their containment

It is possible, then, that Sarah's way of being during these moments was a manifestation of her internal experience of being emptied, with all her inner contents falling out from all sorts of orifices of her body; I even had the feeling that she felt her fingers also as exit-channels of her inner contents. The experience was horrific, as her eyes witnessed; because it seemed to be about psychic death, which is equivalent, at such primitive moments, with the death of the body. For this reason her body hung in mid-air, so to speak, unsupported and all tensed up, as if it was about to drop into the void of non-existence.

Sarah let out the full force of this experience towards me, first of all, because she felt safer that I could tolerate it better, but also because being the leader, I was the group's "mother" [Foulkes, 1975a; 1975b; Kutter, 1976]: she thus transferred to me what she felt for her own mother. The sustained chords that I played at the piano were a musical/symbolic way of containing her: while providing the sound space to receive her aggressive throws - what her mother should have done through her arms and eyes - they also modified this experience

into a more digestible form - what her mother's voice and stance should have provided [Appendix B.17, 1.29 - 5.20].

A belch or a series of belches was followed by her stereotype smile, just as her beater-throws were followed by her *mock laughter*. The two events seemed closely connected or a variation of the same theme - or, rather the first one is a more developed expression of the second one [as will be discussed later]; and her stereotype smile, like her *mock laughter*, was a possible expression of her denying the horrific contents of the message she had just communicated through her belch.

Sarah's belches caused the group's disintegration

The greater connotations of Sarah's experience became clearer in the following sessions. One thing that was already evident in the session of February 19, 1997, was that Sarah's way of being bore immediate consequences upon the group:

It caused the disintegration of the group, as the carers isolated themselves with their own allocated patients. Ms Kazakaiou, for example, four minutes after Sarah's continued belches, isolated herself on the synthesiser, repeating a brief melody there for Pamina, who eventually moved close to her [Appendix B.17, 4.31 - 5.20]. In this way, as Ms Kazakaiou herself expressed later, she escaped from Sarah's aggression.¹

Sarah's belches resonated Pamina's aggression [the second excerpt - Appendix B.17, 13.13 - 15.36]

Sarah also evoked the other patients' anger towards her. In this same session, Pamina became aggressive with her wheelchair for the first time in the history of the sessions. I had the feeling that her wheelchair movements were of a different kind from the moment she

¹ In fact, a similar group disintegration was effected in the past during Sarah's beater-throwing episodes.

re-started them in this session [Appendix B.17, 13.13 - 15.36]; while translating this "alive" tension of her movements with piano phrases, she made a swift turn in the gong area and wheeled threateningly close to Sarah with such an unprecedented speed, that she immediately dislodged Sarah from her position by the side of the piano [Appendix B.17, 13.13 - 13.53]; in that position, that Sarah had been occupying until pushed away by her, Pamina remained for a few seconds, possibly a way of making her message clearer [Appendix B.17, 13.53 - 13.56].

Jenny's attack [the third excerpt - Appendix B.17, 16.00 - 18.50]

Some minutes later Jenny desired to leave the room, while grinding her teeth - a classical expression of anger [Appendix B.17, 16.00 - 16.15]. Upon being told that our time had not yet finished, she decided to occupy Sarah's chair for some minutes, before her final exit [Appendix B.17, 16.15 - 17.31]. This was Jenny's direct attack on Sarah's space, stirring up an uneasiness in Sarah, who made some steps by the side of the piano, so as to confront Jenny. But still, she was not to stay there in peace, even after Jenny's exit; for Pamina yet again charged her wheelchair at Sarah, apparently intending to hit her, but for my intervention [Appendix B.17, 18.26 - 18.50].

18.1.2 The session of February 26, 1996. Sarah's increased aggression towards me and belches against everyone's actions. The fight for the group leader

Sarah's belches were directed against anyone's action [the first excerpt - Appendix B.18, 3.23 - 6.13]

By February 26, 1996 Sarah's belches were thrown even more towards the other members of the group, though not losing any of their intensity towards me [Appendix B.18, 3.23 - 6.13]. I had the feeling that she chose repeatedly to throw them from that particular position by the side of the piano, so as to be protected by me from possible

retaliations, like the ones she had received from Pamina in the previous session of February 19, 1996.

By this time it became all the more clear that her need to belch was stirred up by any member's action or creation. She turned to belch in particular when she heard a sound coming from another member, or when a member was about to create something. She did not seem to belch at passive members, with the exception of Jenny, whom she always experienced as active, even when in her autistic withdrawal.

The content of Sarah's persecutory anxiety

The hypothesis is therefore formulated that Sarah experiences all actions, anyone's action, as an aggressive enactment against her, from which she has to defend herself by throwing back the equal of what she feels she is receiving. When the very first environment, the parental environment, provided no "home" in which to exist, but a continuous exposure to terrifying experiences, then all actions are a threat to life itself. A movement can be felt as someone getting ready to hit you or hurt you in any other way. The world that becomes internalised is one of actions of, and reactions to, hostility; and that is the only world known. In fact, this is a fundamental aspect of persecutory anxiety and the paranoid-schizoid position.

Sarah's inability to walk for a whole lifetime is better understood now. Any active movement on her behalf would bring someone else's aggressive action towards her - a step forward would be followed by a "stab backward". As she was feeling safer in the music therapy group, as she was acquiring the knowledge that, in that setting, an over-seeing eye would protect her from back-stabs, she began to walk; and she began to manifest to the group the structure of an internalised world that was tormented by aggression and hostility.

There was possibly another element in her belching behaviour as well. They may have also been expressions of envy towards everyone

she considered as "able", "non-handicapped"; towards anyone who could have run away from what her handicapped state did not allow her to do. Her belches towards the carers and myself may have contained this element, as well as jealousy of paying attention to another patient.

The fight for the group-leader [the second excerpt - Appendix B.18, 9.06 - 10.16]

The patients' fight for the group-leader reached a peak and a clarity of expression in this period. The fight between Sarah and Jenny over the piano had appeared in the past, but the fight between Pamina and the other patients was new. So far, Pamina was not so interested in the other patients, but mainly related to her allocated carer, Ms Kazakaiou, and myself. It was indeed a surprise to all of us when, in the session of February 26, 1996, she charged her wheelchair at Jenny, who was sitting in the piano stool and playing the piano; and she kept hitting against the stool - five times in total- until Jenny was forced out, Pamina following Jenny's movements with her eyes [Appendix B.18, 9.06 - 10.16].

Sarah's belches and their connection to the beater-drops [the third excerpt - Appendix B.18, 30.47 - 32.23]

During the goodbye song and music of the session of February 26, 1996, Sarah combined both actions against me, her belches and throwing a beater - which she had picked up from the piano's book-stand - to the floor next to the piano stool [Appendix B.18, 30.47 - 32.23].

Her belches had been uttered during the goodbye music since October 1995; it was possibly her way of dropping me for dropping her by saying "goodbye" and ending the session. She knew that I was the author of those decisions. In this session, however, she combined it with her beater-throw at an area that characterised my position in the room. Further than the fact that the beater-drop may have been

another way of acting out her rejection, I was beginning to feel that it was also a way of acting out a death-wish; that the beater was, in this case, a murderous weapon.

In the passive state, being emptied of one's inner, life-giving contents by threatening experiences of neglect or abuse means being depleted of life; in the active state, to throw one's contents onto another means to deplete another of life. Therefore, a death-wish that was internalised becomes exteriorised by making it felt in someone else. Sarah's mother actually said that she was told that her daughter would die by the age of five. Sarah received her parents' death-wish and this is what she had to tell me by making me feel it. While her belches and farts were probably the poisonous air coming from inside her against me, the beater was another weapon with which to destroy me. This is a hypothesis, based on my counter-transference reactions: I was feeling a strong urge from Sarah to destroy me.

18.1.3 The session of March 4, 1996. Containment but also defence from Sarah's belches

The music that I played to contain Sarah during her states of continuous belches, assumed at moments another function, that of protecting myself and delaying her following belch. That was my unconscious reaction, in an effort to protect myself; fortunately such moments did not last long. An example is the excerpt from the session of March 4, 1996 [for an explanation and description of the technique, see Appendix B.19, 0.18 - 2.26]:

The excerpt begins with the carers and myself collaborating in giving a musical interpretation of Sarah's continuous belches. The music we form is like a steady pendulum that brings down the timeless heaviness of Sarah's belches - which spring forth from a face closer to mine than ever before.

Yet there is a moment when, in anticipation of her forthcoming belch, I play the piano chord with loud dynamics [Appendix B.19, 1.44 - 2.26]; this causes her to reduce the intensity of the belches she throws towards me for a while. Of course it was not Sarah's sound that made me wish to silence her at that moment. It was the meaning of her sound, as expounded in the above sections.

18.1.4 The sessions of March 11 and 25, 1996. Climaxes of hostility through the beater and steps towards autonomy

Sarah's beater-drops in connection to those of Pamina

Sarah's *mock laughter* was perhaps a manic way of denying the meaning of her beater-drops. The same *mock laughter* was followed after Pamina's beater-drops, perhaps because she was feeling that through the beater she was in danger of being destroyed by Pamina. In this context, her selective choices as to where the beater lands in the following excerpts, serve as illustrative examples of the above hypothesis.

The session of March 11, 1996 [the third excerpt - Appendix B.20, 25.26 - 28.20]

In the session of March 11, 1996, she would repeatedly throw the beater at Ms Antouna, something that seemed to have been evoked within her by the fact that Pamina was dropping beaters on instruments or onto the floor [Appendix B.20, 25.26 - 28.20]. One hypothesis then, is that Sarah was experiencing Pamina's beater-drops as attacks against her, as actions that threatened her existence, and she turned this experience into an action against another: against the person who could tolerate it without being destroyed or retaliating: Ms Antouna.

Foulkes' [1964] concept of "*mirror reactions*" is relevant here [see Appendix A.2.1.7.4]. The hypothesis that Sarah had been identifying

with Pamina ever since Pamina dropped a beater herself, had already been voiced by Ms Antouna in our *free-discussion group meeting* of November 13, 1995 [see Appendix C.5, page 61]. In seeing in Pamina the handicapped "dropped" woman, Sarah was perhaps identifying her with aspects of herself and projected into Pamina's beater-drops all her relevant fears.

The session of March 25, 1996 [Appendix B.21, 14.13 - 15.02]: Sarah directly attacked Jenny with beaters

In the session of March 25, 1996, Jenny came to the piano, where I was sitting and while Sarah was standing by its side [Appendix B.21, 14.13 - 15.02]. Sarah pushed Jenny away from there with her hand, a far more forceful push than she had ever given. As Jenny did not leave, Sarah turned her back to Jenny, so as to face Ms Antouna; then she found another way of attacking her: she threw the two beaters, given to her by Ms Antouna, backwards, so that they fell near Jenny - she had never before thrown beaters backwards. Then she rubbed her bottom. This action may indicate the connection between her farts, her belches and her beater-drops, which are specifically directed against the person whom she wants to attack.

Achievements of mastery and autonomy

At the same time as the patients were expressing their aggression towards each other more directly, and as Sarah's hostility was reaching climactic outlets, another development took place. They were all gradually revealing their desire to master and control actions that would lead them to greater autonomy. Their greater awareness of feelings of anger and aggression, the freedom to express them and the fact that these feelings were contained, all this probably facilitated the patients towards feeling a need for autonomy.

Sarah rises independently from her chair: [March 11, the first excerpt - Appendix B.20, 3.30 - 4.54]

In the session of March 11, 1996, Sarah took great efforts to rise from her chair on her own, clearly rejecting Ms Antouna's offer for help [Appendix B.20, 3.30 - 4.54]. Her persistence in standing up on her own and not losing courage, however many times her weak legs would throw her back onto her chair, was very moving indeed. Ms Antouna very sensitively acknowledged and respected Sarah's need to stand up on her own.

Upon rising on her feet, Sarah walked towards the piano, turning to look at me - as I was sitting near Pamina - with a smile that seemed to express her pride at her achievement.

Pamina's achievements to control the beater's touch on the tambourine [March 11, the second excerpt - Appendix B.20, 7.42 - 10.13]

A desire for mastery and autonomy was also expressed by Pamina. In that same session she made clear, repeated and sustained efforts to control the beater and its contact with the tambourine's surface [Appendix B. 20, 7.42 - 10.13]. At the same time she would coordinate these actions with her eyes - eyes that would not focus on anything at the beginning of the group's life. Her eye-hand coordination was a developmental achievement, as well as the controlled movement of her hand, so as to meet a desired aim. Her desired aim was clearly to play the tambourine without dropping the beater to the floor - an unprecedented, for her, desire to control and master her actions for a creative aim.

Pamina differentiated between her right and left hand

Pamina repeatedly passed the beater from her right hand into her left hand, something that seemed to carry particular connotations: while she made clear efforts to control the beater's contact with the tambourine when she handled the beater with her right hand, she would also make clear movements to avoid the tambourine and throw

it to the floor, whenever she handled the beater with her left hand [Appendix B. 20, 7.52 - 8.04; 8.48 - 8.55].

One hypothesis is that Pamina's right hand represented for her the part of herself that was more able, while her left hand represented her disabled part, the part that was "dropped" in similar experiences to those of Sarah. One thing seemed obvious: that Pamina clearly wanted to communicate a discrepancy between her two hands; for this reason, when I tried to interfere with the beater's fall to the floor after she had dropped it with her left hand, she showed me her anger and disapproval by refusing to receive the beater with her right hand, when I offered it back to her, while at the same time turning her head away from me [Appendix B. 20, 8.48 - 9.11].

18.1.5 The session of June 10, 1996. Further achievements of mastery and control. The case of Pamina

Pamina's mastery of her *mouth repertoire*

In the session of June 10, 1996, Pamina engaged in a dialogue through her *mouth repertoire* that lasted for some seven intense minutes [Appendix B. 22, 1.47 - 7.13]. In this case, she used her desire for mastery and control in order to create her most complex and lengthy phrases, which she exchanged with my temple-block phrases. One example is the following: she created a phrase that consisted of a crotchet, followed by a quaver pause, four quavers, another quaver pause and the *accentuated crotchet*; it is indicative of her desire for control that she remembered and repeated exactly the same phrase twice [Appendix B. 22, 5.37 - 5.41; 6.16 - 6.21].

18.1.6 The session of June 17, 1996. Further achievements of mastery and control. The case of Sarah: her piano playing is taking the place of her belches

The difference with Sarah's past piano playing

There was a marked difference between Sarah's piano playing in the session of June 17, 1996 [Appendix B. 23, 16.33 - 25.20] and any of her previous endeavours there. She seemed neither to form illusions of creating the music that I played and feeling triumphant, as in the session June 19, 1995; nor in so much pain over her handicap and so much persecuted by everyone else as to feel unable to play, as in the session of November 13, 1995.

Sarah's achievements of mastering her piano playing

On June 17, 1996 Sarah displayed specific musical skills, the most important of which were the following:

a) She controlled her hand so as to play single notes

She succeeded in playing single notes repeatedly, in what seemed to be clear efforts to do so [Appendix B. 23, 18.31 - 18.45; 19.33 - 19.40; 21.50 - 22.01; 22.01 - 22.11; 22.15 - 22.27; 22.42 - 22.51; 24.26 - 24.33; 24.57 - 25.03]. When one considers Sarah's fingers, at most times fidgeting with each other, and never having a good hold of an object, one can appreciate what an enormous achievement it was to control the position of arm, hand and fingers, so as to press one single note. This is why her carer, Ms Antouna, looks so proud during these moments.

b) She employed the *rhythmical leitmotiv*

A lot of her phrases employed the *rhythmical leitmotiv*, which she first initiated [Appendix B. 23, 18.31 - 18.45], but which I shifted into a tempo that followed Pamina's hyperventilation. Sarah succeeded in playing the *rhythmical leitmotiv* herself within the music's tempo a number of times [Appendix B. 23, 19.51 - 19.56; 21.50 - 22.01; 22.01 -

22.11; 22.42 - 22.51]. This means that her mind was open to receive and retain an awareness of musical thoughts; that she could retain a focus on a musical thought and control her actions so as to create it.

Relation of Sarah's piano phrases and her belches

There seemed to be a connection between Sarah's belches and her piano playing: she often played while straining for belches at the same time, or just after she had belched, particularly towards me; or she played just after she had stooped and tensed her body, with her fingers wavering in mid-air [her belching posture], which she relaxed as soon as she placed them on the piano keys.

This, along with the fact that her facial expression and general body language seemed to express distress, makes me think that her piano playing here was about an attempt to translate her plight into a musical language. Indeed her face became even more in touch with pain from 21.50 until the end of the excerpt, as indicated through her frown and dropped, non-smiling lips; this coincided with a great reduction of her belches, while her musical phrases increased in frequency and skill. If Sarah, then, is trying in this case to express through an expressive medium her inner state, this is a great developmental achievement.

18.1.7 Conclusions for the period January - June 1996 and the meaning of the patients' achievements for mastery, control and creation

The increased aggression and hostility that characterised this period entailed the group's deeper immersion into the paranoid-schizoid position. Sarah was the strongest exponent of this process, her belches being a powerful means through which she attacked all members during their creative or active moments. It seemed that she projected into everyone's actions a phantasised attack against her. Though her belches were connected with her beater-throws, the fact

that they originated from within her body meant that they were a deeper way of expressing her hostile feelings.

Along with this climax of hostile attacks between the members, there were also achievements in mastering and controlling their repertoires to achieve creative aims or autonomous actions. Pamina and Sarah were so far the exponents of this process. Sarah's piano playing then seemed to bring her more in touch with her pain. These achievements entailed another movement towards the depressive position, a movement towards further integration and synthesis and awareness of pain.

The need to master and control can be considered as an attempt to alleviate the patients' dependence on their objects of attachment, and thus protect them from their hostile impulses [Klein, 1940]. With growing independence, with every achievement towards independence - like the toddler's steps away from his/her mother - there comes a relief from feelings of hatred for needing the object and depending on it exclusively for survival. Sarah's growing skills in rising from her chair and walking on her own, and in playing desired piano phrases on her own, and Pamina's growing skills in controlling and directing her exchanges with the group [e.g. through her *mouth repertoire*] and in controlling the beater's contact with the tambourine, all these strengthened their belief in their own capacities to find the desired language, to be less dependent on the carers or myself to give it to them. This implied an internalisation of the group as a good object and an identification with its strengthening and benign capacities; and a need to protect this object from hostile attacks.

CHAPTER NINETEEN

HIGHLIGHTS OF THE GROUP'S PROCESS DURING THE PERIOD SEPTEMBER 1996 - JANUARY 1997: FURTHER PROGRESS TOWARDS THE DEPRESSIVE POSITION

19.1 PREPARING THE GROUP FOR THE END OF OUR WEEKLY MEETINGS

From September 1996, I started preparing the group for the fact that this cycle of weekly music therapy meetings would need to end because of my need to study further, which would entail being abroad for long periods of time. I told them that our weekly meetings would be offered to them again in two years' time [September 1998], if they still wanted them; until then I would be prepared to carry on with the group once a month, suggesting that this would be the first Monday of every month.

19.2 INTRODUCTION TO THE PERIOD SEPTEMBER 1996 - JANUARY 1997

This period was again a fluctuation backwards and forwards at a deeper level. Each fluctuation, though, seemed to clarify and verify the issues already addressed: the weight of persecutory anxiety in the paranoid-schizoid position and the desire for mastery, control and achievement in the depressive position. The latter was more predominant in this period.

19.2.1 The session of October 7, 1996: Jenny puts more control in her piano playing, which "empties" Sarah

The excerpt taken from the session of October 7, 1996, illustrates Jenny's desire to control her musical creation, in this case her piano playing [Appendix B.24, 17.15 - 21.03]. The moment she started her first phrase, she ceased grinding her teeth and only resumed that activity after she had finished her piano piece. In this context, it can be stated that her piano music was a substitute and an expressive outlet for her aggressive activity, similar to the function of Sarah's piano playing in the previous excerpt of June 17, 1996.

Jenny's playing with her own hand lasted for some two minutes, her longest time playing the piano by herself. She produced in total five phrases of somewhat different tempo and rhythm, but all in moderate to loud dynamics, and mostly consisting of clusters.

Sarah's reactions all through the excerpt seemed to be a verification of what was stated in the previous section: as she was standing by the side of the piano, she turned towards anyone making a sound and belched at her, as, for example, towards me after my first piano chord [Appendix B.24, 17.46 - 17.50], towards Ms Antouna when she coughed [Appendix B.24, 18.33 - 19.06], towards Ms Kazakaïou when she moved to the temple-blocks [Appendix B.24, 19.20 - 19.31]. After her belch then, she rubbed the genital area of her clothes, just as she had done in the past after her beater drops.

What became even clearer, though, was Sarah's sense of being emptied by another patient's actions. From the time that Jenny approached the bass-drum and throughout her piano playing, Sarah belched in the same way as described in the previous chapter [18.1.1]; but she also tried to stretch her hands, so that one would touch the piano and the other the metallophone. This seemed to the carers and

myself as her way of supporting her body from falling; as if the two humanly-invested instruments [the piano invested with me and the metallophone invested with Ms Antouna] were the stable structures, which could prevent the fall of her body/soul. Since the carers were by now far more actively participating in the therapeutically-created music, the instruments they usually played seemed closely associated - within the patients' minds - with their presence.

19.2.2 The session of October 21, 1996: Jenny's further enrichment of her piano music - Sarah less "emptied"

The excerpt taken from the session of October 21, 1996 [Appendix B.25, 9.25 - 12.10] is an illustration of Jenny's gentle and far more musical piano playing, which she performed with her own hands. In the past, she played predominantly through my hand [see sessions of June 1995 described in Chapter Fifteen, 15.2.3.2] Her first phrase at the piano here, consisting mostly of single notes, was soft and gentle and sounded as a melodic phrase - something she had never played so far [Appendix B.25, 9.40 - 9.53]. Her second phrase was also a melodic phrase in *Presto*, with her clusters far more colourful and gentle than they had been in the past [Appendix B.25, 9.53 - 10.05]. Her third phrase was slow and *pianissimo* [Appendix B. 25, 10.05 - 10.15].

From then onwards, until the end of the excerpt, she repeatedly explored sustained single notes, or sustained soft clusters [Appendix B. 25, 10.15 - 12.10]. Moreover, a careful observation of this excerpt clearly shows Jenny's process into stillness and quietness, into a certain peace that did not cause her to grind her teeth so much or swing her head. It can be stated that during such moments, Jenny functions outside her autistic shell: her liveliness surfaces, while her auto-generated shell of isolation subsides.

Sarah's belches were also greatly reduced, giving the impression of being emptied to a lesser degree by Jenny's creations and actions.

19.2.3 The session of November 25, 1996: Jenny's *loud autistic vocalisations* become communicative play

The example illustrated by the excerpt taken from the session of November 25, 1996 reveals the following phenomenon [Appendix B.26, 15.48 - 23.34]: that Jenny's autistic mannerisms can exist alongside a communicative repertoire, which is paradoxically that same repertoire that characterises her *autistic sounds*.

To be more specific, as this excerpt illustrates, Jenny gets immersed in her auto-generated sensual isolation: swinging her head, holding her beater and stroking her naked breast. Yet gradually, while in that state, those same sounds that isolate her and have been termed her *loud autistic vocalisations*, become communicative sounds and joined to her *singing tune* at one and the same time. That they become communicative is evidenced by the timing with which she enters every phrase: at the end of the musical phrase played by the carers and myself [Appendix B.26, 18.20 - 23.34].

It is as if her autistic and non-autistic parts co-exist. This co-habitation is probably due to the music therapy technique that creates a presence, expressed as a musical/lively presence. By this time the carers' musical contribution is so skilful that they initiate their own techniques to bring a liveliness into the musical whole [rhythms on the temple-blocks played by Ms Kazakaïou and cymbal notes of various dynamics played by Ms Antouna]. This is, perhaps, what facilitates Jenny's use of her sounds for communication.

19.2.4 Explorations on the underlying specific meaning of Jenny's loud autistic vocalisations

It has already been stated that Jenny's "ti-po-pa" vocalisations may be references to the word "tipota" which means "nothing" in Greek. By this time in the group's life, it seemed to me that a lot of Jenny's *loud autistic vocalisations* may have references to words.

Over the last year, she had frequently uttered the word "pae", which in Greek means "is leaving, is going away". The first time that this happened was in the session of March 4, 1996, right at the start of the session [Appendix B.19, 0.18 - 0.34]. This coincided with Ms Demetriou's absence and with no-one else to substitute her. After repeatedly uttering this word then, she let out a cry that was open and colourful, unlike her *loud autistic vocalisations*. This was the nearest that she had ever got to a cry.

It is possible, then, that this was an actual word that expressed the absence of her carer. It may also refer to her desire to do away with someone else's world. In the session of October 7, 1996, she uttered this word after her ritual of kissing my head just before her piano playing [Appendix B.24, 19.06 - 19.20]. In the past, this ritual would usually be followed by her high-pitched, destructive-sounding vocalisation. The hypothesis is that the word "pae" substituted for that vocalisation, this indicating Jenny functioning at a more developed level: using a word, with its meaning shared by all, is another level of functioning than uttering one's own code of crude sounds. It implies some acceptance of the external reality, to which everyone else's world belongs.

In fact, denial of another's world is partly what characterises the autistic person [Tustin, 1990; Alvarez, 1992]. With Jenny this has been evidenced innumerable times: when she reveals a face of angry withdrawal during another patient's activity; every time she throws

someone else's beater to the floor, while still holding fast onto her own beater.

What she finds unbearable then, is the bare existence of the other; for this reason she desires to fuse with Ms Demetriou during those moments, when she forcefully pulls her head tightly close to hers, as if the two are one and the same person.

In the same excerpt that is discussed in the previous section, Jenny throws Sarah's beater to the floor and then Pamina's beater in an almost exhibitionist way, before she finally sits on her chair and embarks on her *loud autistic vocalisations*, that turn out to be used as communicative play. That is, she firstly denied the other patients' existence, by throwing away the object with which their carers try to bring them to life.

It makes sense, then, that Jenny's *loud autistic vocalisations* include such sounds as the following: "tsou", in Greek a colloquial expression for "no" [e.g. Appendix B.24, 17.59 - 18.17] ; "ou-ou" with an accent on the first "ou", which is another colloquial way of saying "no" in Greek [e.g. Appendix B.26, 20.55 - 21.03]. With these words she possibly says "no" to the world of others.

Some of her most frequent sounds are repeated "te-te-te-te" vocalisations; this made me wonder whether they refer to another concrete experience. In Greek, when a parent threatens to beat a small child, s/he would often say: "I will do "te-te" to you", the word "te-te" being an onomatopoeic rendering of the actual beating.

All this made me think of Jenny's *loud autistic vocalisations* as possible attempts to communicate with others her concrete experiences.

19.2.5 The session of December 2, 1996: Further achievements of mastery and control. The aggressive and denying content of Jenny's *loud autistic vocalisations* verified

The excerpt taken from the session of December 2, 1996 [Appendix B.27, 9.55 - 13.20] illustrates Pamina's clear desire to take hold of the beater and control its direction, so as to achieve the sound aimed for. It also shows Jenny reacting to this in ways that seem to verify what has been stated so far concerning the meaning of her *loud autistic vocalisations*.

When Pamina wheeled herself near the xylophone and lifted her right hand, in this way indicating her desire to receive the beater, Ms Kazakaiou put a beater for her over the xylophone keys. Pamina took it instantly and threw it near the xylophone keys. Alongside this drop Jenny made repeated "tsou" sounds [Appendix B.27, 9.55 - 10.20]. The second time that Pamina was ready to receive the beater, Jenny made her high-pitched, destructive-sounding vocalisation [Appendix B.27, 10.20 - 10.38]. Alongside Ms Kazakaiou's xylophone phrase, which she played so as to invite Pamina, Jenny uttered a prolonged "Ah" vocalisation coming from her closed vocal cords [Appendix B.27, 10.48 - 10.59]. She repeated exactly the same vocalisation, the next moment that Pamina got the beater in her hand [Appendix B.27, 11.10 - 11.19]. Then she got more direct, and this verifies the meaning of her sounds: she actually got up from the chair noisily and with fast movements, bent over the xylophone keys, and while looking at Pamina, she threw Pamina's beater from the xylophone onto the floor [Appendix B.27, 11.19 - 11.23]. The connection between her sounds, their underlying meaning, and her action thus becomes clear.

Like Sarah's belches, Jenny's sounds form an aggressive attack against another's existence; but whereas Sarah "throws up" the other's

existence, Jenny denies their existence itself, not allowing herself to stomach it for even a few seconds.

Pamina's further achievements of mastery and control

The remainder of the excerpt taken from December 2, 1996 illustrates Pamina's moving efforts to persist, in spite of the attacks, and attempt to achieve even more mastery with her hands [Appendix B.27, 11.23 - 13.20]:

a) She succeeded, after a series of attempts [Appendix B.27, 11.38 - 12.40], in passing the beater from her right to her left hand [Appendix B.27, 12.40 - 12.55]. While in the past her grasp of the beater with her left hand signified her inability to control it and she would instantly throw the beater to the floor, she now succeeded in controlling the beater's drop from her left hand onto the tambourine's surface. Her desire to control her left hand is also indicated by the slowness of her movement and the fact that she followed it with her eyes.

b) She managed to take the beater with her right hand with more confidence, as revealed by the strength of her action and the speed with which she clenched her fingers around the beater [Appendix B.27, 12.55 - 13.06].

c) She managed to pass the beater from her right to her left hand and then back to her right hand, before letting it drop onto the tambourine [Appendix B.27, 13.00 - 13.20]. Again, the way she followed all these movements with her eyes indicates her desire to achieve such control of her hands.

19.2.6 The group during the end of the cycle of our weekly music therapy sessions and the changes introduced

In this period, the state of the group seemed particularly related to their feelings about ending the cycle of our weekly meetings. Some

important changes - the first changes since the inception of the group - were introduced:

Members of the group moved to a community home

An important change occurred in the lives of Sarah, Jenny, Ms Antouna and Ms Demetriou. They had been moved to a community home - the first such state-run home. The changes brought to both carers and residents on account of the music therapy group was the decisive point on including them in the first such prototype home. The move was completed by the beginning of December and was made hastily and without much preparation. This was the first variable in their lives since the group began.

19.2.6.1 The session of January 7, 1997¹ : The group in sadness and angry withdrawal. Ms Kazakaïou initiated and led the *sound canvas* - maturational shifts in Sarah's voice and posture

It was more the immobility of Jenny and Pamina that carried the state of sadness and angry withdrawal in the session of January 7, 1997. Jenny, in particular would usually keep her glance towards the window, while her facial expression was that of anger. Sarah, on the other hand, seemed to me to be allowing more space within her to express some of her sadness. Throughout the whole session her posture, as she was leaning on the piano, was more upright and her body and fingers far less fidgety than before. Her smile seemed not exactly positioned in the formulaic position: her lips were not as tensed and wide-open, as when she wore her stereotype smile. Perhaps she was on the verge of allowing her mouth to adopt another kind of expression.

¹ New instruments were introduced from this session [see Appendix B.29]. This was intended to facilitate the patients gaining more musical expression in this period and in the following period of monthly meetings.

In the excerpt taken as an illustration of that session [Appendix B.29, 12.23 - 16.08], it was Ms Kazakaiou who stated the musical theme, with which to contain the feelings of sadness and anger in the group [Appendix B. 29, 12.57 - 13.14]. She created a very clear and simple theme on the synthesiser, having chosen the sound of the church organ. This theme consisted of sustained notes, over which any of the patients' utterances could fall; it included falling motives that translated the patients' sadness; it included ascending phrases, an attempt to encourage the patients to bring forward their feelings. Ms Kazakaiou retained the same theme throughout the musical piece.

In this way Ms Kazakaiou created a *sound canvas*, and this shows a carer able to initiate and maintain a music-therapeutic technique. This *sound canvas* acted like a soft cloth over Sarah's sounds, including her belches [Appendix B.29, 12.57 - 15.22].

Sarah's sounds and posture carried greater psychological bulk

Sarah's sounds continued after the musical piece came to an end [Appendix B.29, 15.22 - 16.08]; the weight of their complaining colour became clearer without the music's support - and probably as a result of it. I felt they were like the complaints of a person, who was near to talking about them; for her voice's pitch shifted throughout the musical piece, and when the piece was over, her voice assumed the pitch of the spoken word. Her sounds were then no longer emitted as bursts of bodily tension, but rather as voices carrying within them some psychological bulk.

It seems that the psychological containment, experienced in music therapy in general, and in that session in particular, had allowed her to belch and vocalise without stooping and tensing her body. The voice then, that is no longer experienced so much as a bodily tension, becomes more of a carrier of feeling states, of psychic content. Indeed,

throughout the excerpt, Sarah stood more like a normal adult, than we had ever seen her until that day.

Jenny made clear her message of not wanting the group's "goodbye" [the second excerpt - Appendix B.29, 28.45 - 30.39]

The way Jenny behaved during the goodbye song and music of the same session, seemed to verify that her withdrawal during that session was caused by her anger about the ending of our weekly meetings. Among other things, she walked towards me and removed my hand from the piano, while I was playing the goodbye music [Appendix B. 29, 29.18 - 29.47 - for more details see the transcripts].

19.2.6.2 The session of January 13, 1997: Another way to reach the group's state of angry withdrawal - "group music interpretation" followed by verbal interpretation

The following session, that of January 13, 1997 - the second before our last weekly meeting - was particularly difficult, as it was further strained by members' absences. Pamina was absent due to illness, something that may have evoked even more anxiety in the other patients.

The excerpt taken from that session illustrates an attempt to reach the group's state of angry withdrawal through "group music interpretation", the carers [here Ms Kazakaïou] by now participating more actively in its creation [Appendix B.30, 9.40 - 16.24]. The transcripts describe in detail the way the music was formed minute by minute, and the reader is referred there for an understanding of the musical thoughts that went towards its formation.

During the music's pause, Sarah, as she was sitting in her seat with her body leaning forward, made a very loud belch amidst the group's total stillness and quietness [Appendix B.30, 14.37 - 15.09]. Thinking that it could bring relief to acknowledge the feelings for the

approaching end in the precise medium of the verbal language, I asked the following: "Is it that there is anger lurking underneath?" Sarah instantly made a series of vocalisations, while looking at me. Her third vocalisation was clearly the word "n`e", the Greek word for "yes" [Appendix B.30, 15.09 - 15.20].

For someone who has never uttered anything more than groans, murmurs, mock laughter and belches, to actually verbalise even the simple word "yes" was a great achievement, as it was a great achievement to reveal her understanding of the verbal statement addressed to her. This achievement was possibly the result of the fact that her groans, murmurs, mock laughter and belches were listened to as sounds of meaning, as sounds of pain and fear and terror and desperation.

The patients were now at a stage of experiencing an awareness about their own feelings. "Yes", there was anger, and "no", Jenny would not accept the beater offered to her by Ms Kazakaiou some seconds later [Appendix B. 30, 16.03 - 16.24].

19.2.6.3 The session of January 20, 1997: Pamina strikes the optimistic note for the end of our weekly meetings - Ms Kazakaiou's attachment transcends her musical skills

Ms Kazakaiou encouraged Pamina into the musical world [The first excerpt - Appendix B.31, 11.10 - 17.01]

The session of January 20, 1997 was the last of our weekly music therapy meetings. Each patient's reaction was different. The phenomena revealed then were beyond everyone's expectations.

Jenny stayed for a long time below the camera, and I wondered whether that was her way of telling us that she was partly outside the group, like the person who was taking the film. Sarah throughout had an expression of seriousness on her face, the seriousness of the person

who is in touch with her own pain. There was no formation of any smile whatsoever. Her posture was again more upright - as in the session of January 7, 1997 - as she was leaning by the side of the piano. Pamina, now back after ten days of being seriously ill, seemed to listen to the sounds with the interest of a young child: when the music is experienced as magically enchanting.

The first excerpt taken from that session illustrates Ms Kazakaiou's sensitivity to Pamina's needs [Appendix B.31, 11.10 - 17.01]. She played the Chime-bells for her, initiating a musical piece that was like an invitation to the magic world of music [Appendix B.31, 11.43 - 13.50]. The carers and I soon joined in, so as to create one harmonic whole in terms of shared tempo, rhythm, timbre and dynamics. Pamina listened more attentively than she had ever done before.

The next gesture of sensitivity came when Ms Kazakaiou decided to leave the Chime-bells, while leaving the beater there in a way that suggested to Pamina that she could get hold of it herself [Appendix B.31, 13.50 - 14.38]. This meant allowing her a space for thinking independently and entrusting her with independent action.

After suggesting to Ms Kazakaiou that she could encourage Pamina to play the Chime-bells with her hands, there followed some very moving moments of trust and tenderness between them [Appendix B.31, 14.38 - 17.01]. For one, Pamina had never so far allowed anyone to manipulate her hands. It was the first time that she let her hands relax completely, so as to be placed on the Chime-bells for the creation of her desired sounds. Her feelings for what she could thus create would cause her to turn towards and away from the instrument during the creative moments. Was it a fear for the result of her actions, or was it the pain for all the years of non-creative living, which sprang to memory during the creative moment?

Pamina played the piano; Sarah and Jenny tolerated her creations [the second excerpt - Appendix B. 31, 21.49 - 32.55]

Whatever Pamina experienced first and foremost with her main object of attachment, Ms Kazakaiou, was what seemed to have given her the strength and courage to wheel in front of the piano keys for the first time in the history of the sessions [Appendix B.31, 23.08 - 23.14]. That was the biggest instrument, the strongest and richest sound, and the conductor's voice.

The second excerpt from the same session concerned this major step and Pamina's first piano playing [Appendix B.31, 21.49 - 32.55]. It occurred after I had played welcoming music for her which included: the melody that I have always used on the piano, so as to accompany her *mouth repertoire* or remind her of it; an added vocal part, feeling that in this way Pamina would experience a greater intimacy with the music and its connection to the human relationships which she entrusted there. The latter was also evoked within me by Pamina's turns towards me for eye-contact: it was like seeing the eyes of someone who had decided to turn towards life.

When Pamina felt ready to touch the piano keys - after more than three minutes of observing my fingers' actions on them - she moved her right hand towards the piano keys [Appendix B.31, 26.52 - 26.54]. Though Sarah had been only giving fleeting glances towards Pamina, she quickly observed and registered the meaning of that movement and immediately belched towards me [Appendix B.31, 26.52 - 28.03]. This witnesses the degree of her engagement and concentration.

It was another two minutes before I felt confident that Pamina would allow me to do what Ms Kazakaiou did with the Chime-bells, to place her right hand on the instrument, particularly as an earlier attempt to put her left hand there was met with refusal [Appendix B.31, 24.33 - 24.47]. Before discussing what happens then, I wish to turn my

attention to Jenny and Sarah during these moments of Pamina's creative turn to life.

Jenny was angry and jealous, if one judges by her facial expression, her immobility and the way she placed her leg on the cymbal towards the end [Appendix B.31, 29.35 - 29.42]. Yet she did not act out an explicit denial of Pamina's world: no *loud autistic vocalisations*, or throwing away of her beater. This entails a greater tolerance on her part for the other's - Pamina's - world.

Sarah had been making belches, yet not being emptied so much by them. There was less of a bodily tension while emitting them. Her facial expression had hardly given way to stereotype smiles. She clearly looked sad and distressed and this seemed to have been the meaning of her murmurs. It seems that Pamina's creations and the attention we all gave to them made her feel painfully jealous, but not in danger of being disintegrated from within. Furthermore, she could bear to stay with her feelings, however distressing, without resorting to manic ways of defending herself against them.

Thus it can be stated that by this time, the group was more within the depressive position and further away from the schizoid-paranoid, than ever so far.

And Pamina played her first piano notes through my hand [Appendix B.31, 28.57 - 32.18]. As with the Chime-bells, she would turn towards her creations and away from them, tolerating more time towards the piano keys, though, than previously towards the Chime-bells.

But her face was turned towards the left differently from 30.20: she knew, it seems, that the sounds coming from the synthesiser behind her back were those of her carer; they were her carer's musical/symbolic address to her achievements. In the space of

physical distance, Ms Kazakaiou places the musical language to speak to Pamina of intimacy.

Ms Kazakaiou responded in absolute pitch and created for Pamina a *sound canvas* and a *contextualisation*:

Though a person who had never had a musical education of any kind, Ms Kazakaiou played at most times exactly the same notes that Pamina played through my hand at the piano [Appendix B.31, 29.35 - 32.18]; it was as if Ms Kazakaiou had knowledge of absolute pitch. With her phrases thus created, she both *contextualised* Pamina's notes and provided a *sound canvas* for them. She *contextualised* them by binding them into a musically meaningful whole, and created a *sound canvas* by including open phrases and sustained notes, upon which any sound from Pamina could be painted.

As I said to the group before the end of that session, Pamina had spoken to us about abilities and potentials, whatever the difficulties [Appendix B.31, 32.18 - 32.55]. It was as if she desired herself to strike the most optimistic note ever imagined by anyone in the group, and make us leave the weekly meetings and look forward towards our monthly meetings, having first internalised such a message.

The sensitivity and therapeutic maturity of all carers was evidenced again in that session. As for Ms Kazakaiou's musical abilities, it proves that attachment transcends skills, because the ability to be attuned comes as much from attachment as from technical skills.

19.2.7 Conclusions for the period September 1996 - January 1997

This period revealed in more clarity how the patients experienced with difficulty each other's creations, seeming to project into such creations their own hostile feelings, possibly also intermingled with feelings of jealousy and envy. However, the characteristic of this

period was the patients' evolution towards greater tolerance for each other and towards achieving creative aims themselves.

Thus Jenny's piano playing became far more enriched, Pamina made further progress in her handling of the beater and even had the courage and trust to allow Ms Kazakaiou and myself to facilitate her hand, so as to play the Chime-bells and the piano. Sarah had greatly reduced her belches; her stereotype smile and wide-open eyes turned into a serious and sad facial expression, her murmurs seemed to carry her painful complaints, while her body posture became more upright. There was more psychological bulk in her existence.

The group experienced sadness and anger concerning the end of our weekly meetings, while Pamina "spoke dynamically": neither the carers nor I thought that the timing of her playing the piano was coincidental: we all felt it as a message of confidence that the monthly meetings could carry the group further.

This chapter ends Part Four, a period that started with Sarah's manic beater-throwing episodes. I shall comment on this period and the whole of the group's life in the final chapter of this thesis.

PART SIX

CONCLUSIONS

CHAPTER TWENTY

INTRODUCTION TO THE CONCLUSIONS AND VALIDATION OF HYPOTHESES TAKEN FROM THREE SESSIONS OF THE GROUP'S MONTHLY MEETINGS

20.1 INTRODUCTION TO THE CONCLUSIONS: EXCERPTS FROM THREE SESSIONS AS VALIDATION OF HYPOTHESES AND OBJECTIVES

As part of the conclusions, excerpts from three sessions of the group's monthly meetings are briefly discussed in this chapter, only in so far as they validate the hypotheses concerning the patients already posed, and the general objectives of the present work [the excerpts are described in detail in *Appendix B*].

20.1.1 The session of May 5, 1997: Sarah cries for the first time in her known life

It was excruciatingly painful to be with Sarah's prolonged lamentation in the session of May 5, 1997, that lasted for almost the whole session [Appendix B. 32, 11.05 - 38.08]. Her crying seemed to have been precipitated by Jenny's persistence in annoying and frustrating her [for details, see Appendix B.32, from the beginning until 12.51].

For all the long minutes of her crying, Sarah's eyes would keep Ms Lovari, who was taking the video-recording, as their focal point of

reference. She was the only carer in the room that day, with whom Sarah and Jenny had parted when they were moved to their group home - Ms Antouna and Ms Demetriou being with them in their new life. I was wondering whether part of her crying was caused by the fact that she separated from people she loved in the institution, like Ms Lovari, and that this had evoked within her the pain of all the traumatic separations that happened in her life; the lifelong abandonment.

Sarah's first cries occurred when she shifted her intense vocalisations from open, smiling lips - in fact, this is another description of her *mock laughter* - into wailing [Appendix B. 32, 11. 59 - 12.44]. This seems to imply that her *mock laughter* was a concealment for a terrible cry.

The carers and I were initially shocked to see tears running down her face for the first time ever in her reported history. It was that awful wail of someone whose soul and body was burning from an aching pain that was reaching all the corners of her existence; it was the cry that never was; that never had a right to be.

As with her belches, Sarah stooped her body with every tension created by her outlets of pain, while her fingers kept fidgeting with each other, or her hand was wavering in mid-air. In fact, there was a striking similarity between her bodily tension while belching and while crying in that session. This is, probably, because of their common root: her feelings of desperation for the myriad of times she had been "dropped" from life; the myriad of times that she wanted the parental arms that were not there to meet her needs, to soothe and comfort her fears; the myriad of times she experienced terror, possibly caused by physical as well as emotional abuse.

During the second or two that Sarah stopped her cries, she would open her eyes wide, as if desiring to check our response to her - or, rather, whether we could tolerate her pain. I felt that she was fearing

that we would not be able to deal with it and turn our thoughts away from her - probably what her parents had done when she was little, and certainly what the institution had done thereafter. Any attempts to touch her, made either by myself or by Ms Antouna, were met with an abrupt withdrawal movement on her behalf: it seems that she was impulsively not expecting anyone to be there for her, thus indicating that her first relationship was characterised by an avoidant type of attachment.

I remember that I was just as surprised to see Sarah shedding tears, as when I saw Pamina turning for eye-contact. In both cases, it was like seeing a blind person acquiring their sight. They had the courage to "see" something for the first time in their known lives. The carers and the director verified that such experiences were not known in these patients' lives in the institution.

I also remember feeling moved by Sarah's courage to be so much in touch with her pain. To have cried meant a far deeper expression and relief from her pain, it meant a trust to let out freely her "bad" feelings [objects] and experience the sympathy of her good internal objects - all these being achievements of the depressive position [Klein, 1940]. Did Jenny also feel a need to soothe her, when she sat in Ms Kazakaiou's empty chair for such a long time during Sarah's wailing, thus acquiring a "carer's position"?

20.1.2 The session of July 7, 1997: Further verification and understanding of Sarah's sounds and Pamina's intelligence revealed

Sarah: from the smile to the mock laughter to the wailing cry

In the session of July 7, 1997 [Appendix B. 33, 8.10 - 12.55] - as in that of May 5 - Sarah's crying sprang forth from smiling lips that led to *mock laughter* and ended up as wailing cries. In the session of July 7 her laughter would shift into intense crying whenever she felt that

Pamina was about to drop her beater onto the tambourine. All this seems to indicate more clearly than ever that Sarah's stereotype smile and *mock laughter* were a concealed wailing cry for something that she was experiencing as terrifying painful, whenever the beater was dropped through anyone's hands. It seems as if she was threatened by the beater's attack against her. In fact, I felt that her reaction to the beater-drop was carrying an added burden: the evoked unbearable memories of having been beaten. The defensive smile, the manic laughter, the innumerable repetitions of her throwing the beater, all fell into a clear meaningful line.

Pamina retaliates: she throws her beaters towards Sarah

In the same excerpt taken from the session of July 7, 1997, Pamina clearly revealed her intelligence by the way she reacted to Sarah's cries, emitted whenever Pamina played the tambourine with the beater [see Appendix B.33, 9.10 - 9.28, 11.54 - 12.55]: Pamina would firstly place the beater carefully on the tambourine, thus showing us how much control she had of the beater's direction; then, she would lift up the beater from the tambourine, turn her glance towards Sarah and drop it on the floor in the direction that faced Sarah, carefully avoiding the beater's drop on the tambourine. This was repeated a number of times. Her way of handling the beater was a clear retaliation attack against Sarah.

20.1.3 The session of October 6, 1997: Pamina's achievements of mastery, control and creativity

October 6, 1997 - the first excerpt [Appendix B. 34, 3.15 - 6.07]

Right from her entry into the room in the session of October 6, 1997, Pamina wheeled herself to the synthesiser, placing her body in such a way so as to be able to strike the keys. She instantly started playing the synthesiser, pressing the keys with any means she had [elbow, fingers], even before we were all in the room to start the session. It seemed that she had been ready for it for a long time, that her

thoughts were clear and organised and her determination to play the synthesiser preconceived and worked through [Appendix B. 34, 3.15 - 3.24]. She played the synthesiser almost continuously for the whole thirty minutes of the session. The physical effort must have been tremendous for a person with her physical disabilities - to have kept her elbow lifted and her fingers in a position to strike the keys. Thus her emotional need to achieve and create must have been outstanding.

It required an even greater physical effort for Pamina to keep her right hand on the synthesiser keys and simultaneously to bring her left hand so as to play with both hands [Appendix B. 34, 3.24 - 3.39; 3.54 - 4.49; 5.53 - 6.04]. She often had to play with the elbow of her right hand, so that leaning on it she could lift her left hand onto the synthesiser keys. It was also very moving to witness her efforts to play with her fingers, sometimes achieving what she seemed to have intended: to play single notes [Appendix B. 34, 3.39 - 3.54; 4.49 - 5.18]. These achievements were repeated many times throughout the session and ever since.

October 6, 1997 - the second excerpt [Appendix B. 34, 14.30 - 17.36]

Approximately in the middle of the session and amidst her continuing synthesiser playing Pamina decided to combine this playing - created by her right hand - with her *mouth repertoire* - over her left hand [Appendix B. 34, 14.30 - 15.32]. It seemed then as if she desired to create melody [through the synthesiser] and rhythm [through her *mouth repertoire*] at the same time. Then she immersed herself into her *mouth repertoire* on its own for four-and-a-half minutes, while facing Ms Kazakaiou, who responded by creating variations of Pamina's phrases on the temple-blocks [Appendix B. 34, 17.13 - 17.36]. The extract there is an example of how the two can now differentiate their phrases, both feeling that they can experience each other as a separate person. Ms Kazakaiou was the facilitator of this process.

October 6, 1997 - third excerpt [Appendix B. 34, 23.20 - 30.26]

The final excerpt from that session is an example of further achievements in Pamina's synthesiser playing: her persistence in playing single notes with her fingers and pressing what sounds as a meaningful array of notes. In other words, she seemed interested in playing "precise phrases", coherent phrases and not scattered notes and clusters.

Jenny and Sarah tolerated Pamina's achievements better

As in the past, Jenny and Sarah found it difficult to stay with Pamina's creations, yet they were not destructive against her as before. Sarah's belches occupied far less space, and generally her facial expression had a concerned look. Jenny eventually managed to join the music with her "te-te-te" vocalisations [Appendix B. 34, 26.54 - 29.29]

Pamina has continued to play in this way in most sessions ever since. Within the group's "secure base" she creates her own independent part through exerting momentous efforts to surpass her physical limitations. While doing so, her ear is tuned to the group's responses, as she knows that in the music therapy room whatever happens is inter-related.

20.1.4 The carers' development as auxiliary music therapists

In the session of October 6, 1997, the carers and I started almost simultaneously to respond to Pamina's synthesiser music and share far more symmetrically than ever in the past in the creation of the appropriate music therapy techniques [Appendix B. 34, 3.24 - 6.07 and 23.20 - 30.26]: each one of the carers sustained a simultaneous and lengthy melodic or rhythmical part, well-harmonised to the whole music. The collaboration between us all, resulted in a developed and skilled combination of the *sound canvas/contextualisation* techniques: our open, soft phrases were the *sound canvas*, onto which Pamina

could enter anything she wanted. At the same time they provided a context for her phrases, so that her notes were falling into a meaningful musical whole. They were the *binding text* in the following specific sense: they were formed on a pulse that followed Pamina's pulse, transmitted through the timing with which she re-entered her phrases. In fact, this pulse was the *leitmotiv* of the music's *binding text*, i.e. in this case it was not a *rhythmical leitmotiv* but a *temporal leitmotiv*.

The video-excerpt [see Video-tape 5] gives evidence of the carers' music therapy skills and Pamina's continuous efforts to play as described in the above section. As far as the carers are concerned, they are by now steps away in their musical contribution from the first-analysed *sound-canvas* and *contextualisation* techniques [see Chapters Eleven and Twelve]. At that time, in October 1994, their part included some soft rhythmical accompaniments or cymbal touches and brief phrases on melodic instruments. In this case, each one of them sustains with confidence and originality a spontaneous, well-harmonised part to the whole music. Apart from the musical skills required in improvising continually meaningful melodies and rhythms, their contribution entails a very attentive listening to another four or five players, while at the same time focusing on Pamina's music and how to support it in the best possible way. For this reason, they are by now functioning as auxiliary music therapists.

20.2 CONCLUSIONS ABOUT THE PRESENT AND THE FUTURE

This period, which is still continuing, reveals the patients functioning more within the depressive position than ever so far. Faces and expressions of sadness [Sarah's face and her crying in the session of May 5, 1997] are accompanied by unprecedented creative achievements [Pamina's synthesiser playing in the session of October 6, 1997] and greater tolerance for each other's creations. Furthermore, this period has shown that, the set of behaviours that have begun as

obscure, non-verbal signals, is increasingly being clarified as a clear language with specific intentions.

The carers have reached the level of creating their independent part in the music therapy techniques and of facilitating my understanding of the patients' process. Thus for the session of October 6, 1997, Ms Kazakaiou said that Pamina's *mouth repertoire*, interpolated amidst her synthesiser playing, was her way of communicating to Ms Kazakaiou and the group the following: "Remember, this is how I started years ago [i.e. with the *mouth repertoire*] and this is what I can do now [i.e. play the synthesiser]".

These developments and the patients' and the carers' willingness to tolerate the frustrations of the reduced frequency of the sessions and their willingness to still make use of the time available for them until the resumption of the weekly meetings in September 1998, give evidence of the members' value of this work. They also give evidence of the significant changes that have taken place in the group, and that such work needs the commitment of a long-term engagement.

CHAPTER TWENTY-ONE

FINAL CONCLUSIONS

21.1 INTRODUCTION TO THE FINAL CHAPTER

This final chapter summarises and discusses the group's process, the patients', the carers' and my development within group music therapy. It places this process within the framework of the proposed methodology and theoretical framework and traces the model's facilitating factors which contributed to this end.

21.2 THE GROUP'S PROCESS

The initial "foundation matrix" of the group, when it first began in March 1994, was characterised by autistic isolation and the patients' absence of attachment behaviour towards either their allocated carers or myself. The group's "dynamic matrix" was set going already within the first five months of the group's life, when the patients' non-autistic parts resonated within each one of them. This dynamic matrix included the patients' fluctuations between states of trust and mistrust, between a wish to communicate and a wish to destroy the other's communicative parts. Holiday breaks seemed to precipitate the group's feelings of loss, anger, mistrust and their regression to withdrawal and isolating states.

Every regression brought to the surface with more clarity the fragmented, terrifying, part-object world of the patients, their fear that each one's actions and creations were attacks upon the other, their anger and aggression, all being characteristics of the "paranoid-schizoid position". Every movement forward revealed with more strength the patients' process towards integration, their greater tolerance for each other - and thus diminished persecutory anxiety - their sadness, their desire to master and control their actions towards a creative achievement, all being characteristics of the "depressive position". In fact every new re-introduction into the depressive position brought to the surface new skills of creative achievement, unprecedented and so far unthinkable in the patients' known life in the institution.

During their fluctuations between the two positions the patients seemed to have traversed the following route:

At first they seemed to experience - from a position of inner emptiness and desolation - objects in the room [e.g. beaters] as symbolic equations with their objects of attachment or with parts of themselves that were dropped and rejected [e.g. the session of November 7, 1994]; they evacuated their hostile feelings onto such objects, or onto the carers and myself. Gradually, as they were enabled to introject within them a "whole, good object", as they were facilitated to find such an object for the first time in their known lives, they could form illusions of creating their desired music and begin to formulate a "transitional object" [e.g. Sarah's and Jenny's piano music in the sessions of June 19 and 26, 1995]. This stage seemed to have been followed by awareness of their own limitations and feelings of sadness [e.g. Sarah's piano music in the session of November 13, 1995]. Finally, their moments of playing music substituted their handicapping and isolating mannerisms [e.g. Sarah's piano playing in the place of her belches: June 17, 1996; Jenny's piano playing in the place of her head-swings and teeth grinding: October 21, 1996;

Pamina's eye-contact with me and relaxation of her hand to play the piano [January 20, 1997] and her synthesiser playing [October 6, 1997] in the place of her comatose-like isolation or her wheelchair circles]. In such instances the patients' music is created within the "transitional space" that lies between their inner world and that of the others and is the result of a desire that these two worlds find a creative meeting point. Such a state is miles away from their initial isolated world.

This route went in parallel with each patient starting with an "anxious avoidant attachment" and developing within the music therapy setting an "attachment bond" with her allocated carer, that relationship providing her with a "secure base" within which her explorations increasingly led her towards independence and creativity.

21.3 THE PATIENTS' DEVELOPMENT

Each patient's process can be traced along the following lines:

Sarah's presence was characterised for a long time by a stereotype smile and intense eyes that were piercing other members. Underneath these and her *mock laughter*, particularly poignant during a beater-drop from her own or Pamina's hands, she seemed to have concealed her fear and pain from injuries inflicted on her. During the group's paranoid-schizoid states, she frequently became the group's foreground. In the initial stages of the group's life [March 1994 - June 1995] her destructive wishes were taken the form of beater-throwing episodes accompanied by her *mock laughter*; in the later period [September 1995 - June 1996] her beater-throws were substituted by belches and farting, which she would direct against any member who initiated an action, but particularly against me. This was a deeper level of feeling and an exteriorising of her hostility, anger and persecutory anxiety.

Sarah's development included islets within which she brought to the surface unprecedented skills: already by July 15, 1994, she revealed to the group her ability to take initiatives to rise from her chair; by August 5, 1994 she showed her skills in walking a few steps without physical holding; by March 27, 1995 she was walking on her own around the music therapy room. From then on this became her "habitual stroll" as Ms Antouna described Sarah's walk, verifying along with the institute's director that in the institution Sarah had never walked without a carer's physical support. She only started to reveal this ability to the outside world in November 1996. Her first independent steps outside the session were only made when Ms Antouna was in the proximity and later in the presence of any carer from the group - *not* in the presence of any other carer.

By June 1996 Sarah's persecutory anxiety seemed to have been greatly alleviated, and she achieved in the session of June 17, 1996 unique musical skills in her piano playing - e.g. she initiated and repeatedly used the music's *rhythmical leitmotif* and repeatedly played single notes. Her playing then gradually incorporated and transformed her belches into something more symbolic - a transitional space. From then on there was a gradual reduction of her belching in the sessions and a greater tolerance of the other patients' repertoire, while her face became all the more in touch with her pain.

During the monthly meetings that followed after the session of January 20, 1997, there were some important moments, which carried Sarah's process further and seemed to verify the hypotheses about her predicament. In the sessions of May 5 and July 7, 1997, she had the courage to reveal and express in the group the terrible cry that was hidden underneath her stereotype smile and *mock laughter*. In the session of July 7, the timing of this crying in connection with Pamina's beater-throws indicates a possible connection with experiences of

physical abuse, something that is very likely, considering Sarah's early history and family background.

This process occurs within another shift in Sarah's way of being: the increasing moments when her body is upright, her eyes engaged - the intensity of their terror having been appeased - and her lips in a non-smiling position of seriousness. Her sadness is far more explicit now, while her appearance is that of a far less handicapped, far more normal-looking young woman [e.g. the session of January 7, 1997].

Jenny was the clearest exponent of the group's autistic features. Her vocalisations were frequently the foreground of the group's autistic state of sensually-engendered isolation. Jenny's vocalisations consisted predominantly of the following:

a) Her singing tune, which she emitted from open vocal cords and seemed to convey her communicative part; through this she engaged in a play period with me already in the session of August 5, 1994.

b) Her *autistic sounds* which were subdivided into: 1) her *soft autistic sounds*, when the sounds were soft and she seemed to derive sensual pleasure in their production; 2) her *loud autistic sounds*, when the sounds were loud and she seemed to derive pleasure upon hearing these sounds.

Jenny's *autistic sounds* seemed to be one of her ways of being encapsulated within her auto-generated protective shell. The group's process revealed further possible meanings:

a) That these sounds were also her way of attacking another patient's communications [e.g. Sarah's piano playing in the session of August 5, 1994; Pamina's *mouth repertoire* in the session of October 17, 1994 and her desire to play the xylophone in the session of December 2, 1996]. In its most crude form this attack was conveyed by her loud, high-pitched vocalisations, that have thus been interpreted as destructive-sounding.

b) That her *autistic sounds* were concealing a precise verbal word and its concrete meaning: e.g. "ti-po-pa" [Greek "tipota"] for the word "nothing", "pae" being the precise Greek word for "gone", "tsou" being the colloquial Greek sound for "no", "te-te-te" for the sound "te-te", a parent's way of threatening to beat a small child. Jenny's *autistic sounds*, then, may have been possible attempts to communicate with others her concrete experiences, attempts that had lost their original meaning somewhere and then took the shape of repetitive mechanical sounds.

Within the music therapy group, Jenny seemed to have found ways of returning to the original meanings of her sounds. For example, she uttered the word "pae" ["gone"], when her carer was absent in the session of March 4, 1996. In the session of October 7, 1996, this word substituted her destructive-sounding, high-pitched vocalisations, which often accompanied her ritual of kissing my head before playing the piano. She may thus have desired to say "gone" to my head, do away with my thoughts, so that hers could come to life.

In fact denial of another person's world seemed the predominant characteristic of Jenny and her autistic way of life. It seemed unbearable for her to bear the existence of the other. This took various forms, which became clearer as the group progressed: through a facial expression of angry withdrawal during another person's activity; through throwing away the other patients' beaters, while holding fast onto her own beater; through pulling Ms Demetriou's head so tightly to hers that she seemed to be hallucinating their fusion and her possession of the ideal object. At the same time, careful and detailed analysis revealed that, particularly towards the group's last years, Jenny would attack another patient's efforts to communicate with such sounds as "tsou" ["no"]. For example, in the session of December 2, 1996, this was the first sound she uttered when Pamina played the xylophone, then it was loud "Ah" sounds and then she literally grasped Pamina's beater from right in front of her eyes and threw it away.

The hypothesis is therefore formulated that, within the setting of the present model and psychodynamic music therapy, Jenny's autistic way of being found a co-existence with a non-autistic and communicative part within her. While using her autistic repertoire she progressed to reveal aspects of its original content and meaning. It seemed to be part of this progress that enabled her to use her *loud autistic vocalisations* as communicative sounds in a playful musical exchange with the music created by the carers and myself in the session of November 25, 1996.

Along with this progress, she achieved moments of creating her own piano music, music that seemed to substitute for her need for autistic mannerisms like swinging her head or grinding her teeth [e.g. the sessions of October 21, 1996]. Since January 1997, she has been revealing a greater tolerance of the other patients' repertoire.

Pamina was the person to carry the group towards turning points of trust and unforeseen disclosure of communication skills. Every step of hers imbued the carers and myself with faith in what we were doing, for every movement of hers forward was so dramatic and so completely unlike the way she had been for days and years on end.

Throughout her institutionalised life, throughout the first months of the group's life, and every time she regressed, Pamina was immersed in a comatose-like sleep or state characterised by the immobility of her paralysed body and her face. If her eyes were open, they had the lifeless, unfocused quality of a person in coma [see Appendix C.2, page 7, for Ms Antouna's comments on Pamina's eyes]. It was from that static position of isolation that Pamina came to life, firstly through her *mouth repertoire* [mouth sounds created by pushing her tongue onto her hard palate] in the session of July 15, 1994.

In that session of July, Pamina's *mouth repertoire* came timidly to the surface, when she seemed to have tested through its signals Ms Kazakaiou's [via the music therapy group] response to her. Having then received a close-enough reflection of her own themes, Pamina seemed to have retained a memory of such an important event throughout the group's entire history. In fact, this might have been the first time since her illness - at the age of one - that someone attended and reflected her own signals.

Thus in the session of July 29, 1994, she created her *mouth repertoire* after her epileptic fit, as a response to Ms Kazakaiou's expressed memory of this repertoire on the temple-blocks. Her clear effort to do that, amidst the state of drowsiness that followed her fit, was received by the carers and myself as an acknowledgement and affirmation of her emerging bond with her carer and evidence of her intelligence in retaining a detailed memory of whatever happens to her.

For the following years Pamina partly employed her *mouth repertoire* in what seemed like her way of testing the group, Ms Kazakaiou, Ms Lovari - the substitute carer - or myself, at times of mistrust [e.g. the sessions of October 17, 1994 and October 16, 1995].

Pamina had also poignant ways of exteriorising pangs of anxiety, like her bursts of hyperventilation. These seemed connected to her frustrated desires to communicate or use her limited abilities, but were greatly reduced with the years, while her abilities increased dramatically. While traversing this path, she seemed to have used her wheelchair-bound body as a communicative language for her inner states. Her wheelchair circles near Ms Kazakaiou, which kept Ms Kazakaiou as a meaningful focal point to which Pamina kept returning, seemed her way of communicating her feelings of despair and loss and her wish to re-find her object of attachment [e.g. the session of November 7, 1994].

Her emergent "attachment bond" towards Ms Kazakaiou provided Pamina with the "secure base", within which she began her travels of exploration: to begin with, she began approaching and turning her eyes to what the other patients with their allocated carers were doing [e.g. the sessions of June 19 and 26, 1995]. Then she played the xylophone by dropping the beater on the xylophone's keys and picking it up again in the session of June 26, 1995. This was her first instrumental playing and the first time that she played with an object in her institutionalised life. In the session of October 9, 1995 she employed a combination of repertoires [dropping the beater onto the tambourine and foot-beatings], so as to initiate and maintain an intense and playful dialogue communication with the music created by the carers and myself.

Her presence in the group transcended her movement difficulties and shared with the other patients her wish to vent aggressive feelings. Thus if she desired to attack Sarah's and Jenny's piano playing, and wish to be near me at the piano, she would charge her wheelchair and with strong and determined movements drive the other patients away [e.g. in the sessions of February 19 and 26, 1996].

Along with the other patients, she also tried to achieve control and mastery of movements that led to creative playing. Firstly she tried to control the beater's touch on the tambourine and the xylophone, not wanting to let it drop randomly but placing it herself on the instrument's surface [e.g. the sessions of March 11 and December 2, 1996]. This was firstly the achievement of her right, more able hand [March 11, 1996]. By the session of December 2, 1996, she succeeded in controlling the beater's touch on the tambourine through mastering the grasping and movements of both her hands. In between these two developmental landmarks, she achieved, in the session of June 10, 1996, her greatest mastery and control of her mouth/tongue movements: these led to her most developed, complex and lengthy

phrases of her *mouth repertoire*, which she exchanged continuously for some seven minutes with my temple-block phrases.

On the last session of the group's weekly meetings - January 20, 1997 - Pamina struck the group's optimistic note. With the encouragement of Ms Kazakaiou she allowed her fingers and hands to be held, so as to touch the Chime-bells, a new instrument which seemed to have enchanted her in that session. Then she charged her wheelchair so as to sit next to me at the piano and allowed me to hold her hand, so that she could press the piano keys for the first time in the group's history. One is to be reminded that any attempt in the past to touch Pamina's hands, so as to enable them to stretch for an instrument were met by her instant withdrawal [e.g. the session of June 19, 1995]. This in itself gives evidence of the measure of security she experienced in the group, emerging from the "secure base" of her relationship to Ms Kazakaiou.

The monthly meetings have not hindered Pamina's process. On the contrary, she has been continuing to make rapid progress: on October 6, 1997, she succeeded in playing the synthesiser for almost the whole thirty minutes of the session, exercising continuous and momentous efforts to play with both hands, or single-note phrases with the fingers of her right hand. Such achievements continue to the present day.

22.4 THE CARERS: THEIR DEVELOPMENT AND THE MODEL'S FACILITATING ELEMENTS

When the carers first entered the group, they used to laugh at the idea that the institution's residents had thoughts, feelings and memories. Any such suggestion of mine towards that direction was met with ridicule. It was more their curiosity that led them to wish to enter the group, they had said, not believing that anything could possibly happen with the residents [see Appendix C.3, page 24-26].

I believe that there was more than curiosity; that the carers had an unconscious desire to help the residents under their care and that is why, the moment they found themselves within a facilitating and containing environment, they flourished. As with the patients, their development did not follow a linear path: there were fluctuations forward and backward. However, there was a clear progressive line that can be described as follows:

When the carers first entered the group, they were operating like the mothers of anxiously attached infants, having within them no mental space to receive the patients' signals, being emotionally unresponsive and feeling no commitment towards the residents.

A number of facilitating factors enabled them gradually to develop a stance parallel to that of the ordinary sensitive mother:

a) The feedback from the patients, within the specialised setting of group music therapy, facilitated eliciting within the carers their natural care-giving behaviour.

b) Through gradually internalising my role [unconscious observational learning - see Chapter Five], the carers themselves soon developed a stance of quietness and careful observation, of giving space for their patients to convey their needs and signals.

c) The emotionally charged atmosphere of the sessions, coupled with the freedom and encouragement to be creative themselves and take initiatives in reaching the patients, enabled them to discover by themselves simple music therapy techniques, like that of "mirroring" the patient's repertoire in simple musical syntax, as well as retaining a memory of that repertoire.

d) The *free-discussion group meetings* were their space for feeling themselves contained, for being accepted and understood, for having their anxieties and feelings of guilt appeased, for searching within themselves for their own feelings. For example, in the meeting of November 13, 1995, Ms Antouna's guilt for Sarah's dependence on her and for having failed Sarah, had the space to be addressed and alleviated and this helped her to face her anger towards Sarah [see Appendix C.5]. Her support then strengthened her ability to cope with Sarah's rejection of her. That meeting is also an example of how the carers were beginning to search within themselves and question their emotional reactions to the patients [countertransference].

The containing, self-searching and stimulating atmosphere of the *free-discussion group meetings* and the emerging attachment between them and their allocated patients gave the carers the affective tools for beginning to monitor sensitively the attachment needs and signals of their patients. Thus Ms Antouna knew how close she needed to be, in order to help Sarah materialise her first walk. Ms Demetriou knew how to strike the balance between encouraging, but not forcing Pamina during her first playing on the xylophone. The balance between support, encouragement and faith in the patients' abilities without violation was amazingly appropriate already within the first five months of the group's life.

Within the context of the work, the carers' understanding of the patients' signals deepened as the time went by. Thus, while in the *free-discussion group meeting* of September 18, 1995 [see Appendix C. 1], Ms Antouna wanted to intervene so as to "change" Sarah's attitude of rejection, by the meeting of November 13, 1995 [see Appendix C. 5] she facilitated Ms Lovari accepting and understanding Sarah's rejecting attitude.

The attachment bonds formed and the collaboration between us enabled the carers to develop the necessary music therapy skills that

enabled them to function as auxiliary music therapists. While in the session of July 15, 1994, their participation consisted of some soft cymbal touches or brief drum phrases, which served as accompaniments to the conductor-led techniques, in the session of October 6, 1997 their contribution in the creation of music therapy techniques consisted of symmetrical and independent melodic and rhythmical parts.

21.5 FURTHER FACILITATING ASPECTS OF THE MODEL'S NOVELTY AND THE TECHNIQUES INTRODUCED

It is widely acknowledged that carers working with disabled people need support [Sinason, 1992]. It is also recognised among psychodynamic music therapists that learning disabled patients can be reached through music in that particular setting [Steele, 1987]. The current work's novelty consists of the way the above two are combined, and also of the following factors: a) The detailed and extensive analysis of the profoundly learning disabled patients' non-verbal language, which has thrown light on its meaningfulness; c) The interaction and evolution of this language through appropriate music therapy techniques that have been developed within the proposed setting; d) The way the music therapy setting became the ground for life attachment bonds between the carers and their allocated patients, bonds whose effect has transcended the music therapy sessions [to be discussed below].

For all the above, the facilitating factors, others than those already mentioned above, included:

a) My personal analysis, so as to endure, on the one hand, the weight of the patients' psychic stagnation, repressed aggression and desperation, and on the other, the carers' anger, guilt and disbelief - all particularly poignant at the beginning - through exploring my countertransference reactions;

b) The encouragement and support I received from discussions with psychoanalysts and psychotherapists in England;

c) The allocation of a carer for each patient facilitated, on the one hand, the carer's identification with her patient's needs and non-verbal language; on the other hand, it facilitated the patient introjecting her allocated carer's auxiliary mind - including her auxiliary musical thoughts and performing skills. The fact that her non-musically-trained carer played what a patient could have imagined playing herself seemed to have ameliorated the patients' envious attacks on their own or my skills - a known way of coping with painful comparisons [Sinason, 1986; Sinason and Stokes, 1992]. By introjecting her carer's auxiliary mind, a patient could more easily form illusions of creating the therapist's music and then proceed to internalise the therapeutically-created music as a good object.

d) The efficacy of the world of sound/music. The latter is further discussed in what follows.

21.5.1 Facilitating aspects of the music/sound medium and the techniques introduced

By receiving all the patients' signals as communications and free group associations and decoding them into a more articulate non-verbal language, the musical language, the patients experienced a new feeling of being understood. This allowed them to trust the therapeutic space and communicate more deeply. Right from the beginning, the music was not experienced by the patients as coming solely from my part. The carers' attention and contributions facilitated the patients experiencing the music as coming from their allocated carers. This seemed to have fed them with feelings of acknowledgement and appreciation towards their carers, which in turn fed their carers with stimulants for developing a care-giving behaviour. Thus the beginnings of attachment bonds were initiated.

Among the particular techniques and facilitating aspects of the musical language that evolved within the proposed model were the following:

1) *The first, rhythmical part* of each session, that gave a space of quietness and careful observation and included rhythmical "mirroring" of the patients' non-verbal language, as well as offering "regressivogenetic" sounds. The latter gave the patients the possibility of relief in evoking memories of intrauterine life; and the rhythmical "mirrors" of the patients' own rhythms, with their simple musical syntax, gave them the chance to apperceive the directness of our responses to them; it also gave the carers the space to "learn" their patients' signals and discover ways of musically "mirroring" these signals.

2) The context of the whole group of carers and myself and our sound/music responses assumed aspects that were parallel with the containing role of the mother. This, on the one hand, increased the level of care-giving attention for the patients; on the other hand, it alleviated them from anxieties of intimacy. Thus they were enabled to engage creatively in play periods, parallel to the mother-infant play periods. As such, these must have been unique experiences in their life histories.

These play periods had a profound impact on the carers as well, providing them with confidence, in that they could engage their allocated patients in communication, the like of which they had never witnessed in their work outside the music therapy room.

3) The technique of the *sound canvas*, defined as a blend of sound and silence, within a musical form that resonates the affective state of the patients, while also leaving spaces for the emergence of any kind of sound on their behalf. This technique seems to bring relief when the

group is in states of anxiety, sadness and isolation and can be used in combination with "mirroring" and "musical interpretation".

4) The technique of *contextualisation* was further elaborated and new concepts were introduced in the way it is formed: *the binding text*, which holds the patients' material into a unified whole. The binding text is made up of *rhythmical* or *temporal leitmotifs* that are based on the patients' repertoire. This is an appropriate technique for linking group sound associations, when they are scattered due to the patients' anxiety.

Two particular effects of the *contextualisation* technique have been emphasised: i) Through contextualising the patients' sounds in this way, each patient experiences the others' sounds less threateningly; ii) Binding a patient's sounds with that of her allocated carer from a distant instrument enabled the two of them to sustain an exchange within a musically meaningful context and ameliorated for both the handicapping effects of envy.

5) The technique of "group music interpretations", wherein the cathartic aspects of the musical language are employed by the therapist, in order to acknowledge difficult affective states in the group and translate them through her music into deeper layers of expression. This technique carried the potential not only of bringing relief in the patients for experiencing aspects of their inner world as shared, but also guided them, by example, to make a similar cathartic use of the music/sound language.

6) The ability of the musical language to invest with liveliness even "motionless" affective states, to express "vitality affects" [see Chapter Three, 3.2.5], facilitated the patients experiencing a human presence through the music played by the carers and me, as the different parts of our music aimed to include, within one form, every patient's way of being. This was important when the group, or a single member, fell

into states of severe, almost death-like isolation: it was a way of calling that person back to life.

7) The soothing and encouraging aspects of the musical language were also important for alleviating states of anxiety and for supporting the patients in their courageous explorations.

8) The pleasure-giving aspects of the musical language facilitated the formation of appropriate music, when the aim was the reinforcement of the patients' reception of a "whole good object": the therapists and the music created by them.

The current work's contribution includes the detailed analysis of the way the above techniques are implemented, providing extensive analysis of examples that expound their moment-to-moment character and the reasoning that accompanies every stage of their creation. Though the text gives only a few examples of such techniques, Appendix B. is like a text-book that analyses these techniques and their reasoning for every single excerpt that is included in this thesis.

22.6 EFFECTIVENESS OF THE PROPOSED MODEL

The patients' and the carers' process within the music therapy sessions in itself provides evidence of the effectiveness of the proposed model. Such evidence includes the following: a) All members gradually discovered and developed buried skills and abilities to function communicatively and creatively within the group; b) Such skills had been considered unthinkable prior to the music therapy group; c) Both the carers' development towards becoming auxiliary music therapists, and the patients' development towards deeper psychological functioning, can be considered as the result of the proposed model: for none had received any other kind of help or participated in any

program whatsoever and there were no changes in all members' lives at the institution until December 1996.

However, the effectiveness of the proposed model transcended the music therapy sessions:

1. When the Social Services Department decided to create its first prototype group home for five residents and eight carers from the "Nea Eleousa" institution they reached the following decisions:

a) That this model group home had to prove a success, so that they had to select communicative residents and sensitive, reliable carers;

b) Among the five residents they included Sarah and Jenny, admitting nevertheless that, had these two women functioned as they did before entering the music therapy group, both would have been considered inappropriate candidates - too withdrawn and difficult - for proving the success of such a prototype home;

c) Among the selected eight carers from a population of seventy, five were members of music therapy groups, the other three being chosen because of seniority: if one considers that the carer selection was based on sensitivity awareness and that the carers in the music therapy groups were selected randomly, it is implied - in fact, officially admitted by the institution - that these carers' development of sensitive care-giving skills and awareness for the needs of disabled people was the result of their participation in the music therapy groups.

d) It was furthermore acknowledged that Sarah and Ms Antouna had developed in the institution an attachment bond, as had Jenny with Ms Demetriou, and that this bond should be used as facilitating their return to the community.

2. For all patients and their allocated carers their attachment bonds became life attachments and this was one of the fundamental aims of the present work:

a) Sarah and Ms Antouna. More than anything else, the fact that a patient found the strength of her body and the emotional security to

walk within this model of music therapy gives evidence of the model's effectiveness; that she extended these skills to her outside life only through her continuing attachment with her allocated carer shows the durability of these relationships and their effectiveness in becoming life attachment bonds.

b) Jenny and Ms Demetriou. Jenny had shown a lot of difficulties in adapting to her new home, particularly as the transfer to the group home was made in such a haste and without preparation. It is admitted by the home's staff that it was Ms Demetriou's presence that alleviated Jenny's initial difficulties and enabled her to function more smoothly in her new life.

c) Pamina and Ms Kazakaiou. Ms Kazakaiou reported that by the second year of the group's life, Pamina would start her *mouth repertoire* whenever she heard Ms Kazakaiou's steps in the institution's corridors. In January 1997 Pamina became very ill and was hospitalised. The institution sent Ms Kazakaiou frequently to sit near her. Ms Kazakaiou reported that she would keep talking to Pamina about their long relationship and her faith that she would soon be well. Ms Kazakaiou said that she felt Pamina was listening, and at one moving moment started playing a peek-a-boo game with her: Pamina would throw an object from her bed and expect Ms Kazakaiou to return it to her. Pamina would not engage in such an activity with anyone else in the institution.

Finally, I wish to emphasise that this is not the first and only group in which I have applied the proposed methodology: my work with another two groups and with an individual and his allocated carer has shown similar results.

22.7 PERSONAL DEVELOPMENT

Undoubtedly this kind of work has entailed a long personal and professional development. My initial desire to create groups that included carers in an active and creative role was caused by my

feelings of desperation and isolation as a music therapist at the institution: from 1987 until 1993, when I created the first such group, I had been working solely with individuals. During those years there was no trained and permanent professional to carry the work further, or form a link between the therapeutic work done in music therapy and the every day life of the patients. Improvements or new insights revealed in music therapy had no access towards the patients' condition outside the sessions. At the same time, the residents continued to live their deprived lives.

In such a context, the processes in individual music therapy were characterised by continuous alteration between the following: long periods of mistrust with the patient in an autistic type of isolation; and brief periods of trust when the patient would let out a volcano of anger, plunge into deep mourning and express some moments of contentment and interaction.

To be in touch with such a patient meant to experience, at most times, that quiet, frozen agony of "seeming nothingness", where there is no hope, no light. Due to this quietness, however, a part of the therapist's self gets almost accustomed to it - a sort of isolation that seems non-threatening, not disturbing. Yet underneath it lies the biggest of all dangers, that of slipping together with one's patients into that isolated state of emptiness, of not-being [Alvarez, 1992]. Therein lay my need to share and clarify feelings and thoughts with other functioning human beings; to distribute the weight of observing in detail and understanding in depth; to be supported in co-habiting with darkness and the unknown.

Working with groups in such a model has strengthened my stamina and faith in reaching the severely withdrawn learning disabled person through a long-term commitment. Furthermore, the detailed analysis that was undertaken as part of this work has strengthened my belief in the following: that whatever the person's degree of disability and

deprivation, every minute signal carries a meaning; and that person's desire to be reached and share his/her world transcends their cognitive, physical and environmental difficulties.

More specifically as a music therapist, though aware of the patients' inter-connection within a session and throughout the sessions, still, the detailed analysis was always a revelation. For only in the second-by-second detailed observation that one can do over a video-recording was it possible to verify the subtle levels of awareness and inter-relatedness. This work has reinforced my confidence that there is no sound, no gesture or movement that occurs in such a group - however minimal the repertoires of behaviour available for that individual - that does not form a resonance towards another's way of being. In fact, the whole work is about such subtle inter-relations, but I shall here give a few examples: Jenny's and Sarah's reactions to each other in the session of August 5, 1994; Pamina's look towards Jenny, when attacked by Jenny's *loud autistic sounds* in the session of October 17, 1994; Sarah's observation of Pamina's hand movement that indicated her potential to play the piano in the session of January 20, 1997; Pamina's reaction to Sarah's *mock laughter* in July 7, 1997, which resulted in that particular way of throwing the beater against Sarah.

Such detail provides the evidence, and such detail turns meaningful when there is a theoretical framework which enables the therapist to understand it. I had mentioned earlier that there is a descriptive and interpretative way of perceiving and understanding the phenomena within the group. Yet without the one the other gets handicapped; without the potential to interpret within the support of the theoretical concepts from psychoanalysis, the experience of personal therapy and the discussions with colleagues from England, the descriptive phenomena would not have taken place.

Looking at this dissertation in retrospect, I realise that in the anxiety to prove the efficacy of psychodynamic music therapy [a little-known

discipline] with profoundly learning disabled people [a much-neglected population], I have left out the magnitude and the weight of the difficulties, the failures, the agonising doubts. In fact, developmental shifts occurred in moments, against the background of regressions into isolation. Endless were the times when I did not know, on the one hand, how to hold the patients or bring them to life, and on the other, how to save the carers and myself from feelings of boredom and suffocation. In this respect, the *free-discussion group meetings* kept us alive and with time the relief came: even in the most stagnating sessions, the carers, in their perceptiveness, would observe something that was new, or significant.

This is a model in its beginnings, with great scope for improvements and expounded here within my own personal and professional limitations. Hopefully it will have opportunities to grow and be further tested with time.

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APPENDIX A

CONCEPTS FROM PSYCHOANALYSIS

[SUPPLEMENT TO CHAPTER FOUR]

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TABLE OF CONTENTS

A. 1 Introduction to Appendix A	1
A. 2 Freud and the unconscious	2
A. 3 Kleinian concepts	3
A. 3.1 Unconscious phantasy	3
A. 3.2 The beginnings of life and the meaning of an object and an object-relation	5
A. 3.4 The meaning of the term "position"	6
A. 3.5 The paranoid-schizoid position	7
A. 3.5.1 Mechanisms of defence in the paranoid-schizoid position	8
A. 3.6 The depressive position	12
A. 3.6.1 Mechanisms of defence in the depressive position	14
A. 4 Winnicott: Holding, mirroring, transitional objects and transitional phenomena	16
A. 5 Bion and the mother's - therapist's reverie - containment	18
A. 6 Bowlby and attachment theory	19
A. 7 Tustin and Autism	23
A. 8 Foulkes and Group Analysis	24
A. 8.1 The group matrix	24
A. 8.2 Free group association	25
A. 8.3 The role of the conductor	26
A. 8.4 Further factors facilitating the therapeutic process	29
Bibliography	30

A.1 INTRODUCTION TO APPENDIX A

This section gives a brief summary of further psychological concepts that form the theoretical background to the present work and supplements Chapter Four of the main text. Firstly, it introduces Freud's concept of the unconscious, a fundamental notion in understanding mental phenomena and their ever-lasting storage within the psychic apparatus. There follows a discussion of Klein's theories on unconscious phantasy, object relations and the paranoid-schizoid and depressive positions. With these theories Klein has brought psychoanalytical thought closer to the primitive layers of the mind. For this reason her work is particularly valuable in treating children or learning disabled and autistic people [e.g. Tustin, 1990; Alvarez, 1992; Sinason, 1992].

Some of Winnicott's and Bion's concepts on the facilitating role of the mother and its parallels in the therapeutic relationship have also been fundamental for psychoanalysts and psychodynamic music therapists [e.g. De Backer, 1993; Stewart, 1997]. They are mentioned here as they form a basis for some fundamental music therapy techniques.

Bowlby's attachment theories are particularly relevant to the way the current work facilitated the development of attachment relationships, which then became instrumental for causing changes.

The work of Tustin with autistic children has thrown light both on the mechanisms of autism and on the underlying meaning of autistic features within a broader population. As institutionalised residents are very susceptible towards developing autistic features, her work in understanding some of their bizarre mannerisms has been very valuable for the current work.

Finally, along with other music therapists [e.g. Woodcock, 1987; Towse and Flower, 1993], I have found some of Foulkes concepts on

group analysis helpful in understanding phenomena of psychodynamic group music therapy and in conceptualising my role as a group conductor.

A.2 FREUD AND THE UNCONSCIOUS

When Sophocles [496-406 BC], in his play "Oedipus Rex" makes Jocasta tell Oedipus "for many mortals have in their dreams slept with their mothers" [lines 981-2], the poet knew of the existence of an unconscious mental life. However, it was Freud, within the last century, who first made a systematic study and theorised unconscious phenomena.

In the unconscious lie all the ideas, phantasies, memories, wishes, of which we are not aware, yet they give their signs of existence in such mental acts as dreams, slips of the tongue, or psychological symptoms [Freud, 1915]. Unconscious wishes and memories strive to gain access into consciousness, but if they are censored by the latter, they are repressed back into the unconscious and produce symptoms of anxiety. In the process of becoming conscious, psychological acts first pass by another system, the preconscious, from where they can become conscious given certain conditions. That is where memories and thoughts fall in and out of awareness. Freud further specifies that,

"a very great part of this preconscious originates in the unconscious, has the character of its derivatives and is subjected to a censorship before it can become conscious. Another part of the Pcs. [preconscious] is capable of becoming conscious without any censorship" [Freud 1915: 195-6 - my parenthesis].¹

For Freud [1900], dreams were the "royal road" that led to the world of the unconscious.

¹ For this quotation I am using the Penguin edition of Freud's works [Volume 11].

In contemporary psychoanalysis, the unconscious is the seat of affective meanings of which the patient is unaware, and which surface to consciousness through the relationship with the analyst [Bateman and Holmes, 1995]. Although ideas and theories have been modified since Freud's work, the basic premise of unconscious and conscious phenomena persist.

A.3 KLEINIAN CONCEPTS

Melanie Klein's pioneering theories on the emotional life of the infant and the complexities of early anxieties had profound influence on psychoanalytic theory and practice. Though Klein had never treated a learning disabled person, her concepts, as they refer to very primitive elements of the human mind, are particularly useful in therapeutic work with such patients [Sinason, 1992].

In what follows I shall attempt a brief description of some of Klein's basic concepts that have been adopted in the present work. For the sake of language fluency in what follows, I shall use the male pronoun for the infant.

A.3.1 Unconscious phantasy

Klein postulates the existence of unconscious phantasies from the very beginnings of life. By such primitive unconscious phantasies, she means a kind of mental activity that accompanies the infant's impulses and feelings towards his mother's breast [Klein, 1937].

For example, when an infant feels a craving for his mother's breast, he may phantasise the breast's presence; when the breast actually gives satisfaction and gratification, the infant "loves it and has phantasies of a pleasant relation to it" [ibid]. On the other hand, when he feels hungry and frustrated at the breast, this gives rise to feelings

of aggression and hatred towards it; the infant then has phantasies of attacking it, by biting it or tearing it up. Such phantasies are experienced as real happenings and it is this that determines their forcefulness and lasting effects throughout a person's entire life [Klein, 1937]. Though omnipotent phantasies of restoring the mother give compensation, they do not take away the fear of having destroyed the very object the infant loves and is entirely dependent on.

Thus, while bodily sensations, tensions and instincts are the first stimulants for the workings of the infant's unconscious phantasies, his methods of dealing with such tensions give further impetus to the elaboration of such phantasies. Furthermore, these phantasies find themselves from the beginning within a complex network of mutual interactions with the actual experiences of parenting; in other words, the inner world of phantasy and the outer world of external reality are constantly influencing and shaping each other.

At the beginning, these processes are felt as concrete relations with bodily objects [see next section]; but as the psychic apparatus develops, along with the physical growth of the human body and the development of physical, perceptual, and intellectual skills, these inter-relations are gradually removed from their concrete content; for example, the primal object, that is, the mother's breast, comes to be no longer a symbolic equation for the experiences of gratification and their accompanying phantasies; it is no longer felt in a concrete somatic way, but becomes a symbolic representation for everything beautiful and creative; it then gives the impetus for the creative works of imaginative thinking and of all sublimations [Klein, 1937; 1952; Segal, 1991].

A.3.2 The beginnings of life and the meaning of an object and an object-relation

For Klein [1957] the experience of birth is perhaps the first form of anxiety, breaking, for the infant, the pre-natal state of security and unity. Any bodily tension and discomfort, dramatically increased in the case of a poorly attending mother, gives rise to feelings of rage and threat, as if acted against life itself. This constitutes the fear of annihilation [Klein, 1946].

At the beginning the infant experiences bodily needs and tensions - painful states of hunger and fear - from which he seeks to get relief. When the mother provides this relief sensitively and lovingly, then the infant experiences her as his first good object, the good breast [Klein, 1952]. This aspect of the mother is felt by the infant as a live object inside his body [Klein, 1940]. Conversely, when there is no breast and the infant feels frustrated, he feels this to be the workings of a bad object in his insides, which he projects into a phantasised bad breast [Klein, 1946; 1952].

All somatic sensations are accompanied by unconscious phantasies and experienced as caused by objects. Objects are internal and external, because right from the beginning of life the processes of introjection and projection are set in motion. For example, the taking in of warm milk that enters the infant's body results in the instigation of an internal good object which is equivalent to this particular experience and emotion. In the same manner, all experiences with the outside world, firstly in the form of his mother's presence, become introjected into his ego and take the shape of internal objects. But every internal object has its "double" in an external object, because the infant projects every single emotion resulting from every single experience into an external agent [Klein, 1940]. Thus the infant projects love impulses and attributes them to the gratifying "good"

breast and he projects destructive impulses and attributes them to the frustrating "bad" breast [Klein, 1952].

The processes of introjection and projection, as they are intrinsically accompanied by the infant's unconscious phantasy, result in a complex and intricate inner world; that is to say, every experience that becomes internalised is influenced by the infant's phantasies, and by internal stimuli and internal experiences of all kinds and is thus altered; this altered internal object then is projected into the external object and determines the infant's perception of that external object, which then influences the further internalisation of that external object and so on [Klein, 1940].

The infant's first object relationship is with his mother's breast, which he splits into two, the good breast for all the experiences of gratification when being fed, and the bad breast for all the persecutory anxieties experienced when he is deprived of the breast, during the times he needs it [Klein, 1946; 1952]. The infant's unintegrated ego during the first three to four months of life, his limited perceptual skills do not allow yet for more integrative experiences of the mother.

A.3.4 The meaning of the term "position"

Instead of using the Freudian developmental stages, consisting of the oral, anal and phallic periods, Klein developed the concept of "positions". By the term "position" she meant both a defined developmental stage, but also a constellation of anxieties, feelings and defences experienced by the ego in relation to its objects; the emphasis on "positions" meant that it was "an internal condition, always present within the personality" [Symington, 1986: 263]; thus a person could fluctuate between positions or regress to a certain "position" under certain circumstances.

By the time of her late works, Klein restricted the use of the term for two positions: the paranoid-schizoid position characterised by persecutory anxiety and the depressive position characterised by depressive anxiety.

The paranoid-schizoid and the depressive positions take place in the first year of life; all later psychopathology can be related to the phantasies and anxieties that occurred then and to the infant's degree of failure at working through feelings that arose during those positions [Klein, 1935, 1940, 1946; Gomez 1997].

The paranoid-schizoid and depressive positions, with all the configurations of anxieties, feelings and defences that are included in each one, are of immense value in therapeutic work, and are used extensively in this thesis.

A.3.5 The paranoid-schizoid position

By this term, Klein referred to the state of affairs that governs the infant's mind during the first three months of his life, when his weak ego is still in an unintegrated form; a condition, however, that may recur in later life under certain circumstances, and is encountered in psychotic and schizophrenic patients. The way a person regresses to this position, or the way s/he remains fixated to it, is dependent on the manner in which it was first experienced during the first months of life [Klein, 1946, 1952].

The privation of the feeding breast and the ensuing states of hunger, the fear of annihilation, all give rise to those fears that Klein called "persecutory anxiety" - the anxiety that characterises the paranoid-schizoid position. Then unbearable hostile feelings - the "destructive impulse" as Klein termed this phenomenon - are projected on to the bad breast [Klein, 1946; 1952]. As the processes of introjection and

projection occur from the beginning of life, the bad object is introjected and this reinforces the destructive impulse within [Klein, 1946].

The destructive impulse firstly takes on the form of phantasised attacks on the mother's breast and body, which then incite another kind of fear: that she will retaliate in the same way as she was attacked. Added to his anxieties is that the introjection of the damaged object will become a danger to his own body, threatening not only his ego but also his good internalised objects [Klein, 1935; 1946; 1952].

This is then the fundamental split that is carried out by the infant's early ego: the good breast - internal and external - encompasses all experiences of gratification and freedom from discomfort and tension, and the experience of being loved; the bad breast acquires all the destructive qualities of the infant's own impulses when it is in states of frustration and hatred.

A.3.5.1 Mechanisms of defence in the paranoid-schizoid position

Projection

In order to cope with persecutory fears of such contents as described above, the ego employs from the beginning certain mechanisms of defence. Some of them have already been mentioned, such as the *projection* of destructive impulses on to the external object. Projection, then, is a primary mechanism of the early ego, projection not only of destructive impulses, but also of feelings of love towards the good object.

Introjection

Another mechanism that has already been mentioned is that of *introjection*. The first act of survival, the sucking of the breast, is the first means by which the good object is introjected into the ego and provides the foundation for the infant's ability to tolerate its

persecutory anxieties. If gratification by sucking has been relatively undisturbed by external and internal factors, then the good internal breast,

"strengthens the infant's capacity to love and trust his objects, heightens the stimulus for introjection of good objects and situations, and is therefore an essential source of reassurance against anxiety" [Klein, 1952: 67].¹

There is introjection of the good breast, but also introjection of the bad, damaged breast to which the infant has already projected his destructive impulses [Klein, 1952].

Splitting

Innately connected with the mechanisms of projection and introjection is that of *splitting* the object and the relation to it [that is, the object is split into a good one and a bad one, and therefore there is a good object-relation and a bad object-relation]; the splitting of the object - internal and external - implies a corresponding splitting within the ego itself. Klein [1946: 6] writes:

"It is in phantasy that the infant splits the object and the self, but the effect of this phantasy is a very real one, because it leads to feelings and relations (and later on, thought-processes) being in fact cut off from one another."

Splitting is essential at this stage, because by keeping the bad objects separate and under the realm of a separate relationship to them the infant safeguards in his mind the existence of the good objects and his relation to them. The early ego cannot yet bear the anxiety of conceiving his hostile feelings as directed against the one and single object, the mother whom the infant loves and totally depends on [Klein, 1935; 1957].

Another kind of splitting occurs, by which the infant disperses his destructive impulses and persecutory anxiety, when he fragments the object and the ego, not into two aspects, but into many pieces; this

¹ All quotations of Klein's work are given from the Virago publications.

gives rise to the feeling that the ego, as well as the object, is in pieces, that is, in a state of disintegration [Klein, 1946; 1952]. In normal development such states are transitory, as the mother's loving return and gratification alleviates the infant's persecutory anxieties and assures him of her existence as a good, undamaged object [Klein, 1946]

Projective identification

Related with the mechanisms of splitting and projection is that of *projective identification*, a mechanism that became of great importance in understanding also processes within the therapeutic relationship. In projective identification whole parts of the self are removed from a person's sense of inner world and relocated into another person; in this way, the subject disowns feelings, impulses and phantasies, which s/he does not wish to consider as residing inside him/her and regards them as constituents of another person's inner world. The forcefulness of this mechanism entails that the subject takes control of that other person.

Klein considered this mechanism as the prototype of the aggressive object-relationship and described it in detail in connection with the projection of aggressive feelings and impulses and primitive destructive phantasies [Klein, 1952]. In this case, the external object to which such phantasies have been evacuated - first of all the mother - is "not felt to be a separate individual but is felt to be *the bad self*" [Klein, 1946: 8], containing the hated aspects of the self, for which reason she is felt as a persecutor:

"by introjecting and re-introjecting the forcefully entered object, the subject's feelings of inner persecution are strongly reinforced; all the more since the re-introjected object is felt to contain the dangerous aspects of the self" [Klein, 1946: 11].

Projective identification can also function for the reposition of good parts of the self into the mother [Klein, 1946].

When projective identification is excessive, it leads to an impoverishment and weakening of the ego; for qualities needed in the ego for development and enrichment are thrust out and disowned, deemed to be another person's qualities, with whom the subject keeps a relationship of dependency, but of a sterile type [Klein, 1946; 1952].

The concept of projective identification has been further elaborated since Klein's theories, its importance assuming even bigger dimensions [Bion, 1959; 1961]. It facilitated the understanding of complex and intricate phenomena that take place in the transference-countertransference relationship between the therapist and the patient [Hinshelwood, 1989; Bott Spillius, 1992].

Introjective identification

This is a mechanism complementary to that of projective identification: it is the taking back of the object into which the subject has operated with projective identification; in other words, it forms a complementary process with projective identification [Klein, 1952].

Idealisation

The infant, even under the best of circumstances, has a greedy desire for an unlimited, inexhaustible breast and for an everlasting gratification; for he knows that this is his security against the tormenting anxieties that are inherent of his situation. This leads the baby to turn the good breast into an idealised breast. Hence the mechanism of *idealisation*. Idealisation then is a defence against the persecutory, frustrating breast [Klein, 1946; 1952].

Denial

Closely linked with idealisation is the mechanism of *denial*; in so far as the ego maintains itself in a state of keeping an idealising breast to the fore, it means that it has denied the existence of the bad breast, internal and external, and its relation to it. This denial, then, implies the removal from existence of all hostile feelings and persecuting

anxieties that the infant experiences in relation to the internal and external bad breast; it therefore implies the denial of a part of the ego, that part that *feels* hatred and aggression, persecutory anxieties and the pain to which frustration gives rise. All these feelings are bound with an important part of psychic reality, and it is this psychic reality which the ego denies [Klein, 1946; 1952].

Hallucinatory gratification

The mechanism of denial is even more strongly connected with feelings of omnipotence, in the case of *hallucinatory gratification*. This is a similar mechanism to that of idealisation; it encompasses the same interrelated processes:

"the omnipotent conjuring up of the ideal object and situation, and the equally omnipotent annihilation of the bad persecutory object and the painful situation" [Klein, 1946: 7].

Only that in this case, the infant feels that he has the ideal breast inside and is in full possession of it.

In normal development, the paranoid-schizoid mechanisms of defence must be used, but only to an optimal degree. The infant is able to do this - granted that he is born undamaged and suffers no severe ill health - when he has the experience of an understanding and loving mother; then the impulses of love predominate over the destructive impulses and love mitigates hatred; and the infant is ready to proceed into the next stage, the depressive position [Klein, 1946; 1952; 1957].

A.3.6 The depressive position

At about three to four months, the infant begins to perceive the links between the various aspects of his mother; his growing perceptual, intellectual and physical skills, the natural growth of the psychic apparatus and the nervous system, all contribute towards his growing conception of one, whole mother; it is a gradual process that reaches

its completion around the sixth month of life [Klein, 1935; 1940; 1946; 1952].

Along with this growing awareness, the infant comes to realise that all the hostile feelings and phantasies that he projected towards the various external bad objects, were in fact aimed at his mother, the same mother that he loves and is fully dependent on. "The breast that feeds him is also the mother that makes him wait" [Hinshelwood, 1989: 140]. The ensuing anxieties and feelings of sorrow and guilt, along with the defences that the ego uses at this stage of awareness constitute the depressive position [Klein, 1946].

The steps towards integration and synthesis signify that the infant is now anxious lest his loved internalised mother is injured or in danger of annihilation, because of all the sadistic attacks he has so far directed against her. The ensuing feelings of despair, remorse and sorrow are instrumental for the further integration and maturation of the ego. For it is these feelings that lead the ego towards an increased understanding of psychic reality, towards a better perception of the external reality and the inter-relation between the two [Klein, 1935; 1946; 1952; 1957]. By psychic reality is meant all those feelings and phantasies that constitute the inner world, the amalgamation of the real and the phantasised experiences, the full dimensions of the feelings love and hatred, of the impulses to destroy and the impulses to love and give gratitude. It is for this reason that "the infantile depressive position is the central position in the child's development" [Klein, 1935: 289].

The depressive position brings about feelings of relief and hope as well. The reality of the returning loving, whole mother reassures the infant that she has not been injured through his destructive phantasies; now that the internal and external mother are coming closer and closer together in his mind, the infant feels that the internal mother is, by extension, not injured either. This enables the baby to

reduce his schizoid mechanisms, for it alleviates his persecutory anxieties.

The paranoid anxieties are still experienced, as the evolution from one stage to the next is not clear-cut. There are overlaps and fluctuations between the paranoid-schizoid and depressive positions. Added to these persecutory feelings, then, there is a second set of feelings:

"feelings of sorrow and concern for the loved objects, the fears of losing them and the longing to regain them" [Klein, 1940: 348].

A.3.6.1 The mechanisms of defence in the depressive position

In order to deal with these feelings and anxieties the ego develops mechanisms of defence, as was the case during the paranoid-schizoid position; some of its defences are the same as the paranoid ones - for persecutory feelings are still in existence - but employed to a different degree or in an altered form.

Generally, there is an emphasis on the introjecting mechanisms, as the infant desires to take in good things into the internal world, so as to strengthen it, and reduce the projection of bad things on to the external object, so as to protect it [Klein, 1935].

Manic defences

Another grouping of defences that is used at this stage has been termed by Klein as "manic defences", because of its connection to the manic-depressive illness [Klein, 1940]. They concern the ego's attempt at taking refuge both from its torturing dependence on its loved objects, as well as from the bad persecuting objects; in other words, it is a defence against both positions, and is an amalgamation of mechanisms belonging to both positions, such as omnipotent denial.

Characteristics of mania are: a hyperactivity which bears no relation to any actual results achieved; the hungry and aggressive incorporation of objects that are then depreciated and regarded with contempt. This entails a destruction of these internalised objects, while the ego's omnipotence retains a belief that it can bring them back to life again; hence the hunger and overactivity concerning the re-incorporation of objects [Klein, 1935].

The omnipotent attitude towards the loved objects, the desire to master and control them, to make them appear and disappear according to the subject's wishes, the triumph over them, all this entails a sadistic relation with them. The objects, then, which were to be restored change again into persecutors, and in turn paranoid fears are revived [Klein, 1940].

Klein emphasises the importance of triumph, closely bound with contempt and omnipotence, as an element of the manic defences [1940]:

"The triumph over his internal objects which the young child's ego controls, humiliates and tortures is a part of the destructive aspect of the manic position which disturbs the reparation and re-creating of his inner world and of internal peace and harmony; and thus triumph impedes the work of early mourning" [Klein, 1940: 352].

In summing up, the manic defences are a collection of methods used by the ego, in order to minimise the feelings of loss and guilt concerning the loved mother, as well as the aggressive feelings that endanger that mother. They entail denial of the threats originating from these aggressive feelings, as well as denial of the importance and value of the loved mother. So the loved object is taken in, but then denigrated, so that its loss will not be experienced as painful; then the ego repairs this same object by putting everything right in a triumphant and omnipotent way [Hinshelwood, 1989: 147].

In normal development, there is "a certain equilibrium between these contrasting and yet closely related methods ... and their intensity is diminished" [Klein, 1940: 351].

Overcoming the depressive position

The infant's constructive tendencies are all important in helping him to overcome the depressive position. His growing physical and intellectual skills are continuously used as a means of repairing his mother from any damage done in phantasy. While manic reparation is a defence against the depressive anxiety, creative reparation is a way of modifying that anxiety, and thus, of overcoming it. The latter leads to more satisfactory object-relations and sublimations, which in turn increases synthesis and contributes to the integration of the ego [Klein, 1946].

From them on, all creative activities and sublimations constitute a means for repairing the loved person, who is feared to have been lost through our own aggressive impulses, for alleviating feelings of sorrow and guilt. For example:

"The sculptor who puts life into his object of art, whether or not it represents a person, is unconsciously restoring and recreating the early loved people, whom he has in phantasy destroyed" [Klein, 1937: 335].

A.4 WINNICOTT: HOLDING, MIRRORING, TRANSITIONAL OBJECTS, TRANSITIONAL PHENOMENA

The following concepts from Winnicott throw light on the mother's facilitating role in her care for her infant and on the parallel role of the therapist. A number of music therapy techniques are considered as applications of these theories.

Holding

For Winnicott the child's ability for maturation and mental health is highly dependent upon the mother's ability to provide "good enough" care in the period of infancy [Winnicott, 1960; 1962]. This maternal provision includes the mother's ability in the first months of life to identify herself with her infant and therefore know what he feels and needs at any given moment - this is what Winnicott [1956] has called "primary maternal preoccupation". This enables her to "hold" her infant in a way that gives him security, stability, continuity and full adaptation to his physiological and psychological needs. "Holding includes especially the physical holding of the infant, which is a form of loving" [Winnicott, 1960: 49].

Mirroring

In his mother's eyes - when things go well-enough - the infant sees himself [Winnicott, 1967]. In the mother's loving and responding eyes, in her reflection of the infant's world through her eyes, the infant is set off for "a significant exchange with the world, a two-way process in which self-enrichment alternates with the discovery of meaning in the world of seen things" [Winnicott 1967; 1971: 132].

Transitional objects and transitional phenomena

The "good-enough" mother has also to introduce the world to the infant in such a way that, at first, the infant feels that it is himself that creates the world. She gives the breast just as the infant is ready to create it, so that the infant is afforded the illusion that the breast falls under his omnipotent control, magically created and part of his own body. The breast, in this context, is something wider than the actual flesh and includes the whole technique of mothering [Winnicott, 1951; 1971].

The "good enough" mother gradually disillusion her infant, just as he is ready to cope with the frustrations of the external world. This disillusionment also occurs to the degree that is optimal for the infant.

This is a necessary phase, for it is here that the infant meets the external world. And it is just here that the infant needs the transitional object, that object that stands between inner and outer reality. From about four to twelve months the infant will start using an object [e.g. a blanket, a toy] in the place of the comfort afforded to him by his mother. This is its first "not-me" possession.

As the acceptance of an external reality is never complete, there is a need in humans to experience illusions of living between inner and outer reality. This is the area of the transitional phenomena, related to both realities, yet distinct from each. In fact this intermediate area of experience is "unchallenged in respect of its belonging to inner or external (shared) reality" [Winnicott, 1951: 242]. In this area, between the subjective and that which is objectively perceived, belong such experiences as playing, creative activities, artistic expression.

Transitional objects and transitional phenomena stem from the individual's need to unite his/her inner world with the external.

A.5 BION AND THE MOTHER'S -THERAPIST'S REVERIE-CONTAINMENT

By maternal reverie Bion [1962a; 1962b] referred to the attitude of the mother who receives in a balanced manner her infant's projections of good and bad objects. For example, if the infant feels he is dying, he projects this feeling into his mother. Through her reverie, the mother can receive her infant's frightened state and give it back to him in a form that he can tolerate. Then the infant feels that his fears are manageable. If the mother cannot accept such a projection from her infant, then the infant reintrojects "not a fear of dying made tolerable, but a nameless dread" [Bion, 1962b: 116].

Segal [1975: 134-5] further clarifies the mother's function as a container:

"When an infant has an intolerable anxiety, he deals with it by projecting it into the mother. The mother's response is to acknowledge the anxiety and do whatever is necessary to relieve the infant's distress. The infant's perception is that he has projected something intolerable into his object, but the object was capable of containing it and dealing with it. He can then reintroject not only his original anxiety but an anxiety modified by having been contained. He also introjects an object capable of containing and dealing with anxiety. The containment of anxiety by an external object capable of understanding it is a beginning of mental stability."

Patients who have not experienced their mother as a containing object, live in a world crowded with hostile internal objects. In therapy, they transfer their need to project intolerable feelings into the therapist [Bion, 1959]. The therapist then assumes a similar role to that of the mother's reverie, namely to receive and modify the patient's intolerable anxieties and give them back to the patient in manageable form. This is the containing role of the therapist.

"The patient can then reintroject these projected parts made more tolerable, together with the functions of the analyst with which he can identify, allowing for the growth of a part of himself capable of containment and understanding" [Segal, 1975: 135].

A.6 BOWLBY AND ATTACHMENT THEORY

Bowlby directed his research into exploring the nature and patterns of the infant's early attachment to his primal carer and the impact of those patterns on personality development.

Bowlby's theoretical diversion from the Freudian and Kleinian thinking of his times was his use of concepts from ethology, evolution, control theory and cognitive psychology to explain the nature and patterns of attachment throughout life, and his emphasis on the environment rather than on unconscious phantasy.

"Attachment theory is a way of conceptualising the propensity of human beings to make strong affectional bonds to particular others" [Bowlby, 1979: 127] and regards this propensity as a basic component of human nature. Among the essential features of attachment theory is that, "the human infant comes into the world genetically biased to develop a set of behavioural patterns that, given an appropriate environment, will result in his keeping more or less close proximity to whomever cares for him" [Bowlby, 1988: 60-61].

The genetic bias to develop an attachment behaviour towards a preferred individual considered stronger and/or wiser has been selected during the course of evolution and engendered in humans, as in other species, for the purpose of protecting the young from situations of danger or increased risk. To behave so promotes both survival and breeding success and therefore the young of species that have survived, including man, are genetically biased to develop attachment behaviour [Bowlby, 1979; 1988]. Attachment behaviour is at its most obvious in early childhood, but exists in varying degrees throughout life.

"The particular pattern in which attachment behaviour becomes organised during development is much influenced by how it is responded to by a child's principal caregivers" [Bowlby, 1988: 82]. In Bowlby's conceptual framework the term *working model* is used to replace the traditional psychoanalytic term *internal object*. For him, the working models a child builds of his parents and the way they communicate and behave towards him, together with the complementary models of himself in interaction during his first years with them, become part of his internal structure and soon become established as influential cognitive structures. Subsequently he internalises the image his parents have of him.

"Once built,... these models of a parent and self in interaction tend to persist and are so taken for granted that they come to operate at an unconscious level" [Bowlby 1988: 130].

From his ethological approach Bowlby considers the behaviour of parents, or of anyone else in the care-giving role, as complementary to attachment behaviour and thus in some degree preprogrammed and ready to develop along certain appropriate care-giving lines when conditions elicit it; the parents' behaviour is also based on the way their own parents treated them, on their own working models [Bowlby, 1988].

Secure base

A sensitive mother-figure, who is "tuned in" to receive her baby's signals, interprets them correctly and responds to them promptly and appropriately is providing her infant with a secure base from which to explore. This takes place from the age of eight months onwards, when the baby is mobile and retains inside him a working model of his mother. The concept of a *secure base* assumed a special importance in attachment theory; it emerged from ethologically oriented studies of mother-child relationships carried in Uganda and Baltimore in the 1960s and 1970s by Bowlby's colleague Mary Ainsworth [Ainsworth, 1967; Ainsworth and Bell, 1970].

Through these studies it was indicated that the young child's exploratory behaviour was related to the pattern of mothering he had received. Securely attached children had sensitive mothers and were free to move away in order to explore and then return to her. It has been shown that with maturation and increased security the child increases the time and distance away from his parent, provided the parent is known to be accessible and responsive when called upon. Thus play and exploratory behaviour, basic components of human nature, are antithetical to attachment behaviour and take place when attachment behaviour is relatively inactive [Bowlby, 1979].

Types of attachment behaviour

Attachment theorists classified three main types of attachment behaviour and correlated each type to a particular type of mothering:

a) The pattern of secure attachment in which the individual is confident that his parent figure "will be available, responsive, and helpful should he encounter adverse or frightening situations. With this assurance, he feels bold in his explorations of the world" [Bowlby, 1988: 124]. This pattern is promoted by a parent-figure who is readily available, sensitive to the child's signals, and "lovingly responsive when he seeks protection and/or comfort" [ibid].

b) The pattern of anxious resistant attachment in which the individual is uncertain about a parent's availability, responsiveness and helpfulness. For this reason he is "prone to separation anxiety, tends to be clinging, and is anxious about exploring the world" [ibid]. This pattern is promoted by a parent's instability about availability and helpfulness, by separations and by threats of abandonment used as a means of control.

c) The pattern of anxious avoidant attachment in which the individual expects to be rebuffed when he seeks care. When in marked degree, such an individual attempts to live his life without the love and support of others. This is the result of prolonged and repeated rejection in childhood from parent-figures.

Each pattern of attachment, with its resultant organised attachment behaviour, once developed, tends to persist and thus becomes increasingly the property of the individual himself/herself. Bowlby considered attachment behaviour to be controlled and organised into activation or inactivation to certain specific degrees and in certain specific ways - or even into complete deactivation - by a mechanism in the central nervous system, a control system. This control system uses

information of the working models alongside that of the individual's current needs and circumstances in its organisation of attachment behaviour.

Attachment bond

An enduring attachment is as an attachment bond. Each member of a bonded pair tends both to remain in proximity to the other and to elicit proximity-keeping behaviour in the other. If bonded partners are for any reason apart, they will at some stage seek to renew their proximity [Bowlby, 1979].

A.7 TUSTIN AND AUTISM

Tustin's [1981; 1987; 1990] long psychoanalytic work with autistic children has shown that the roots of autism in non-brain damaged children lie in the way they experienced their first separation from their mother. Autistic children have felt abruptly separated from their mother, whom they experienced as being part of their body. Such awareness occurred when their psychic apparatus was not yet ready to deal with it. This leads autistic children to create their own protective shell through which they deny their need for their mother's presence and their feelings of terror and rage for the failures that befell them. This autistic shell is made up from auto-generated bodily sensations which encapsulate their mental life, not leaving space for mental and emotional development.

Tustin has found that all the mothers of the autistic children she had treated were depressed when the child was a young baby, their depression hampering their ability to attend to their infant's needs. The mother's emotional unavailability, experienced as a traumatic and premature separation from her, turns some children to concentrate excessively on sensations engendered by their own body, which

distracts and prevents them from processing feelings and information with the outside world of humans and objects. This stagnates them within their own idiosyncratic world of non-symbolic concrete perceptions, which can take two characteristic forms: a) The need to carry hard objects termed by Tustin [1987; 1990] as "autistic sensation objects"; these do not bear their functional significance, but are important for the sensation of hardness that they engender on the autistic child. In this way they are experienced as being part of the child's own body, the child equating the object's hardness with the hard part of his body that needs to be protected; b) The need to immerse into "autistic sensation shapes" [Tustin, 1987; 1990]. These arise from soft bodily sensations [e.g. bubbles of spit around the mouth, rocking, spinning, hand and body stereotypes]. Through these actions, the autistic child perceives his own idiosyncratic shapes. The shapes thus engendered on the child's body surfaces are experienced as being part of the autistic child's own body, part of the shell that protects him from the outside world.

A.8 FOULKES AND GROUP ANALYSIS

Foulkes was one of the pioneer psychoanalysts to develop a form of analytical treatment of patients in groups, group analysis. Some of his concepts have relevance for the present work and are briefly described below.

A.8.1 The group matrix

Patients who meet in the context of a group-analytic situation create a shared psychic life, a psychic network of communication, "a mother soil (matrix) in which all dynamic processes operate" [Foulkes, 1968: 185]. From the beginning mental aspects of their personalities interact between them instinctively, intuitively and basically unconsciously.

This is their fundamental mental matrix, which Foulkes called a "*foundation matrix*" [Foulkes, 1971]. As with time the relationships of the members become more intimate, "they also form a current, ever-moving, ever-developing *dynamic matrix*" [ibid: 228].

The individuals are the foreground, the nodal points in this network, while the group is the background. Yet there is a total psychological network in the group within which psychological processes interact between the members. These are "transpersonal mental processes" [Foulkes, 1971], which permeate each individual's psyche like the X-rays permeate the body. Yet each individual resonates such processes in his own key, "elaborates them and contributes to them and modifies them in his own way" [Foulkes, 1971: 229].

In this context, whatever happens to the individual concerns the group and whatever happens to the group concerns the individual members. They all form part of an intertwined whole. Whatever an individual expresses finds some immediate resonance in the other members, who respond to it according to their own level of functioning.

A.8.2 Free group association

Foulkes discovered that the unconscious interconnection of spontaneous thoughts that come to mind in the analysand during individual psychoanalysis, called "free association" [Freud, 1924] has a parallel in group analysis. That is, that the spontaneous responses of each member as they follow one another bear an unconscious interconnection to what has been said before in the group. Thus he called this process "free group association" [Foulkes, 1964; 1968; 1975a].

This free group association is based on the common ground of unconscious instinctive understanding that the members share within the group matrix [Foulkes, 1964]. It is not only the verbal content that is associative in this way, but also the form of speech, its expressive qualities, the "silences and other non-verbal communications, facial and other expressions, appearance, attitudes, gestures, actions" [Foulkes, 1968: 180]. Any communication - any physical or mental event - forms an individual's contribution to the group association.

Foulkes believed that any such contribution always entails an unconscious interpretation of what has gone before in the group, though this interpretation is not always obvious [Foulkes, 1975a]. This contribution may also take the form of a confirmation or counter-reaction to what had just happened.

A.8.3 The role of the conductor

Foulkes called the group analyst a conductor, because of the similarities of his/her role to that of the musical conductor, who does not create the composition, but interprets it and brings it to light, who does not produce the group's ideas, yet does something with them [Foulkes, 1975b].

It is the conductor who infuses the group's culture by his/her stance and the total atmosphere s/he creates in the room, by being an example and not by preaching. This culture includes the cultivation of honesty, mutual respect, a way of listening, tolerance, transmitting what is allowed or not, what is expected or not, fostering free group

association [1975a]. The latter is achieved by the way s/he treats communication in the group, so that it becomes free and spontaneous.

Though there is from the beginning free group association, the conductor facilitates its becoming channelled into integrated coherent meanings, less distorted by resistances and defences. The conductor receives all communications as "signs, symbols or other messages, meaningful when decoded and put into the appropriate context" [Foulkes, 1968: 180]. For this process of decoding and understanding, s/he uses the group's responses and makes links between them, as s/he considers all communications as meaningful associations in the context of the group [Foulkes, 1968; 1975a].

S/he guides the group to make connections between the manifest content of the members' communications and its latent meaning, to proceed from the symptom to the underlying conflict, to "translate" from one type of expression or language to another that encompasses a wider and deeper understanding and insight [Foulkes, 1975a].

The conductor focuses on the "here and now" of the group, and on trying to understand the relationship of the members of the group to each other, to the group and to himself/herself. These relationships are the object of communication and of analysis. S/he understands that the way members form these inter-relationships bear unconscious connections to the way they experienced themselves in relation to important persons of their past, most importantly towards their parents and siblings. Through transference and repetition compulsion [i.e. the need to repeat traumatic experiences [Freud, 1920] patterns of affective experience are re-enacted and meet their reaction from other members of the group. The conductor's special role within the group

evokes particularly strong feelings towards him/her, representing for the members a parental figure Foulkes, 1975a; 1975b].

An individual or an interaction between individuals in the group may force themselves into the foreground, yet what happens between them finds resonance in the background of the whole group. By resonance Foulkes meant an instinctive and inevitable response that is evoked within each individual under the stimulus of another's communication [Foulkes, 1975a; 1977]. The conductor, then, addresses the individuals in the foreground, knowing that what s/he says has relevance for the whole group.

The conductor's interventions may take various forms:

"He may sometimes have to select the topic of discussion, to draw attention to what the group is trying to gloss over, he may have to confront people, he may have to explain links which are not recognised or the significance of behaviour" [Foulkes, 1975a: 110].

Though interpretations are being transmitted all the time, the term "interpretation" is limited to the verbal communication of meanings about which the members are not aware. From such interpretations, each member "picks out, as it were, from a common pool that which is most meaningful to him personally" [Foulkes, 1975a: 122], i.e. what resonates within him/her.

The conductor clarifies the meaning of the communications, while retaining a non-directive stance, and addresses the emotional experience available at the moment. S/he represents and promotes "understanding, insight, catharsis ... and an open mind for new experiences. This happens by way of a living, corrective emotional experience" [Foulkes, 1964: 57].

A.8.4 Further factors facilitating the therapeutic process

Further to above-mentioned factors facilitating the therapeutic process, one can add the following:

a) Participation in the group brings the patient out of his/her isolation and in a context wherein experiences become shareable [Foulkes, 1964].

b) The fact that others may suffer a similar fate and similar affective experiences brings relief [Foulkes, 1964].

c) Through identification with and projection into other members, patients can see in another member aspects of themselves which they do not wish to acknowledge as part of themselves. Such "*mirror reactions*" [Foulkes, 1964], as Foulkes termed the whole amalgamation of such phenomena, facilitate patients to become aware of repressed or other unacknowledged parts of themselves, as well as the effect their personalities have upon others.

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APPENDIX B

**TRANSCRIPTS OF MUSIC THERAPY SESSIONS
OR OF EXTRACTS TAKEN FROM SESSIONS**

*Submitted by Anthi Agrotou
as part of a thesis for the degree of Doctor of Philosophy*

**The University of Sheffield
Department of Music**

**Submission date: May 1998
Year of entry: 1995**

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TABLE OF CONTENTS

Title of thesis	iv	
Introduction to Appendix B	1	Video-tape 1
B. 1 The session of July 15, 1994.....	2	
Whole session [0.01 - 25.15]	2	
B. 2 The session of July 29, 1994	19	
Whole session [0.01 - 25.16]	19	
B. 3 The session of August 5, 1994	31	
Whole session [0.01 - 29.48]	31	
		Video-tape 2
B. 4 The session of October 3, 1994	51	
First excerpt [2.00 - 7.18]	51	
Second excerpt [15.21 - 21.36]	53	
Third excerpt [23.00 - 25.00]	56	
B. 5 The session of October 17, 1994	59	
First excerpt [4.56 - 10.35]	59	
Second excerpt [12.28 - 21.33]	63	
Third excerpt [23.57 - 31.40]	69	
B. 6 The session of November 7, 1994	75	
One excerpt [10.44 - 22.17]	75	
B. 7 The session of March 20, 1995	83	
One excerpt [2.20 - 9.37]	83	
B. 8 The session of March 27, 1995	89	
First excerpt [3.59 - 7.24]	89	
Second excerpt [14.20 - 21.10]	93	
B. 9 The session of June 19, 1995	99	
First excerpt [8.59 - 18.55]	99	
Second excerpt [22.00 - 27.44]	113	
B. 10 The session of June 26, 1995	118	
First excerpt [5.02 - 12.28]	118	
Second excerpt [14.18 - 15.50]	123	
Third excerpt [18.10 - 29.10]	125	
		Video-tape 3
B. 11 The session of September 18, 1995 ...	134	
First excerpt [10.28 - 11.43]	134	
Second excerpt [15.00 - 17.58]	136	
B. 12 The session of October 2, 1995	139	
First excerpt [4.00 - 6.53]	139	
Second excerpt [9.15 - 9.55]	143	
Third excerpt [12.10 - 13.10]	144	
Fourth excerpt [19.40 - 29.45]	145	
B. 13 The session of October 9, 1995	152	
One excerpt [14.12 - 25.57]	152	
B. 14 The session of October 16, 1995	164	
One excerpt [19.10 - 22.52]	164	
B. 15 The session of November 13, 1995	169	

One excerpt [16.00 - 25.43]	169
B. 16 The session of December 4, 1995	179
First excerpt [8.43 - 13.27]	179
Second excerpt [14.02 - 15.48]	183
Third excerpt [19.19 - 22.35]	186
Fourth excerpt [26.36 - 31.40]	189
B. 17 The session of February 19, 1996	192
First excerpt [1.29 - 5.20]	192
Second excerpt [13.13 - 15.36]	195
Third excerpt [16.00 - 18.50]	198
B. 18 The session of February 26, 1996	201
First excerpt [3.23 - 6.13]	201
Second excerpt [9.06 - 10.16]	204
Third excerpt [30.47 - 32.23]	206
B. 19 The session of March 4, 1996	208
One excerpt [0.18 - 2.26]	208
B. 20 The session of March 11, 1996	211
First excerpt [3.30 - 4.54]	211
Second excerpt [7.42 - 10.13]	214
Third excerpt [25.26 - 28.20]	219
B. 21 The session of March 25, 1996	223
One excerpt [14.13 - 15.02]	223
B. 22 The session of June 10, 1996	226
One excerpt [1.47 - 7.13]	226
B. 23 The session of June 17, 1996	232
One excerpt [16.33 - 25.50]	232
B. 24 The session of October 7, 1996	242
One excerpt [17.15 - 21.03]	242
B. 25 The session of October 21, 1996	249
One excerpt [9.25 - 12.10]	249
B. 26 The session of November 25, 1996	255
One excerpt [15.48 - 23.34]	255
B. 27 The session of December 2, 1996	262
One excerpt [9.55 - 13.10]	262
B. 28 The session of December 9, 1996	269
One excerpt [19.20 - 22.51]	269
B. 29 The session of January 7, 1997.....	274
First excerpt [12.23 - 16.08]	275
Second excerpt [28.45 - 30.39]	278
B. 30 The session of January 13, 1997.....	280
One excerpt [9.40 - 16.24]	280
B. 31 The session of January 20, 1997	284
First excerpt [11.10 - 17.01]	284
Second excerpt [21.49 - 32.55]	289

Video-tape 4

Video-tape 5

B. 32	The session of May 5, 1997	296
	One excerpt [11.06 - 39.13]	296
B. 33	The session of July 7, 1997	305
	One excerpt [8.10 - 12.55]	305
B. 34	The session of October 6, 1997	309
	First excerpt [3.15 - 6.07]	309
	Second excerpt [14.30 - 17.36]	312
	Third excerpt [23.20 - 30.26]	314

Title of thesis:

**PSYCHODYNAMIC GROUP MUSIC THERAPY WITH
PROFOUNDLY LEARNING DISABLED RESIDENTS
AND THEIR CARERS:
DEVELOPING A THEORY AND PRACTICE FOR
THE REALISATION OF THERAPEUTIC AIMS FOR
RESIDENTS AND THE ACQUIREMENT OF
THERAPIST'S SKILLS BY CARERS**

INTRODUCTION TO APPENDIX B

Appendix B consists of a detailed description of all the sessions or excerpts from sessions discussed in the main text. These descriptions are given in transcript form. *Appendix B* can also stand on its own as an analysis of techniques and description and interpretation of processes. Even for those excerpts taken from the last years of the group's life [January 1995 - October 1997] - which are not analysed in terms of techniques in the main text - the reader will be able to find out the technique used and the thinking behind a certain approach in *Appendix B*.

Everything that is described in *Appendix B* is also shown on the attached five video-tapes, which are classified Supplementary Video-tapes 1-5. The numbers in the left column refer to the session's minutes and the corresponding events. The diagrams refer to the sitting position of members and the placement of instruments.

Appendix B was compiled over a period of two years. The way every session is transcribed has changed over these two year period, as with time and experience I became more thorough and more observant. In this way, this Appendix reflects the development of skills in observation, interpretation and classification, resulting from the experience of carrying out qualitative research.

B. 1 THE SESSION OF JULY 15, 1994

Ms Demetriou and Ms Nicolaou were absent. The placement of instruments and the sitting position were the following:

Ms Demetriou	Cymbal	Ms Lovari	Sarah
Xylophone	Bongo-drums	Base-Drum	Ms Kazakaiou
Jenny	Metallophone		Tambourine
Door		Pamina	Window
	Temple-blocks		Synthesiser
Gong-Tambourine	Anthi Agrotou		
	Piano	Mr Loizou - Camera	

Transcripts of the session:

Minutes

Description of events

- 0.01 Everybody is still and quiet. Jenny, with one foot on the chair, looks absent; Sarah, holding a huge teddy bear, aims her piercing glance towards my direction, while fiddling her left hand over her right ear-lobe; she has a stereotype smile most of the time. Pamina, with one leg lifted on the chair like Jenny, moves her lips up and down, her head and helmet also facing towards me sitting in front of the piano. All carers are quiet and observant.
- 0.30 Amidst the prevalent silence Pamina lifts her right hand, so that her palm covers her lips, and makes one sound by pressing and pushing her tongue with some force on her

hard palate; it is as if the sound is actually whispered inside her palm; once this is done, she drops her hand slowly on to her legs. Half-surprised and half not believing it actually happened, the carers turn to look at her, and so does Sarah.

0.39 On the temple-blocks - an instrument chosen here for its undefined, watery sound quality, thus resembling Pamina's sound - I respond with two notes: a quaver and a crotchet, the one quickly following the other; with these I wish to reflect the two elements of her action, the one being the tongue movement and the other being the resultant sound. My phrase lasts one second, like hers.

0.43 Three seconds after the end of my phrase Pamina brings the palm of her right hand on her lips to repeat the same sound as before, in louder dynamics. Another half-surprised turn towards her by all.

0.48 I give the same one-second response while Ms Kazakaiou plays the two-note motif in synchrony with mine on the tambourine and Ms Lovari strikes one cymbal note at the end of this motif; the vibrating sound spreads to all members.

0.56 After ten seconds of quietness there is another soft cymbal crush by Ms Lovari and Jenny turns her head sideways towards the direction of Ms Demetriou and Ms Lovari, and upwards towards the ceiling, still with her "absent" expression. Ms Demetriou touches the bongodrum's surface in an attempt to gently invite her presence.

0.57 A second after Ms Lovari's last cymbal crush Pamina comes with another statement, again preceded by the placement of her palm over her lips: four quavers created by her tongue inside her mouth, followed by a crotchet in

the form of her previous sound [tongue pushed and pressed with force on the hard palate]. For reasons of brevity I shall henceforward refer to this as the "*accentuated crotchet*". Her phrase now lasts three seconds.

- 1.01 Ms Kazakaiou strikes one tambourine note, answering in this way to Pamina's final crotchet, which is heard accentuated.
- 1.03 My response is again the two-note motif on the temple-blocks and this is instantly followed by a repetition of this motif by Ms Lovari on the cymbal. Jenny turns her head with her "absent look" towards various directions, including the location where I sit.
- 1.12 The hand is put again into its position for receiving the utterance, when yet another variation comes from Pamina: three quavers created by her tongue inside her mouth before the final *accentuated crotchet* made by its action on the hard palate. Ms Kazakaiou answers similarly to this latter note.
- 1.17 - 1.22 I now begin to expand my temple-block responses to Pamina: in repeating my previous two-note motif here I add a pause and a three-quaver motif to match hers.
- 1.30 A soft cymbal touch is played by Ms Lovari before Pamina's next entry.
- 1.36 - 1.39 Pamina comes with yet another variation: one crotchet and two quavers, before the final *accentuated crotchet*.
- 1.40 - 1.43 Now I give an exact reflection on the temple-blocks. Jenny is now moving her left leg nervously with her head bent down.
- 2.01 Almost twenty seconds of silence, and instantly following a metallophone glisandi created by Ms Demetriou Pamina comes with a surprise statement: *the accentuated crotchet*

on its own; I give an exact reflection of that too. Sarah, still fiddling her left hand over her right ear-lobe, turns her eyes towards the direction of the sounds.

- 2.23 - 2.27 After some fifteen seconds of quietness, Pamina lifts her palm again for yet another statement: two quavers followed by *the accentuated crotchet*. This is the first time that we see her clearly on the video. Ms Kazakaiou gives a simultaneous accompaniment on the tambourine. I
- 2.28 - 2.32 respond on the temple-blocks with a variation: two crotchets followed by a dotted crotchet, a quaver and an accentuated crotchet.
- 2.39 - 2.42 Pamina - who keeps her head turned slightly towards Ms Kazakaiou's direction and her right hand down during the time she waits for the responses to her phrases - lifts her right hand again for a variation far more complex than all she has so far created: a quaver followed by a dotted crotchet, two quavers, a quaver pause and the *accentuated crotchet*.
Ms Kazakaiou makes an attempt to follow simultaneously on the tambourine.
- 2.43 - 2.47 I respond on the temple-blocks with the following variation: three crotchets followed by a quaver pause, a quaver and an accentuated crotchet.
All along there is a quality of stillness and silence, characterised by an intense concentration invested by all members.
- 2.51 - 2.55 Jenny gets up to go to the door holding the hard end of the beater in her mouth. Perhaps my attention to Pamina was too much for her. At the same time Pamina enters another variation: two crotchets followed by a quaver, a quaver pause and the *accentuated crotchet*.

Ms Kazakaiou repeats her accompanying phrases on the tambourine.

2.56 - 2.59 I respond on the temple-blocks with the same variation as above, while Jenny bends her body in front of the door.

3.02 At this point I place the temple-blocks in front of Ms Kazakaiou, indicating to her to play similarly to what had just occurred. I return to my previous position with a tambourine and Jenny now sits on the floor, in front of the door.

3.12 - 3.15 At the same time Pamina creates four quavers followed by the *accentuated crotchet*.

3.16 Ms Kazakaiou gives her an accurate response on the temple-blocks, for which she asks for my confirmation through an eye-contact. In the meantime Jenny keeps holding a beater and bends her head towards the floor.

3.24 Pamina creates five quavers followed by the *accentuated crotchet*. Ms Kazakaiou gives her a simultaneous accompaniment, following her phrase as close as possible.

3.40 Pamina creates four quavers and Ms Kazakaiou is following with a temple-block note every quaver of hers.

3.44 Pamina interrupts her phrase by not creating the expected accentuated crotchet, moves her palm away and turns her head towards Ms Kazakaiou, thus causing her to pause; for she conveyed her message very clearly. She indicated in this way Ms Kazakaiou's failure to offer her an optimal waiting time. Though Ms Kazakaiou succeeded in doing this during her first temple-block response to Pamina, her subsequent simultaneous responses left no space for a desired dialogue, like the one she had experienced a moment ago, when I played the temple-blocks one second after the end of her phrases.

- 3.56 Pamina creates two crotchets followed by the *accentuated crotchet*. Ms Kazakaiou plays simultaneously four quavers followed by the *accentuated crotchet* [this was Pamina's phrase some seconds ago, at 3.12 minutes].
- 4.02 Pamina turns her head towards Ms Kazakaiou again, dropping her right hand as she does so. She then turns her head away from Ms Kazakaiou and rubs her chin with the same hand. She drops that hand yet again. Is she contemplating upon accepting Ms Kazakaiou's manner of responding to her phrases in simultaneous time?
- 4.25 Pamina, having waited for some twenty-six seconds since the end of her last exchange with Ms Kazakaiou, lifts her right hand and inside her palm she creates a reflection of Ms Kazakaiou's last phrase: four quavers followed by the *accentuated crotchet*. Perhaps this indicates her acceptance of Ms Kazakaiou's manner. At the same time it is clear to us now that, just before and during the time she creates her sounds, she moves her right hand's fingers - as if they play an instrument. Ms Kazakaiou gives an accurate simultaneous reflection of this last phrase of Pamina.
- 4.32 Pamina yet again turns her head towards Ms Kazakaiou, dropping her right hand as she does so.
- 4.36 Pamina rubs her eye and Ms Lovari plays some soft base-drum notes. Sarah is still in the same posture as at the beginning of the session. Jenny starts producing some soft mouth sounds.
- 5.03 Pamina, having waited now for thirty-three seconds for her turn, creates five quavers followed by the *accentuated crotchet* and Ms Kazakaiou follows her notes almost accurately on the temple-blocks.
- 5.18 After thirteen seconds Pamina creates four quavers

followed by the *accentuated crotchet*. As this is gradually becoming her most frequent phrase, it will be referred to in the future as her "*typical theme*". Ms Kazakaiou accompanies simultaneously with eight quavers followed by an accentuated crotchet. Sarah is in the same posture, but her expression conveys distress. Jenny continues her soft mouth sounds and Ms Demetriou reflects these through soft touches on the bongo-drums.

5.45 With some soft gong notes I try to hold the whole group together in a sound ambience. Jenny is still sitting on the floor with an "absent look", making soft mouth sounds and keeping the hard end of the beater in her mouth.

6.12 Pamina, having waited for forty-one seconds since Ms Kazakaiou's last response to her, creates one quaver followed by *the accentuated crotchet*, while Ms Kazakaiou plays at the same time eight quavers followed by an accentuated crotchet. The other carers and myself attempt to contain and invite the whole group: Ms Lovari plays a few base-drum notes, I play some soft gong notes and Ms Demetriou plays a glissandi on the metallophone.

6.35 Having waited for twenty seconds since the end of her last exchange with Ms Kazakaiou, Pamina creates three quavers followed by a quaver pause and *the accentuated crotchet*, while Ms Kazakaiou plays simultaneously Pamina's *typical theme*: four quavers followed by the accentuated crotchet.

6.41 Pamina again drops her right hand and turns her head towards Ms Kazakaiou. Obviously these are gestures of acknowledgement and awareness in receiving responses akin to her own phrases. For the same reasons as above I play some soft gong notes. [Ms Kazakaiou asks quietly for some paper, in order to wipe Pamina's dripping mouth].

8.24 I repeat the above metallophone phrase. Sarah smiles, while her eyes look distressed.

8.34 Pamina enters her *typical theme* and I give a simultaneous response with the same metallophone phrase as above. At the end of my phrase Ms Kazakaiou plays an accentuated crotchet on the temple-blocks.

8.45 Again, in an attempt to fill gently the space, I play one long note:



Jenny makes soft sounds with her mouth.

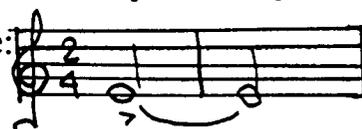
8.50 Pamina creates *the accentuated crotchet*, perhaps in response to Ms Kazakaiou's and my last statement.

8.52 I expand slightly Pamina's last crotchet with the following phrase:



At the end of my phrase Ms Kazakaiou plays the accentuated crotchet on the temple-blocks. The space is again filled gently with some soft cymbal touches played by Ms Lovari and some glissandi on the metallophone.

9.12 Pamina repeats *the accentuated crotchet* and Ms Kazakaiou follows instantly with an accentuated crotchet on the temple-blocks. This falls simultaneously with my response with a single accentuated note:



The waiting time is filled with one cymbal note and metallophone glissandi. Jenny continues producing soft mouth sounds and Ms Demetriou is reflecting them with soft touches on the bongo-drums.

9.26 Pamina creates five quavers followed by *the accentuated crotchet* and I repeat almost simultaneously the same metallophone phrase as above, while Ms Kazakaiou accompanies the phrase on the temple-blocks.

There follows one more glissandi to fill the space.

- 9.41 Pamina enters her *typical theme* and Ms Kazakaiou follows her accurately on the temple-blocks. Almost simultaneously I play the following phrase:



All along Pamina makes her usual gestures of awareness and recognition towards Ms Kazakaiou.

- 9.51 Pamina lifts her left hand, indicating her intention to create her own part, but delays to do so.

- 9.59 With her palm in front of her mouth for eight seconds, Pamina now creates only *the accentuated crotchet*. Ms Kazakaiou and I play in synchrony just after Pamina's crotchet. For the sake of consistency in the melodic translation of Pamina's "notes", I repeat the same note that translated this "note" before:



- 10.14 Now Jenny gets up from the floor and goes to the piano. She sits on the piano stool sideways, while producing soft mouth sounds. I continue the musical atmosphere with variations on my preceding phrases. Within these Pamina repeats her *typical theme*, instantly followed by Ms Kazakaiou on the temple-blocks.

- 10.34 Jenny plays the piano with her left hand. Her first two piano clusters sound as responding to Pamina's accentuated crotchet, considering their timing. Her following clusters retain the "one-note" motif. She plays in all nine spaced out crotchets. Her piano part is responded to and incorporated in the metallophone music that I continue. During this time Pamina repeats her *typical theme*. The whole group music sounds unified. It feels that the patients are making an effort to come to life.

10.57 Jenny plays her last cluster, one accentuated crotchet, and gets up from her chair. This seems connected to Pamina's characteristic *accentuated crotchet*. In other words, Jenny, here, is offering a variation to a part of Pamina's characteristic motif. In order to emphasise this, I respond with one accentuated crotchet on the metallophone and Ms Lovari plays a cymbal note.

11.00 Mutative Moment: The moment Jenny gives her final cluster on the piano, Sarah stands up from her chair and makes micro-steps on location. Her desire to stand up and her initiative, in doing so, to get help from someone next to her - this time from Ms Lovari - is something completely new for her, as such a gesture had never been witnessed before either in the music therapy sessions or throughout her life in the institution. This is a moment when a transformation has occurred clearly identifiable by all group members.

Ms Lovari invites her with soft cymbal notes and offering her the beater, but Sarah does not yet wish to receive a beater. She touches it and then withdraws her hands, rubbing the fingers of one hand against those of the other. During this time I repeat the initial metallophone theme, desiring to make a link, for the group members, with the preceding phenomena. With her little steps right and left and legs apart, Sarah looks like someone trying to balance her body on a thin rope.

11.17 Sarah's torso leans forward, while her right arm is lifted in the air and her left one is rubbing her trousers in the genital area.

- 11.19 Pamina's phrases continue, as she now creates three quavers followed by the accentuated crotchet. Ms Kazakaiou accompanies her as before, while Ms Lovari continues her cymbal invitations.
- 11.28 Wishing to address the whole group's touching effort to come to life and meet, I go to the piano. Jenny is still there and moves her head right and left as soon as I arrive there. Incorporating this rhythm into the melodic translation of Pamina's phrases, I play gentle music. To this gentleness, Ms Lovari adds a soft cymbal accompaniment, while the still continuing dialogue between Pamina and Ms Kazakaiou on the temple-blocks fits well into the group music.
Jenny feels all the more present, while producing some almost inaudible sounds with her mouth. Slowly-slowly she turns her head towards me and embraces me, putting her right hand around my neck.
- 12.08 The music is still continuing, when she pulls my head against her face and kisses my head and my hair tenderly.
- 12.36 Then she gets hold of my right hand and kisses that too. This was her first expression of affection towards me. I remember feeling touched, amazed and guilty for reasons that are discussed in the main text.
Ms Demetriou is accompanying the tender moments with metallophone glissandi.
- 13.00 Ms Lovari is now playing the cymbal standing up, in order to be closer to Sarah.
- 13.21 Sarah seeks the support of Ms Lovari by searching for ways to hold her hand firmly; and Jenny plays a soft accompanying cluster on the piano.

While Ms Lovari is feeling proud for inviting Sarah's trust, the latter is making a few steps, her hand leaning on Ms Lovari.

- 13.35 This is the time when Pamina ceases her mouth-produced phrases and stretches for the tambourine. Ms Kazakaiou receives her message and offers her the tambourine.
- 13.37 At this point Sarah makes a murmur and rubs her genital area with her left hand.
- 13.50 Pamina, instead of receiving the tambourine, begins to hyperventilate, moving her hand and head in doing so.
- 14.25 At the other side of the room Jenny is swinging the gong. There is a climax of expressed intensity in the room during these moments, and I translate this into the piano music. Ms Kazakaiou accompanies with continuous two-note motives on the temple-blocks.
- 14.52 Sarah lets go of, and then re-finds Ms Lovari's hand. Pamina stretches for the tambourine again, Ms Kazakaiou offers it to her, but she refuses it once more.
- 15.19 Now I invite all carers and we add together a vocal part to the piano music. There is sadness in the music, expressed through falling melodic phrases formed upon the steady pulse of a modal harmony. To this Pamina and Jenny set off for some free-floating movement around the room in parallel manner. The first one turns her wheelchair in rhythmical movements towards the synthesiser; the latter moves the gong in similar movements to Pamina's wheelchair movements.
- 16.48 Sarah lets go of, and then re-finds Ms Lovari's hand, looks distressed and rubs her genital area with her left hand. Her vocalisations are instantly incorporated into the piano music. Then she assumes her smile again.

- 17.01 Jenny heads for the synthesiser; she plays a note and then walks around parts of the room.
- 17.35 She grasps a maracca and swings it to the rhythms of the group music; soon she adds a further swing of her own head from right to left. Apparently Jenny and Pamina have become alive and safe enough, so as to feel a freedom for some movement around the room. There is an apparent air of indifference between them, while their movements close to each other or in similar directions, indicate relatedness.
- 18.11 The piano music ends.
- 18.14 I place the base-drum in front of Sarah, who is now seated in her chair. At the same time Ms Kazakaiou whispers to Ms Lovari to get the base-drum close to Sarah.
- 18.35 I offer Sarah a beater, but she prefers to seek the firmness of Ms Lovari's hand, as she gets up from her chair.
- 18.47 Ms Lovari plays one base-drum note with her right hand - her left being held by Sarah's right hand - and Sarah stretches her right hand to take it but withdraws and grasps Ms Lovari's left hand again. Ms Kazakaiou whispers to Ms Lovari to offer the beater to Sarah.
- 18.58 Through Ms Lovari's hand Sarah half gets hold of the beater and instantly lets it drop on the base-drum.
- 19.00 A soft laughter sound follows the drop. Ms Lovari picks up the beater and, the moment it is in her hands, Sarah grasps it again with her left hand and drops it on the base-drum.
- 19.08 Another soft laughter sound comes from Sarah as she clasps her two hands together, the moment after she has dropped the beater. Pamina turns her head towards the

sound.

- 19.09 Ms Lovari picks up the beater and tries to give it to Sarah, but Sarah refuses to receive it, and instead her right hand searches and gets hold of Ms Lovari's left hand again.
- 19.16 Ms Lovari plays one base-drum note with her right hand. She offers again the beater to Sarah through her left hand that is being held by Sarah's right, but Sarah still prefers to cling to Ms Lovari's hand.
- 19.22 Ms Lovari plays one soft base-drum note and repeats her offer of the beater to Sarah as above. Sarah touches it, withdraws and then, while the beater is again inside Ms Lovari's left hand - the same hand that Sarah was holding - she quickly makes it drop again.
- 19.33 The laughter sound is repeated - this time it is louder than the previous one - and Pamina turns her head towards it again.
- 19.34 There follow a few seconds of hesitation, Sarah being ambivalent between holding Ms Lovari's hand, or receiving the beater from her.
- At the same time Ms Kazakaïou reaches the synthesiser, and Pamina begins to move around her wheelchair. The slow rhythm of her hand movement on the wheels gives the "basso continuo" of the group music. This is further invested by Ms Kazakaïou's music in the synthesiser.
- 19.42 I add to this investment with music at the piano. Sarah's ambivalence between receiving the beater and holding Ms Lovari's hand continues.
- 19.43 Sarah again rubs her genital area with her left hand. This is followed by some laughter sounds. In the meantime the long notes, played by me on the piano and Ms Kazakaïou on the synthesiser, in the slow rhythm formulated by following particularly Pamina's forward push onto the

wheels, gives the space for all patients to create whatever comes to their mind.

20.28 There are a few sounds from Jenny, and their pitch gets incorporated into the piano music.

20.43 There is a scream from Sarah during the moment of her ambivalence between receiving the beater for the throw or remaining in grasp of Ms Lovari's hand. While emitting it she stretches her hands backwards and then brings them together, so as to clasp one another. This horror-sounding scream is turned softer in the piano music, so as not to frighten her even more. All along her mouth is stretched to the smiling-laughing position, with in-between seconds of drawing back into dire seriousness.

20.50 My responding phrases to Sarah's scream come to a close, when she rubs her genital area with her left hand, while her right hand gets hold of Ms Lovari's left hand.

21.25 Our slow-moving music continues as steadily as Pamina's wheelchair pushes; her struggle though, as it reveals itself through every push, is also made softer in the music, though retaining the sadness. Sarah continues her hesitation about receiving the beater, and lets out some murmurs, which get incorporated in the piano music.

21.31 With her right hand Sarah searches for the beater from Ms Lovari's right hand and drops it on the base-drum. There follows her laughter sound and the rub of her genitals with her left hand.

21.34 Ms Lovari collects the fallen beater and, within the context of the continuing music, the same sequence is repeated a few times: Ms Lovari collects the fallen beater, Sarah hesitates, drops it with her right hand and instantly searches for Ms Lovari's hand together with emitting a laughter sound. Most of the times her left

hand rubs her genital area just after a throw. Sometimes the fall is not directed towards the drum, but, whether she is aiming at missing it, is not yet clear.

22.55 On the fourth moment of this sequence, Ms Lovari seems tired of repeating to bring back the fallen beaters. Sarah then stretches her hand for the teddy-bear, which was placed by Ms Lovari on the wall next to her the moment Sarah decided to stand up from her chair.

23.35 Realising Sarah's search for the teddy-bear, Ms Lovari offers the beater to Sarah again. Jenny makes a high-pitched sound at this point.

23.40 Immediately after that Sarah throws the beater - this time on the floor and not on the base-drum and makes a laughter sound after the throw.

23.48 Sarah throws one more beater on the floor, followed by her laughter and the rubbing of her genital area with her left hand. In the meantime Jenny lets out a few sounds; and Pamina explores more of the space around her, reaching close to Sarah and Ms Lovari, or towards the piano. In doing so, she swings her head slowly from right to left, as if it is still not safe enough for her to expose herself to such closeness.

24.00-25.15 In this session, this was the time of the goodbye song and music. Eventually the sessions lasted for thirty minutes and this goodbye music would occur around the twenty-eighth minute. A few times Sarah rubs her genital area, while Pamina keeps rolling around the room. Her circles become bigger and with her leg she hits mine, just after addressing her name with the relevant phrase of the goodbye song.

B.2 THE SESSION OF JULY 29, 1994

Ms Lovari was absent. The placement of instruments and the sitting position were the following:

	Ms Nicolaou	Ms Antouna	Sarah
Xylophone	Cymbal	Metallophone	Base-drum
Temple-blocks			
Jenny	Tambourine		Ms Kazakaiou
Door			Tambourine
			Window
Anthi Agrotou			Pamina
Bongo-drums			Synthesiser
Gong - Tambourine	Piano	Mr Loizou -	Camera

Transcripts of the session:

Minutes

Description of events

0.01

Pamina enters in a sleepy state and Sarah holds firmly with her left hand a small teddy-bear and places it underneath her chin. Initially she does not wish to sit down, but does so after Ms Antouna's encouragement. The moment this happens, she begins fiddling her right hand's fingers over her chin and left cheek, her eyes bearing less of the horror intensity, which is particularly manifested during the beater-throwing moments. Jenny sits in her usual posture with her two legs wide-open and looking around the room as if indifferent of the people existing in there.

- 0.18 - 0.31 Before even twenty seconds pass from their entry time, Jenny sings three soft, two-note phrases, with one note in all of them of long duration. They have a quality of openness and seem to raise Pamina's head from its stooped posture, as she lifts her head to face Jenny.
- 0.31 - 0.36 However, Jenny's subsequent high-pitched tongue sounds convey a feeling of isolation and it may not be coincidental that it is after hearing these that Pamina drops her head again and resumes her drowsy state. During this first minute of the session I sit next to Pamina, as Ms Kazakaiou was not yet able to be present. With soft touches on the tambourine from my part, soft cymbal vibrations played by Ms Nicolaou and a few base-drum notes played by Ms Antouna, we try to create a background of sound and silence; a background of waiting and inviting at the same time.
- 1.17 Within this background all patients remain quiet for forty seconds, before a repetitive series of mechanically-produced mouth movements and sounds come from Jenny. Similarly to Sarah, she is immersed into sensual, bodily micro-movements: fiddling her chin or her breast with her fingers, or kissing and smelling parts of the beater.
- 1.31 I make a reference to Pamina's *mouth repertoire* on the temple-blocks.
- 1.43 Ms Kazakaiou enters and takes her position next to Pamina. I now sit next to Jenny and play the bongo-drums.
- The sounds created by the carers and myself during this *first, rhythmical part* of the session reflect also the sensuality of the patients' gestures. The soft timbre that I produce on the bongo-drums in the rhythms that follow

Jenny's fiddling mouth, and the low-sounding cymbal touches coming from Ms Nicolaou, are both mirroring and inviting the patients.

2.47 Towards the end of the third minute, and amidst Jenny's isolating sounds, Sarah decides to stand up by leaning her right hand on Ms Antouna's left hand. Her rise raises Pamina's head upwards.

3.14 Jenny comes now with a clear musical phrase with her voice, created in a lively moderate tempo. Her face still retains its usual "far-away" expression, only that during the singing moments it is almost laughter-like.

3.18 - 3.48 Her musical phrase is followed by intermediate phrases, questionable as to their communicative quality: for the notes, though similar to those of her musical phrase, emanate sometimes from her open vocal cords and sometimes from closed vocal cords. In the latter case, the openness seems to disappear in the same way that the voice's passage through the closed cords damps the sound's colour. I support her singing with lively rhythms on the bongo-drums, at the same time accompanied by Ms Nicolaou's soft cymbal touches.

3.54 Soon the isolating mouth sounds ensue, with their mechanically repetitive character in terms both of sonority and manner of production. On the bongo-drums I reflect the fast rhythms and obscure timbre of her isolating sounds, again accompanied by Ms Nicolaou's soft cymbal touches. Ms Antouna offers the beater she is holding with her right hand to Sarah, but Sarah prefers to keep holding Ms Antouna's left hand.

4.27 - 4.30 Jenny's musical phrase appears once more now briefly in variation and once more I reflect its rhythms on the bongo-drums.

- 4.40 Jenny again produces repetitive mechanical sounds with her mouth. In this atmosphere Pamina falls asleep.
- 5.07 Jenny touches the xylophone behind her and Sarah lets out a vocalisation at the same time. I share for some seconds the xylophone with Jenny, reflecting on it her mouth sounds. Ms Antouna supports this with some soft metallophone notes and Ms Nicolaou with soft cymbal touches.
- 5.52 Jenny turns and gathers her body on her chair, her legs closed together on the chair and her arms embracing her legs. Perhaps she is in this way withdrawing even more from the group.
- 6.29 At this point it feels appropriate to enrich the group atmosphere with melodic sounds. This is so as to offer the group an optimal level of arousal and stimulation. My first piano notes refer to Jenny's low-sounding, repetitive repertoire, as it was through this that the ambience in the group was most manifested. Soft notes in the upper register, being repeated at an octave's distance in rhythms and tempi that followed those of Jenny, intended to translate the "far-away" quality of the group's affective state, as well as the sensual repetitiveness that shrouded all feelings. This music also intended to address and make a reference to Pamina, who was asleep.
- 6.43 Fourteen seconds after my first piano notes Sarah enters with her own vocalisations: complaining-like sounds in a face highlighted now with intensity en route to the expression of horror. Her lips have already assumed the static position of her formulaic smile, before her voice, like that of Jenny's previously, is let out from the origins of her closed cords. With phrases in the middle register I

reflect her speech-near utterances, following their pitch, melodic direction, volume and length of phrase. Her phrases and mine in the middle register instantly assume a form approximating that of a dialogue. All along I keep the upper register octave repetitions as references to Jenny's continuous part, which now sounds as a secondment to Sarah's: mechanically-produced mouth movements and sounds.

This is the first time that the two parts, that of Jenny and that of Sarah, are clearly stated simultaneously, and here, by responding to each part through a different hand of mine on the piano, I am making an attempt to link the two parts together into one musical form. The carers make very little musical contributions - a few brief, soft phrases from Ms Nicolaou on the cymbal or Ms Antouna on the metallophone. [Note that Ms Antouna so far only uses the metallophone's first three notes]. Yet, these merge unobtrusively into the group sounds.

7.33 Amidst her above-described mouth sounds Jenny gets up from her chair, having first fiddled with the xylophone keys. She touches the cymbal's surface before walking to the piano.

7.45 Jenny is sitting on the piano stool next to me. Her mouth repertoire ceases for approximately a minute, the time it takes her to do the following:

8.06 she slowly pulls my head towards her and kisses it. This is becoming a part of every session and it is already beginning to feel somehow like a pilgrimage: as if the mystically-transmitted energy from my head to hers allows her to put her own hands on the piano a minute later, at *10.04*.

8.34 Jenny starts her soft, mechanically-produced mouth

sounds, interspersed by a soft, open vocalisation. All along this time she keeps still on the piano stool.

- 10.04-10.20 When Jenny plays the piano now, her few, long, low-register clusters sound connected to Sarah's still continuing murmurs, in terms of the underlying darkness.
- 10.24 A few fast, descending clusters that Jenny plays through my hand and she walks towards the window. Sarah's sounds decrease in frequency and intensity as Jenny's increase during these moments. I continue the same musical piece, still linking their two parts together, shifting my phrases so as to match theirs, in whatever form they may appear.
- 11.03 At this point Jenny's repetitive vocalisations become clearer, louder and assume, in their repeated re-appearances varied forms: now they are high-pitched and bubbling-sounding, followed by swings of her head.
- 11.20 Jenny sits on the floor underneath the synthesiser and is about to immerse herself into more kinds of repetitive vocalisations:
- 11.52-11.59 a normal-pitched "Eh" scream produced from closed vocal cords;
- 12.02-12.09 normal-pitched bubbling sounds [ti-pa-ta, ti-pa-pa], also produced from closed vocal cords;
- 12.25-12.30 a similarly-produced long "Ah" scream followed by
- 12.35 her soft, mechanically-produced mouth sounds.
- 12.50 Ms Nicolaou goes near Jenny.
- 12.56-12.58 Jenny continues her vocalisations with a staccato series of "Eh" screams;
- 13.04-13.13 again she lets out a long, normal-pitched "Ah" scream, emanating from closed vocal cords.
- 13.24 Now Jenny is told by Ms Nicolaou to raise from the floor

underneath the synthesiser, where she had been sitting for the last three minutes. Jenny falls into silence at this moment.

- 13.35 At the same time Sarah emits two screams from her frightened eyes.
- 13.50 Sarah's second scream, occurring now, is more poignant than the first.
- 13.56 Just after Sarah's second scream, Jenny emits high-pitched bubbling sounds [ah - ti-pa-pa, ti-pa-ta], firstly with her vocal cords open , but soon, while uttering the same vocalisations, she closes her vocal cords. Her vocalisations eventually decline into her soft, mechanically-produced mouth sounds. All these coincide with Sarah's vocalisations, which are now of increased volume.
- 14.33 For very brief I accompany the piano music with my voice. The initial intention was to be closer to Sarah and Jenny, since their part had been almost purely vocal. However Sarah's sounds become softer and more scarce, and Jenny's soft mouth sounds even more inaudible. This was a defensive use of the music on my part. By prolonging my responses to Sarah and Jenny I do not leave enough space to be fully exposed to their repertoire, its heaviness and stagnating qualities. The result is that my music becomes "stuck" as well. With Sarah's apparent readiness for her beater-throwing episodes, indicated by her dropping a beater on the base-drum twice, this section comes to a close with declining piano phrases, which refer to these throws.
- 15.45 Ms Antouna places the base-drum nearer to Sarah and plays a few notes herself with her right hand, her left

being held still by Sarah's right hand.

- 16.00 Sarah sets off for her beater-throwing episodes. Though very similar to those described in the session of July 15, 1994, her episodes in this session contained also new elements, which will be described very soon. One new element is the apparent indifference as to where the beater is going to fall and the absence of hesitation about receiving the beater, once her mind is decided about it. So here, without looking at the beater, she takes it from Ms Antouna's hand with her left hand and lets it drop. Her right hand is still holding the teddy-bear. A false laughter and her rubbing of her genital area follows the drop, as before. Only that in this session, the rubbing is always done by her right hand - the hand that drops the beater - perhaps because the other one is occupied with holding the teddy-bear.
- 16.15 In answering her third throw on the synthesiser with pensive music she ceases her *mock laughter* and looks serious.
- 16.27 Jenny instantly pours out loudly her closed-cord repetitive [bubbling] vocalisations, [including "ti-pa-ta, ti-pa-pa"].
- 16.29 Within two seconds Pamina, who had seemed asleep so far, suffers a petit mal seizure. Amidst Jenny's above-described sounds I speak to Pamina about what had happened to her. Pamina's body rises and then drops.
- 16.50 As soon as I finish talking to Pamina, Jenny sings a variation of her initial singing tune [0.18-0.31].
- 16.58 I try to continue in slower tempo the music I was playing before on the synthesiser, so as to provide continuity both for Pamina and for the rest of the group.
- 16.59 Instantly Sarah resumes her beater-throwing on the base-

drum in the manner described above.

- 17.27 In the meantime Jenny, as if carrying with her a forceful anxiety from Pamina's fit, goes towards the piano and the gong and challenges both instruments with potential damage.
- 17.46 While in the act of pulling the piano's chords, her hand being inside the piano, Jenny emits a high-pitched, staccato vocalisation.
- 18.30 Ms Kazakaiou tries to reduce Pamina's anxiety when she wakes up by physically being tender to her.
- 19.00 On being prevented from doing damage to the gong, Jenny emits another high-pitched, staccato vocalisation. Then she sits on the floor next to the gong and starts producing her soft, mechanical mouth sounds and movements.
- 19.12 For the following moments Sarah brings repetitively a new element to her beater throwing episodes: she literally passes the beater from her genitals before throwing it on the drum.
- 19.20 The same behaviour is again repeated, but now it is clearer that she wishes to let the beater drop from her genital area.
- 19.30 She repeats the same behaviour exactly as above.
- 19.53 I take the temple-blocks close to Ms Kazakaiou and indicate to her, through playing a phrase, to use it to remind Pamina her *mouth repertoire*. This is because the *mouth repertoire* had, so far, been Pamina's only communicative repertoire in the sessions.
- 20.07 Before Ms Kazakaiou plays her first phrase, Jenny emits an "Eh" scream from her closed cords, which lasts for ten seconds.
- 20.08 Ms Kazakaiou starts playing on the temple-blocks phrases that translate Pamina's *typical theme*. Her phrases here

are similar to those of the session of July 15, 1994, when Pamina firstly brought her *mouth repertoire*.

20.17 Jenny turns to her "ti-pa-pa" bubbling vocalisations.

20.23 Mutative Moments: In spite of all the havoc produced by Jenny's vocalisations and Sarah's repeated false laughter, Pamina listens. Indeed she absorbs all messages and turns her heavy, dropping head towards Ms Kazakaiou. Her hand is lifted, placing her palm in front of her mouth, thus indicating her intentions [her *mouth repertoire* was always created on her palm; see session of July 15, 1994].

20.27 Ms Kazakaiou, surprised and moved, restates her known translation of Pamina's repertoire on the temple-blocks with precision and clarity. Under the intense emotions of the moment she remembers exactly how it goes.

20.35 Pamina succeeds in creating her characteristic *accentuated crotchet*, through pressing and pushing her tongue on her hard palate, in exact synchrony with Ms Kazakaiou's remembered translation of that note.

20.36 Thrilled and deeply moved, Ms Kazakaiou caresses Pamina's neck and quickly returns to the sounds of the temple-blocks.

All along Pamina's awakening Jenny and Sarah continue their parts with increasing intensity, as if there is an antagonism about who is to domineer the space.

20.36 For example, at this point, Jenny emits bubbling sounds from open vocal cords, followed by similar sounds from closed vocal cords.

20.53 Desiring to help the whole group acknowledge Pamina's moving return to life and her trust to the group - or, at

least to Ms Kazakaiou - as well as wishing to transmit to Pamina the group's recognition of what she had just done, I now accompany and expand Ms Kazakaiou's temple-block reflections of Pamina's *mouth repertoire* with piano phrases.

21.26 Not surprisingly Pamina comes in with her *typical theme*: four quavers created with her tongue inside her mouth before *the accentuated crotchet*. Sarah's and Jenny's sounds feel disturbing during these moments, as if producing an enclave on Pamina's space. With long chords I try to contain all the patients' sounds: Sarah's false laughter following her continuing activity of dropping the beater; and Jenny's vocalisations, which include the following:

21.45-21.48 normal-pitched bubbling sounds, produced from closed vocal cords;

21.50-21.52 very high-pitched bubbling sounds;

21.56-22.08 long sounds emanating from her closed vocal cords;

22.17-22.21 repetitive [bubbling] sounds emanating from her open vocal cords;

22.26-22.29 high-pitched, staccato screams;

22.33-22.41 repetitive [bubbling] sounds from her closed vocal cords;

22.43-22.45 bubbling sounds from her open vocal cords;

23.03-23.05 her singing tune - the one she sang at 0.18 - 0.31, but springing forth from her closed vocal cords;

23.39-23.44 again, the same singing tune from her closed vocal cords.

The continuing piano chords are interspersed with rhythmical motives as references to Pamina's *mouth repertoire* and are accompanied by some phrases from Ms Kazakaiou on the temple-blocks, which reflect Pamina's *typical theme*. Amidst this Pamina falls asleep.

23.45 At this point I stop playing and all members suddenly fall

into silence; even Jenny now reduces her output to soft, mechanically-produced mouth movements and sounds. It is a meaningful silence, perhaps a silence of sudden awareness of what had happened. Thus we remain for approximately half-a-minute until the goodbye song.

24.11-25.16 Apart from some murmurs from Sarah, and a scream at the beginning of the goodbye song, all patients were quiet during the goodbye song and music.

B.3 THE SESSION OF AUGUST 5, 1994

Pamina was absent, as she had gone to visit her family for the summer holidays. Among the carers Ms Demetriou, Ms Lovari and Ms Nicolaou were absent. The placement of instruments and the initial sitting position were the following:

Ms Kazakaiou	Ms Antouna	Sarah
Xylophone Metallophone Tambourine	Base-drum	Temple-blocks
Jenny Bongo-drums		Anthi Agrotou
Door		Window
		Tambourine
Gong - Tambourine Piano	Mr Loizou - Camera	Synthesiser

Transcripts of the session:

<i>Minutes</i>	<i>Description of events</i>
0.01	<i>Soft autistic sounds</i> are made by Jenny in bursts and pauses. Ms Antouna plays a few base-drum notes for Sarah. Sarah stretches for my beater, as I am sitting on her left, and then for Ms Antouna's hand.
1.00	Sarah stands up by holding Ms Antouna's hand. Her standing up posture seems more secure than before. Having looked around towards all the other members, with her hands clasping one another, she embarks on the beater-throwing episodes half-a-minute later.

- 1.30 For her first throws, Sarah takes the beater from Ms Antouna's hand with her right hand, and after every throw she searches to hold Ms Antouna's hand with that same right hand that had just thrown the beater, while the fingers of her left hand fiddle with each other or with her cheek.
- Her *mock laughter* is very soft-sounding and of a much lesser intensity than in all previous sessions. On the temple-blocks I respond to the falling quality of Sarah's sounds, while Ms Antouna returns the fallen beaters to her.
- 2.26 By now it becomes obvious that Sarah aims not only at creating a sound on the drum, but also at missing the drum during her throws. This seems to be connected here with the beater that Sarah had dropped and I returned to Ms Antouna, so as to give it back to her. Sarah chooses to throw this beater towards me with her left hand.
- 2.27 Jenny, in her usual sitting posture with both feet wide open on her chair, produces more pronounced *soft autistic sounds* at this point. The more Sarah attracts attention, the more Jenny looks indifferent. At the same time, she is also using one of her hands in order to fiddle with the skin of parts of her face.
- 3.22 It is here clear that Sarah uses her left hand to direct the beater, handed by me to Ms Antouna, towards my feet, as I am still sitting on her left [whereas she throws the other beaters collected by Ms Antouna from the floor with her right hand]. After the throw, she rubs her genital area with that same left hand [whereas after the other throws with her right hand she searches to hold Ms Antouna's

hand].

- 3.33 The same is repeated, i.e. Sarah gets the beater that I hand to Ms Antouna with her left hand and throws it at my feet and then rubs her genital area with that same left hand.
- 3.42 I go to the gong and tambourine, so as to respond to Sarah's sounds from there. She continues her throws the same way, while all other members are silent.
- 3.50 Sarah gets the beater from the base-drum - and not from Ms Antouna's hand - and throws it to the floor.
- 3.57 Sarah throws the beater at Ms Antouna's legs and then searches for her hand.
- 4.27 Sarah continues to throw the beaters on the base-drum.
- 4.36 As usual, the seconds during which the surface layer of her false laughter disappears, Sarah looks horrified.
- 4.40 Sarah continues to throw the beaters to the base-drum.
- 5.20 Sarah sits down and, as she fiddles her left hand's fingers over her neck's skin, her smile reverts into painful seriousness for a few seconds.
- 5.36 The static smile resumes its position yet again, when she is given a maraca by Ms Antouna, which Sarah receives and throws to the floor towards her left side.
- 6.08 She is once more on her feet and back to similar beater-throwing episodes as mentioned above.
Jenny has become quite still, with the end of the beater inside her mouth, but obvious being the signs of a pent-up anger inside her.
- 7.13 On the seventh minute I go to the piano.
- 7.15 In anticipation of my first phrase Sarah emits a vocalisation, a complaining-sounding, falling voice, with a

mixture of pain, followed by a falling beater. I play an expansion of her voice, colouring my fallen, brief phrases - which take a rest in long notes - so as to translate her vocal output.

- 7.31 Only fifteen seconds of these phrases are heard, and during a long note rest Jenny's face suddenly brightens up. As if she now comes to life, she gets up and moves towards the piano.
- 7.36 I repeat the theme, adding a variation by playing a note on a trill - an unconsciously remembered reference to Jenny's head-swings, which often arise when she likes the music.
- 7.40 Indeed, a head-swing follows immediately after the trill, indicating that there was an immediate, unconscious - or, preconscious - communication.
- 7.42 In response I repeat yet another variation of the theme including a trill and wait on long notes.
- 7.53 Jenny's ritual of kissing my head [preceded by *autistic sounds* "tsou, tsou"], and Sarah's brief phrases are accompanied by the same continuing music, music that also conveys messages of waiting for whatever may come from them. Instead of playing the piano, as usual after her ritual, Jenny kisses it amidst her *autistic sounds* [including "tsou, tsou" sounds]. These I incorporate in the piano themes.
- 8.49 In a few seconds Jenny goes to the metallophone and plays it with her hand.
- 8.53 It seems that she would desire, in this way, to create music, but fails to do so, as she is not yet aware of the beater's use in metallophone playing. Her ensuing vocalisations are perhaps a kind of substitute of her

- 9.04 desired sounds - or, a conveyance of her frustration - and as I respond to them she sits on her chair. It is possible that the syllables coming from her mouth in near-singing intonations, "ti-po-po, ti-pa-ta", refer to the Greek word "tipota", which means "nothing".
- 9.11 The piano music continues its thematic content though incorporating all sounds and movements emerging from both patients. Yet the phenomena that followed from this point onwards were beyond all expectations.
- 9.24 Sarah stands up by holding Ms Antouna's hand only seconds after Jenny sits down immersing herself into her head-swings. She throws a beater onto the base-drum and emits a two-note vocalisation. This seems to put an end to
- 9.36 Jenny's head-swings, as she slowly turns to witness with her own eyes the doings of Sarah. This was the first time that Jenny showed an interest and an awareness of another resident.
- 9.47 The piano music attempts to follow everything in detail, including the tempo of mystical suspense evoked by Sarah's micro-steps around the base-drum, heading towards the piano. This was the first time ever that Sarah walked on her own!
- Ms Antouna walks around the other side of the drum to get hold of Sarah's left arm and help her towards anywhere she would desire to go. Thus Sarah makes a few more steps in the direction of the piano area.
- 9.55 Her arms tensely bent in front of her body, her fingers fiddling with one another, in a manner of seeming triumph

Sarah gazes towards Jenny.

- 10.00 Jenny instantly stands up and, leaning on one foot with head bent sideways, she withholds her intentions for a few seconds: a theatrical confrontation.
- 10.04 The moment Jenny makes her first step towards them, Sarah makes a corresponding step towards her on her own, rubbing one hand of hers against another.
- 10.08 In seconds Jenny walks towards Ms Antouna, and anticipating the imminent struggle, Sarah turns her body towards Ms Antouna and passes her hand on the latter's dress near the genital area, perhaps claiming thus her possession of Ms Antouna.
- 10.15 However, Jenny does the feared act: she gets hold of Ms Antouna's left hand, and as each patient touches a different hand of hers, though facing opposite directions with their body, it seems as yet one more theatrical scene - the scene of an ancient drama.
- 10.20 In seconds, but abruptly, Jenny turns the other direction, facing the piano, and pulls Ms Antouna's hand to follow her. Sarah's intense, but feeble hand, succeeds in its second attempt to hit off Jenny's hand from that of Ms Antouna's.
- 10.26 With *soft autistic sounds* Jenny walks to the piano and touches me. In the meantime Sarah makes a few more steps on her own towards the piano, her smile and eyes already in their known paradoxical relationship.
- 10.46 Jenny returns to reclaim Ms Antouna's hand and
- 10.50 lifts it up provocatively. The gesture evokes a soft, rising, *mock-laughter* sound in Sarah, while to Jenny's ensuing
- 10.55 head-swings she responds with a similar, but dropping

sound.

11.00 Taking along her head-swings Jenny lets go of Ms Antouna's hand, as she now walks away towards her original position.

11.04 She reaches the metallophone and with both hands leaning on its frame, she remains there.

11.05 Sarah, unaided, walks behind her for a few steps, before pausing for some seconds - seconds of meaningful stillness emanating from the whole group.

11.27 Then she turns her body towards Mr Loizou, the cameraman, and with her new, autonomous gait walks close to him, before heading for her ultimate destination, the piano. This has been her longest and most daring initiative, of great importance for someone who was never known to have walked alone in a lifetime. The traits of her postures and movements seem now even more poignant: her legs are wide apart and looking outward, feebly connected to her stooped torso, and so are her arms, in spite of her fingers' continuously-flowing energy channelled in the act of rubbing one another; her steps are so small, like those of a Chinese doll - though hardly sharing its grace; steps that seem to be tracing the path of a thin rope. All along Ms Antouna has been offering a physical and a psychological support at the most appropriate level: by being physically close to her, in case she would need her; gently offering her hand, but never pressing it; trusting her fully the moment she decided to walk on her own.

Sarah's moving successes are continuously given a musical form on the piano. The moment Sarah reaches

the piano, Jenny takes the tambourine off Ms Kazakaiou's hand.

11.34 With Sarah's first notes on the piano - two clusters in the lower register, the second more accentuated - Jenny takes Ms Kazakaiou's hand and pulls her to the door. The latter gives her a beater in a desire to communicate to her that it is not appropriate to leave the room.

11.45 Jenny drops the beater and

11.51 opens the door.

11.52 Sarah responds with a vocalisation that sounds like a dampened scream, at the same time passing her left hand from her genitals - the same hand which had just struck the piano keys. The music still continues in long, waiting notes, also incorporating references to Sarah's two-note phrase in the low register.

12.04 In a few seconds Jenny returns and

12.06 Sarah passes her left hand once again from her genitals

12.12 before using it to play a note once more, a soft, low-register note. By now Jenny is back on her seat, with legs wide apart on the chair, as is accustomed of her.

12.23 With Ms Antouna's initiative, she and I try to help Sarah sit on the piano stool. Jenny is all the time turning a sideways glance in our direction and

12.36 the moment Sarah is seated, she plays a five-note phrase on the cymbal next to her with her right hand [quaver - accentuated crotchet, quaver - accentuated crotchet, minim].

12.43 Sarah reaches for Ms Antouna's hand in order to get up,

12.47 and as soon as this happens Jenny lets out a high-pitched vocalisation of seeming pleasure, followed by head-swings

and *soft autistic sounds*.

- 12.52 While Ms Kazakaiou is softly reflecting and expanding Jenny's cymbal phrase with continuous two-note phrases on the tambourine [quaver - accentuated crotchet], Ms Antouna plays two long notes in the low-register of the piano, as if saying to Sarah that, even if she does not desire to be seated there, she may still continue her piano repertoire.
- 12.59 Sarah seeks for my hand, so as to let it drop in the low register before feebly playing herself one note in the same location.
- 13.02 Jenny's ensuing *loud autistic vocalisations* in the accompaniment of her head-swings sound as giving a response to Sarah. As these vocalisations rise in volume, so do Ms Kazakaiou's tambourine accompaniments. In a parallel manner Sarah's facial expression gets increasingly intense, the affective messages of her mouth and eyes moving in opposite directions.
- 13.08 With high-pitched dissonant chords I reflect this increase in intensity in the room,
- 13.13 and Sarah responds with one low-register cluster before
- 13.18 Jenny gives a direct answer to my chords by imitating the tempo with her high-pitched voice.
- 13.19 Sarah's complaining-sounding vocalisation now seems to be a response to those of Jenny, and as she lets it out her face assumes a true-to-life size in terms of pain and mournful grievance: the eyes revealing a piercing pain and fear, the lips falling to the position of wailing.
- 13.22 Long chords of mine now serve the function of holding the environment; at the same time Jenny plays a two-note

phrase on the cymbal and then resumes her *soft autistic sounds*.

- 13.28 Sarah assumes again her formulaic facial expression of false laughter the moment she leans on the piano keys to produce long, dissonant clusters in the low register.
- 13.33 I reflect their arpeggio quality, but adding more clarity, while she turns to look at my fingers playing;
- 13.44 at the end of my phrase, she instantly re-enters her arpeggio-like dissonant clusters in the form of two phrases in the low register.
- 14.02 She again turns to look at my response, all along her micro-steps on location helping her to remain standing there for that length of time. She is all the time giving her full attention.
- 14.11 Jenny has resumed her *soft autistic sounds*, accompanied softly by Ms Kazakaïou on the tambourine,
- 14.16 when Sarah wishes again to use my hand to play by letting it drop on the piano keys.
- 14.30 After a brief pause, she plays again her arpeggio-like feeble-sounding cluster; these moments [13.28-15.10 minutes] claim her first coherent and focused attention in a mutually creative exchange with another human being.
- 14.38 Another response from me,
- 14.40 a brief pause and
- 14.50 just as she puts her hand on the piano for her part, Jenny enters with *loud autistic sounds*, followed in rhythm by Ms Kazakiaou on the tambourine. Upon hearing her Sarah refrains from playing and
- 15.06 I play an octave in an attempt to both invite her and contain the environment.

- 15.10 Instead of playing, Sarah turns towards Jenny and with Ms Antouna's hand inside her arm, she walks close to her and stands there facing her.
- 15.13 Jenny, as if triumphant in that she has succeeded in putting an end - or, rather, in spoiling - Sarah's creations lets out high-pitched vocalisations, similar to those she emitted before, when Sarah could not remain seated on the piano.
- 15.17 I both enlarge and soften those vocalisations in the form of a musical phrase, attempting thus to include them in the group music. Alongside my phrase Jenny plays metallophone notes with a beater in synchrony to the piano notes. This is the first time that she appropriately used an object, which needed an intermediate object.
- 15.25 Some more *loud autistic sounds* come from Jenny and with her smiling face she puts the beater on the metallophone, raises her body from the chair and gets hold of Ms Kazakaiou's hand, having removed the tambourine away from her. [It is now obvious that she had urinated on her chair].
- 16.06 As Jenny lets go of Ms Kazakaiou's hand, so as to move and sit in the room's corner behind her seat, having emitted high-pitched piercing vocalisations, Sarah returns to her previous position in front of the piano.
- 16.17 Through the tambourine's soft rhythms Ms Kazakaiou is again making references to Jenny's *loud autistic sounds* - distantly reminiscent of her singing tune of the previous session;
- 16.21 at the same time, Ms Antouna plays a few low-register clusters, so as to remind Sarah of her own repertoire and

invite her back.

- 16.26 Instantly Sarah responds with a cluster
16.29 and I resonate that by creating a chord very similar to hers
in the middle register, just a layer above hers in pitch.
16.35 Ms Antouna enters three successive notes in the low
register and
16.40 Sarah is ready for her turn, when Jenny comes along to
grasp Ms Antouna's hand and move her away,
16.48 at the same time giving soft pushes onto Sarah's back - the
implied message being that she should move away from
the piano too.
16.51 *Soft autistic sounds* emanate from Jenny as she pulls Ms
Antouna towards the door and a dampened scream follows
from Sarah. While Ms Kazakaiou's references on the
tambourine give a continuity in the atmosphere and the
message that the phenomena can find a musical
translation,
16.57 Ms Antouna strikes a gong note the moment she is
dragged there by Jenny, conveying the same message. At
the same time my long chords on the piano are both
translating the sounds and providing space for whatever
may be initiated by the group. There are three piercing,
high-pitched vocalisations from Jenny [probably intended
for destroying Sarah's space], while Sarah is leaning on the
edge of the piano, motionless all along Ms Antouna's
absence and with an apparent worry until she should
return; for it is with an intensity that she is observing Ms
Antouna's fate.

- 17.15 Though Jenny reaches the door with obvious the intention of moving herself and Ms Antouna away from the room, Ms Antouna refrains from following and instead returns for another gong note, thus conveying similar implications as before. Jenny instantly returns and now comes to sit on the piano, choosing my right side as Sarah is still standing on my left side.
- 17.25 In no time Jenny is on my lap and emits her piercing high-pitched vocalisation before throwing her body on the piano keys. It is the same kind of piercing vocalisation that has, so far in this session, been connected to spoiling Sarah's creative space.
- Sarah is fiddling with her cheek, turning passing glances towards Ms Antouna for support, while I move Jenny away from my lap and indicate to her that she can sit on the piano stool on my right.
- 17.38 Accepting this, she plays two phrases in the piano's upper register accompanied by a vocalisation.
- 17.53 At the end of her second phrase Ms Antouna very sensitively plays again three successive notes in the lower register, conveying the message to Sarah, who has been rubbing the fingers of one hand over those of the other, that there is still space for her part, if she so desires. As she is still hesitating, Ms Antouna repeats a similar phrase in a slightly higher pitch.
- 18.03 Alongside this Jenny kisses my head and with *loud autistic sounds* she moves away towards her seat. Ms Kazakaiou is now making exact references to her vocalisations.
- 18.15 With Jenny away, Ms Antouna repeats her three-note phrase, thus giving one more encouragement to Sarah.

- 18.20 Sarah plays through my hand, by dropping it onto the piano's low register and I answer to the clusters thus created by playing single notes in the same dark colour - in other words by decomposing her material.
- 18.48 Now Jenny is sitting on her chair and after getting hold of Ms Kazakaiou's hand, she lets out piercing vocalisations while kissing her head.
- 19.24 There follow a few more exchanges between Sarah and myself in the manner just described above, before Jenny's *autistic sounds* become loud again and
- 19.33 evoke two dampened screams from Sarah's falsely-laughing face, as she lifts her head up. Her eyes turn again towards Ms Antouna, probably for support, and the latter, receiving the message,
- 19.42 plays a two-note low-register phrase. Meanwhile Ms Kazakaiou is responding to Jenny's fast vocalisations by equally fast and lively rhythms on the bongo-drums.

For approximately two minutes the two parts, that of Jenny and Sarah, manage to coexist. There is an inter-relatedness of blurred sounds between them, as Jenny's sounds are produced from her closed vocal cords. Ms Antouna's support, expressed either in the form of her sheer presence, or in her playing of a two or a three-note phrase in the lowest register, facilitates Sarah to remain at the piano and continue the creation of sounds. As before, she either "plays" by taking my hand and letting it drop onto the piano keys, or she actually places her feeble hands on the keys. Whichever way she chooses, there is a clear waiting time, wherein she concentrates in listening to

my responses or to Ms Antouna's encouragement. Thus Sarah's entries feel as part of a transparent communicative exchange, and such a phenomenon was never witnessed in her life in the institution.

Her notes are blurred and in keeping with the general demeanour of her personality, as revealed in the music therapy sessions. Her persistence to play the low register keys and the fact that it is on these that she chooses to drop my hands, indicate that these sounds are probably meaningful to her. It is for this reason, it seems, that my interpretation of these sounds, in the form of brief phrases or long chords that decompose her clusters, or Ms Antouna's single notes, just as simple in their creation as those of Sarah, are received as intrinsically kindred to her; and so she remains in creative concentration for such a length of time, apparently a completely new experience for her.

20.42 Within these two minutes Jenny's *loud autistic vocalisations* drift into concealing her singing themes, themes known to us from the previous session of July 29, 1994. Towards this change she may have been facilitated by the combination of Ms Kazakaiou's reflecting rhythms on the bongo-drums and my long, spacious chords on the piano.

The singing themes emanate from her closed vocal cords to begin with; they appear in vocal murmurs,
21.14 before she rises from her chair - at which moment Sarah, having played her last cluster, turns her body slightly towards Jenny followed by a few steps backward from the

piano.

- 21.22 As now more sounds come from Jenny's closed cords referring to her singing themes,
- 21.29 I respond to them on the piano. The music follows her rhythms, tempi, pitch, melodic direction, length of phrase and timbre very closely. It also conveys the tension of her voice, as it puts a stress in order to turn singing themes into mechanical vocalisations; and the greater the tension, the more she seems to have the need to accompany her vocalisations with head-swings.
- Upon entering my first two phrases in response to her, all along with Ms Kazakaiou's rhythmical accompaniment on the bongo-drums, Jenny ceases her phrases.
- 21.49 Along with my second response she sits back on her chair,
- 21.52 and at the end of my phrases she answers with a high-pitched "Ah" scream. This also gets responded by both Ms Kazakaiou and myself. One wonders whether that was a check on the accuracy of our responses to her.
- 21.56 More autistically-concealed singing follows with similar responses on our part. In the meantime Ms Antouna has moved from Sarah's left side towards the back of her right side and played from there a two-note phrase, so as to convey the message that the space for Sarah still exists.
- 22.11 At this point, after four exchanges with the piano, Jenny recedes into low-sounding *autistic vocalisations*, while Sarah seems uncomfortable as to her position. There is a silence from the piano part during these soft vocalisations
- 22.28 of Jenny, and seconds later she comes with the singing theme pure and direct.
- 22.34 Ms Antouna instantly follows with a three-note phrase in

the piano's low register, probably the result of an anxiety of hers, lest Sarah feels excluded from this part of the session. A high-pitched vocalisation from Jenny coincides with this, and together with Sarah's bodily bents of ambivalence and Ms Antouna's efforts to sit Sarah on the piano yet again,

- 22.45 Jenny turns a variation of her singing into high-pitched *autistic sounds*.
- 23.00 Another cluster from Ms Antouna in the low register, with Sarah now seated on the piano, is accompanied and followed for some seconds with *soft autistic sounds* from Jenny.
- 23.08 Ms Antouna makes a few steps backwards from Sarah's left side, as if prepared to accept Sarah's withdrawal at this point.
- 23.27 As a surprise statement Jenny's singing tune comes soon after in the form of a melody in three phrases. My piano responses reflect these phrases very closely, investing them with their characteristic softness. Soon my expansions and variations of her tune are accompanied by my voice, so as to be closer to her. While Sarah's glances, as she remains seated on the piano stool, shift to and fro, from Ms Antouna towards Jenny and Ms Kazakaiou, Jenny fills the space created by my music with *soft autistic sounds* and head-swings. Ms Kazakaiou is all the time accompanying with the bongo-drums.
- 24.20 Fifty-three seconds have passed from her last singing phrase and Jenny keeps still for yet another clear and musical phrase of the same tune. It is not coincidental that this phrase emerged during a group pause. At this

point Ms Antouna decides to leave Sarah's side and return to her seat, and Sarah emits a soft, complaining sound the moment the former reaches her chair.

- 24.30 In the meantime, together with my fresh expansions and variations to Jenny's last phrase, her vocal expansions coincide with mine for a few seconds, as if there was an unconscious shared understanding of the music's direction. The ensuing swings of her head and winks of her eyes give the impression that she is, partly at least, receiving the music inside her; but a part of her also seems desiring to block away the music or annihilate it. This hypothesis is further strengthened by what follows: having referred to her movements through rhythms and tempi that followed them, I repeat a reflection of the theme and
- 25.01 Jenny instantly pauses her head-swings and lets out a laughter sound, which falls exactly at the end of my phrase; it therefore appears as a laughter of recognition of mutuality.
- 25.04 I expand that laughter sound and she turns to listen to me; her following head-swings are much slower, as if desiring to cease and give space to the rest needed for listening. I play waiting chords, thus offering an optimal environment for her to enter her singing phrases.
- 25.24 She is hardly moving her head eighteen seconds later, when I restate the theme,
- 25.30 and again she lets out a soft vocalisation at the end of my phrase in recognition of its appearance.
- 25.36 During my answering phrases to that, she slowly begins her head movements again,
- 25.40 but pauses to hear my waiting chords and Ms Kazakaiou's

bongo-drum references to her movements.

- 25.44 Together with a murmur from Sarah she starts her swings yet again, which become more stressed rhythmically. Having reflected that change in the piano music and with some references from Ms Kazakaiou on the bongo-drums, Jenny pauses for one more statement of her tune:
- 26.12 she sings it in two phrases and this gets instantly responded to by me in the piano.
- 26.38 She seems to be listening to my responses for some seconds, before she gets immersed into head-swings that seem more isolating now, when one considers her far-away glance in these forty or so seconds.
- 27.07 Then she pauses yet again and
- 27.10 I sing a variation of the theme softly.
- 27.27 Her ensuing head-swings, accompanied by vocalisations, are all the more giving the impression that she has had enough and desires to stop. I make the mistake to continue and Ms Kazakaiou gives me scattered support on the bongo-drums. Jenny looks more and more withdrawn,
- 28.26 particularly the way she lifts her body from her usual sitting posture and turns it away.
- 28.37 It seems to be the end of her tolerance, when she gets up and shouts her "ti-pa-ta" vocalisations [sounding like the Greek word "tipota", which means "nothing"], perhaps telling us in her way that from that point onwards there is "nothing" that makes sense.
- 28.45 Jenny walks towards Ms Antouna in order to take her hand and pull her away, when I announce that it is time to say goodbye.
- 28.48-29.48 I remind the group of the coming three-week holiday and

the carers and myself sing the goodbye song. During the whole of the music and the song, Jenny sits on Ms Antouna's lap, while Sarah looks at them with persistency from the piano stool.

B. 4 THE SESSION OF OCTOBER 3, 1994

Among the carers, Ms Kazakaiou was absent and thus for the first 11.30 minutes of the session I was sitting in her chair near Pamina. The filming was done by Ms Frangoule. Ms Nicolaou has already dropped out. The sitting position and placement of instruments were now approximating their final form. Pairing is now obvious. The initial sitting position was the following:

Ms Demetriou Jenny	
Bongo-drums Xylophone	Temple-blocks
Cymbal	[Anthi Agrotou]
Ms Antouna Tampourine	
Sarah Metallophone	Pamina Window
Door	Synthesiser
Base-drum	
Gong-tambourine Piano Anthi Agrotou	Ms Frangoule - Camera

Transcripts of excerpts from the session:

Minutes Description of events

2.00-7.18 First excerpt

2.00-4.53 Everyone is quiet. Jenny makes continuous *soft autistic sounds* in her usual posture with her legs wide-open on her chair. Sarah is fiddling with her right hand over her cheek. There is a stillness in the room that lasts for very long time - approximately five minutes. This somehow characterises the session.

Ms Demetriou plays sporadically soft cymbal notes, bongo-drum touches or soft xylophone glissandi and Ms Antouna some tambourine strokes; I play a few two-note phrases on the temple-blocks, consisting of a quaver followed by an accentuated crotchet [a motif from Pamina's known *mouth repertoire*], or a phrase of soft single-note reiterations.

The carers' and my playing then, amidst long pauses of silence, was about respecting the patients' state, giving space for whatever communication might come from them, and for observing carefully their non-verbal language. At the same time, it was an invitation to them to come to life.

4.53 Pamina moves her wheelchair, some of her pushes being strong. To this I play the temple-blocks. She turns her head to the right, seemingly in order to hear the sounds that I play behind her. [Her main movement is backwards, and she ends up still with her back to me, yet nearer to my position, while the rest of the group is partly to her back and partly to her right side].

Jenny watches Pamina's movements and some thirty seconds later gets hold of Ms Demetriou's hand briefly. Sarah now looks towards the direction of Ms Antouna, and towards other members of the group, but not on the level of the face.

6.35-7.18 Jenny begins swinging her head and creating sensations on her palm [autistic rituals], while smiling and amidst her continuing *autistic soft sounds*; and Sarah feels her neck with her hand, while looking around.

15.21- *Second excerpt*

21.36

15.21-15.23 Pamina turns her head to the right, towards the group.

15.26 Pamina's first big move with her wheelchair: she pushes herself backwards with a long movement. To my sustained piano notes, she turns her head towards me, before finally turning to face the window, turning her back to the group.

At the same time, Ms Antouna plays a three-note metallophone phrase.

15.35 Jenny swings her head making *soft autistic sounds* and holding a beater, at times swinging that too. She gets hold of Ms Demetriou's hand and immediately drops it to get up. She instantly returns to her seat with "hhe" sounds and briefly gets hold of Ms Demetriou's hand again, together with swinging her head. Her *soft autistic vocalisations* sound like hissing sounds ["hhhhee"].

15.58 I open the window, thinking that Pamina may have needed it to be open. Ms Antouna plays a three-note phrase on the metallophone; Ms Demetriou plays soft, fast cymbal crashes, xylophone glissandi and soft, fast bongo-drum phrases, in order to reflect Jenny's doings: hissing sounds in low volume, head-swings and then loud autistic vocalisations.

16.20 I now create a *sound canvas* at the piano, also attempting to interpret musically the state of isolation and stillness coming from the group through the use of dissonance and slow arpeggios. Though providing a sound canvas through pauses, long notes and a slow tempo, I also try to

reflect that state of isolation that encompasses sadness about loss. Ms Antouna accompanies in the metallophone with brief simple phrases or long notes, all in soft timbre.

- 16.32 Sarah touches Ms Antouna's hand briefly a few times.
- 16.53 Jenny makes *loud autistic vocalisations*, followed by *soft autistic vocalisations*. She gets a piece of tape from Ms Demetriou's robe and fiddles with it, while Sarah turns to look at her.
- 17.35 At this point Pamina, having rolled her wheelchair near the window, is leaning her head and body backwards and looks away from the group and towards the window. So far in the session she has moved very little and equally still was Sarah's presence. At moments, the latter turns to look at Jenny, particularly when a movement or a vocalisation of hers becomes loud.
- 17.58 Sarah gets hold of Ms Antouna's hand briefly, after Ms Antouna had played a four-note metallophone phrase in soft timbre. Still, she does not turn to look at Ms Antouna.
- 18.03 Sarah touches Ms Antouna's beater briefly and then gets hold of her hand again, still without looking at her. I play a slow phrase consisting of long notes, which starts with an idea of a tonality, evoked within me by Sarah's search of Ms Antouna's hand, but ends up with no tonality, as Sarah moves her hand away.
- 18.17 I repeat on the piano slow arpeggios using dissonance and Ms Antouna still accompanies on the metallophone with simple phrases in soft timbre.
- 18.23 I play repeated waves of high-register dissonant phrases that reflect here Pamina's slow head movements, a rare break from her immobility, as if carried by the

intermingling of the sounds and her inner state.

- 18.43 There is an outside loud noise and Pamina's leg moves abruptly, apparently in reaction to this noise.
- 18.48 I repeat the themes played just before the loud noise, so as to convey the reality of our continuing existence in the room. Ms Antouna accompanies with a metallophone phrase.
- 19.06 Pamina starts moving her wheelchair [she cannot be seen on the video until 19.43]. I shift the piano music, so as to play in the rhythm of her movements; the piano music is sporadically accompanied by Ms Antouna's metallophone phrases and Ms Demetriou's soft bongo-drum phrases or, later, xylophone glissandi. Pamina hits the wall facing the window for some moments, before she can turn her wheelchair towards Ms Demetriou and Jenny. I feel a loneliness, an isolation of concealed despair, as Pamina is struggling alone, at first against an empty wall, and then towards some human beings; and this hidden despair of isolation, I feel it to be part of the group. For this reason the music I played on the piano was somehow expressive of that kind of affect; and perhaps it was its kinship to the patients' state that prompted Pamina to make definite moves at this point in the session, i.e. to turn towards some particular others. Her faith in coming forward together with Sarah's faith expressed by holding Ms Antouna's hand, even for brief moments, gets somehow conveyed in the piano music a bit later [from 23.05], as I feel it clearer then.
- 19.19 Ms Demetriou's soft and fast bongo-drum phrases occur at intervals and mirror Jenny's *soft autistic sounds*.
- 20.14 As Pamina turns now towards Jenny and Ms Demetriou, having succeeded to turn her wheelchair, Ms Demetriou

- plays a xylophone glissandi that sounds a welcome to her.
- 20.25 Jenny gets up from her seat, handing the beater she is holding to Ms Demetriou; she comes to the piano to get the gong-beater with the fluffy end, which is on the piano. Perhaps this was a reaction to Pamina's presence and caused by her jealousy for Ms Demetriou's welcoming of Pamina there, a welcome expressed through sound.
- 20.52 She returns to her seat with the gong-beater and smells its fluffy end. At this point I pause the piano music, putting a possible end to the piece. Pamina has left the place near Jenny at the same time as Jenny left her chair and having made half a circle, she is now turning slowly her wheelchair, possibly in a desire to return near Jenny, now that she is back at her seat. Ms Demetriou plays a xylophone glissandi and through this invites Pamina to come back near them; indeed Pamina eventually returns close to them.
- 21.13 Jenny fiddles the gong-beater's fluffy end with her fingers, at times plucking its tuft.
- 21.27-21.36 Together with Ms Demetriou's soft xylophone touches Pamina now reaches a position very near Jenny and Ms Demetriou once again. Jenny is now fully absorbed with the fluffy end of the beater.

23.00 - Third excerpt
25.00

- 23.00 Sarah remains on her chair, just as at the beginning of the session, no utterance coming from her mouth, absorbed by Jenny's doings and observing all others but her own allocated carer.

Jenny, having been away from her seat for a few seconds, returns towards it with a spoon in her mouth [it was left behind a cupboard by the cleaning woman]. Ms Demetriou plays a welcoming xylophone glissandi for Jenny.

23.05

Pamina moves around towards the xylophone and towards the wall in similar ways as above. Jenny walks in circles on location in front of her chair. She has the spoon in her mouth and lifts her face upwards. Jenny's circles in front of her seat and Pamina's with her wheelchair bear a resemblance; they appear to be again connected with issues of appearance and reappearance. Furthermore, there is a common underlying pulse between her step and Pamina's wheelchair pushes and it is this pulse that I firstly pick up in the piano music. The state of stillness and isolation is still predominant.

The previous musical interpretation continues, only that now there is something a bit brighter. As the session now approaches its end, I wish to give something brighter to the group, to remind them of the parts within them that still trust the group.

23.26

Then Jenny sits on her chair with a vocalisation. She swings her head and soon vocalises "ti-pa-na". I acknowledge and incorporate her vocalisations into the piano music. These turn to sound clearly as "ti-po-ta" [which means "nothing" in Greek] as the piece develops. Is Jenny here speaking about the group's inner nothingness? In no time "ti-po-ta" is turned into "t-iati" inside her mouth, uttered in repetitions. This may refer to the Greek word "yiati", which means "why". Is Jenny here speaking about the group's inner "nothingness" in the

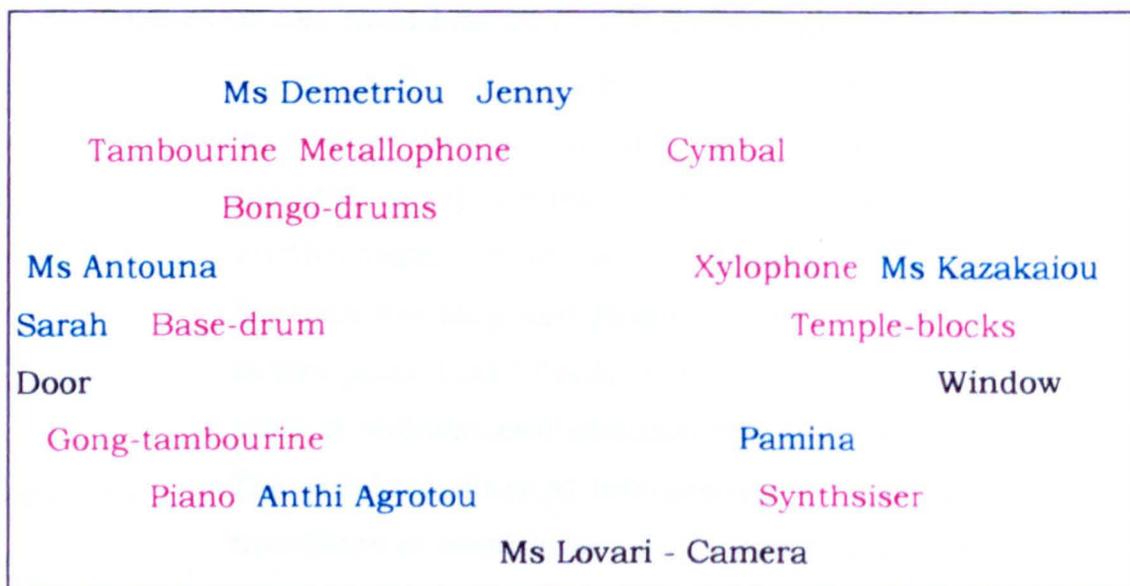
rhythms of her autistic sounds, the nothingness of the isolating states that do not know the "whys" and the "wherefores"?

My references to her vocalisations continue, as I shift the piano phrases to make as exact responses as possible to the different sounds she makes. Ms Demetriou accompanies with soft xylophone touches and Ms Antouna with soft metallophone phrases, kept in simplicity.

25.00 The piece comes to an end and there are some seconds of silence.

B. 5 THE SESSION OF OCTOBER 17, 1994

Everyone was present in this session. Ms Lovari, the substitute carer took the video. Until the last minute of the session Pamina had her back to Ms Kazakaiou and was facing the camera. Her legs were on her chair with her right leg placed on her left knee. The sitting position was the following:



Transcripts of excerpts from the session:

Minutes Description of events

4.56-10.35 *First excerpt*

- 4.56 Sarah is sitting still. Jenny makes some *soft autistic sounds*. Ms Demetriou plays very softly a metallophone note.
- 5.05 Pamina creates the *accentuated crotchet*. Ms Kazakaiou responds all along to every note of hers on the temple-

blocks. Sarah makes a dampened scream just after Pamina's sound. Ms Demetriou plays a metallophone glissandi and Sarah continues similar screams in bursts and pauses. Ms Antouna plays one base-drum note.

5.28 Pamina repeats the same *accentuated crotchet* and Ms Kazakaiou follows immediately with her temple-block response. She plays an accurate reflection to Pamina's sound, and then a very soft two-note phrase [a quaver followed by an accentuated crotchet]; this sounds as an invitation for her to continue and expand her *mouth repertoire*, as Ms Kazakaiou here reminds her of the last two notes of her *typical theme*.

5.38 Pamina repeats the same *accentuated crotchet* with similar responses from Ms Kazakaiou as above. Ms Demetriou fills the space with metallophone glissandi and some soft bongo-drum touches.

6.04 Pamina repeats the same *accentuated crotchet* and Ms Kazakaiou reflects that on the temple-blocks, at the same time as I do the same on the tambourine. Ms Antouna fills the space with very soft base-drum notes, Ms Demetriou with very soft bongo-drum touches and metallophone notes and Ms Kazakaiou with very soft single-note reiterations on the temple-blocks.

6.23 Pamina repeats the same *accentuated crotchet* and Ms Kazakaiou responds in similar manner as described above. Ms Demetriou plays a metallophone glissandi and Jenny resumes her *soft autistic sounds*. Sarah's previous dampened screams now assume the timbre of a complaining-sounding murmur.

6.39 Pamina repeats the same *accentuated crotchet* and gets similar responses from Ms Kazakaiou as above. Sarah continues her complaining-sounding murmurs in bursts

and pauses, and Jenny, in the same pattern, her *soft autistic sounds*. In the meantime, she places back on the metallophone the tambourine that Ms Demetriou had just picked up from there.

- 7.06 Pamina repeats the same *accentuated crotchet*. During these last minutes Sarah's pauses get increasingly longer than at the very beginning of the session [0.01 - 4.00 minutes] and their intensity is reduced; and Jenny is mostly making *soft autistic sounds* whereas at the beginning of the session she would alternate these with *loud autistic sounds*. I fill the space with some gong notes.
- 7.40 Pamina states an expanded variation of her known, *typical theme*: 1 crotchet, 4 quavers and 1 accentuated tongue note [the first crotchet is the expansion]. Ms Kazakaiou gives constant and predictable responses, while Jenny lets out an instant, loud, "Ouh" vocalisation and Sarah two more of her repeated dampened screams, which now resume their previous pattern of burst-pause.
- 7.58 Pamina repeats the *accentuated crotchet* and gets a response from Ms Kazakaiou. Sarah's sounds continue.
- 8.06 Pamina repeats her expanded variation, only that the first crotchet is not heard clearly. After Ms Kazakaiou's response, I play a similar one on the tambourine. A few seconds of silence ensue before Ms Demetriou plays one cymbal note, followed by a two-note cymbal phrase by Jenny.
- 8.43 Pamina creates her *typical theme* [now we see her clearly on the video]: 4 quavers followed by the accentuated crotchet. All along she keeps her back at Ms Kazakaiou, though she seems to be listening to the latter's steady responses. To Pamina's last statement Jenny responds with a loud "Pah" vocalisation. All along Ms Kazakaiou's

temple-block responses, together with the soft notes that I play on the gong create a watery kind of sound ambience, which is in keeping with Pamina's sounds.

8.48 Jenny's sounds, however, now turn to *loud autistic*. Pamina turns her head and glance upwards, towards the direction of Jenny's sounds.

9.13 Pamina creates a shortened variation of her *typical theme* - 3 quavers followed by the accentuated crotchet - perhaps because she felt disrupted - or disturbed - by Jenny's *autistic vocalisations*, which are now getting louder and louder, and thus increasingly disruptive. Ms Kazakaïou gives an accurate reflection of Pamina's phrase on the temple-blocks.

9.28 Pamina makes all the mouth and hand-finger movements for the whole theme, but only creates the last *accentuated crotchet*, possibly because of Jenny's disruptions with her *loud autistic vocalisations*, which are now even louder and taking more of the space. Some of these are high-pitched - the ones she is making when she becomes destructive. Some of my gong notes are of a moderate to loud volume, in order to reflect the increasing intensity in the room. Sarah is now quiet, her dampened screams having ceased. In the midst of Jenny's loud sounds, Pamina makes a hiccup.

10.30-10.35 Pamina repeats the *accentuated crotchet*, having prepared her hand and palm in a second of Jenny's pause. She only has time to utter it before Jenny is up from her chair and with high-pitched vocalisations hits with her hand the metallophone's keys. Pamina's eyes are alert as to what is happening behind her.

12.28 - Second excerpt

21.33

- 12.28 Jenny is sitting at the piano next to me and plays a phrase of soft single-note reiterations with her finger.
- 12.34 Pamina creates *the accentuated crotchet* at the end of Jenny's phrase. Ms Kazakaiou reflects that accurately on the temple-blocks and after a brief pause plays on that instrument a phrase of single-note reiterations.
- 12.40 Jenny continues her phrases of mostly single-note reiterations.
- 12.54 Jenny now changes the character of her music and plays phrases containing loud clusters that carry a sense of force and determination.
- 13.01 I respond to Jenny's phrases with rhythms and a melodic line on the piano, which reflect the forcefulness of Jenny's phrases. At the same time she stands up from the piano stool. I end these phrases by playing a motif three times, this motif being a quaver followed by an accentuated crotchet.
- 13.16 As soon as these phrases of mine come to a pause together with two-phrases of Ms Kazakaiou on the temple-blocks, which pick up this same motif [quaver followed by an accentuated crotchet], Pamina creates a new, more varied and even more expanded version of her theme: 1 quaver pause, 6 quavers with every second quaver being accentuated, and 1 quaver pause followed by the accentuated crotchet. Ms Kazakaiou accompanies her simultaneously with related motives.
- 13.19 I play two piano phrases in variation and in response to Pamina, still following her tempo and the rhythm of a quaver followed by an accentuated crotchet and she turns

to look at me.

- 13.29 Jenny makes a "hissing" sound with her mouth and I give a musical interpretation of this on the piano, somehow expressing a frustrated anger.
- 13.40 Jenny instantly gets destructive with the gong, emitting at the same time her high-pitched vocalisations of a staccato character, which she always does when she seems to intend a catastrophe.
- 13.48 Ms Kazakaiou restates between pauses the double repetition of the motif: quaver followed by an accentuated crotchet. This can be now called the piece's *rhythmical leitmotiv*, used as an element of the music's "binding text" [see the text in Chapter 12].
- 13.58 With high-pitched vocalisations Jenny returns to her seat, as Ms Demetriou and myself remove her from destroying the gong. I include her high-pitched vocalisations in the piano music which now continues by repeating an expanded variation of the *rhythmical leitmotiv*, firstly played in connection to Pamina's last entry and further established by her last entry.
- 14.16 Jenny is back to her seat and now absorbed with the cymbal button and Ms Demetriou plays a crotchet followed by 2 quavers on the cymbal, the second quaver being accentuated. Pamina creates the accentuated crotchet, which coincides with Ms Demetriou's last quaver. Ms Kazakaiou responds with a temple-block variation to Pamina's *typical theme*, which is influenced by Ms Demetriou's cymbal phrase [1 crotchet followed by 2 quavers, quaver pause and 2 more quavers - the 2nd quaver in each case being accentuated and sounding as dotted].
- 14.24 Ms Antouna plays a two-note phrase on the base-drum,

sounding as part of the whole music, while I combine all their elements in two melodic phrases on the piano, including the rhythmical introduction of the dotted quaver and still retaining the *rhythmical leitmotiv*.

- 14.48 Jenny lets out an open middle-pitched "Ah" vocalisation to which I respond with a long chord on the piano.
- 14.53 Ms Demetriou responds to Jenny's sound with the notes C D E of the middle register on the metallophone, the note C being a crotchet and the notes D E being quavers, E being accentuated.
- 14.56 I return to the rhythmical patterns evoked in us by Pamina [*the rhythmical leitmotiv*] in forming a "waiting phrase" on the piano and Ms Kazakaiou instantly joins in with the temple-blocks, playing the *basic unit of the rhythmical leitmotiv*, that is the quaver followed by an accentuated crotchet. Jenny touches the metallophone keys. There is a brief pause.
- 15.00 Ms Demetriou plays a variation of her previous metallophone phrase, i.e. adding one more C as a crotchet at the beginning of the phrase. She plays such variation twice, her last one followed very softly by the *rhythmical leitmotiv* played on the base-drum by Ms Antouna.
- 15.06 I answer these phrases on the piano with a melodic questioning phrase invested upon the *rhythmical leitmotiv*.
- 15.14 Jenny comes in with a responding-sounding "Ah" vocalisation. In the meantime Sarah is sitting motionless looking at the others.
- 15.16 Alongside the piano's answering phrase to Jenny's vocalisation, again being invested on the *rhythmical leitmotiv*, Ms Demetriou plays one cymbal note, as Jenny is now turned to that direction.
- 15.19 Jenny responds with one more vocalisation of the same

character, sounding like "Pah".

- 15.20 Pamina's *typical theme* almost coincides with Jenny's last vocalisation. Again Ms Kazakaiou gives an almost simultaneous temple-block response. At the same time I start phrases that continue the previous piano music, through creating expansions of the *rhythmical leitmotiv*, the expansions clearly referring to Jenny's last one-note vocalisation ["Pah"].
- 15.33 Jenny lets out twice her "destructive-sounding" high-pitched vocalisation. I respond to it on the piano with phrases, whose *binding text* bring back the single-note reiterations of Jenny's piano playing and continue the rhythms of the *rhythmical leitmotiv*, at the same time making the piercing element of her vocalisation softer. In the meantime, Ms Demetriou's phrases both on the bongo-drums and the metallophone at this point feel ambivalent and insecure. She was perhaps affected by Jenny's intentions.
- 15.52 Sarah gets up from her chair by holding Ms Antouna's hand. From this point onwards she resumes her dampened screams in bursts and pauses. Ms Demetriou plays a metallophone glissandi in response to Sarah's upward movement. Jenny makes a forward-backward movement on her chair [in imitation or irony?].
- 16.06 With Ms Antouna's hand tight under her left arm, Sarah walks slowly towards the piano. Together with her first steps I play an open phrase, which still retains the *rhythmical leitmotiv*. With this phrase I desire to encourage her. The melodic motives are in small intervals, so as to be in keeping with Sarah's small steps. After a few steps, the loud sounds caused by Jenny's

hand as she fiddles the tambourine and the metallophone keys, cause also Sarah to stop..

16.11 Jenny's "destructive-sounding" high-pitched vocalisation follows instantly, apparently as an intention to destroy Sarah's ability to walk to the piano. In seeming awareness Sarah pauses her walk and stands only a few steps away from her chair, turning her head slightly towards Jenny. On the piano I continue the previous music, incorporating again Jenny's vocalisations into the rhythms of Pamina's *typical theme*. This seems to give comfort or encouragement to Sarah and she resumes her little steps in the direction of the piano.

16.22 It is only a few steps before Sarah stops to look around. An ascending melodic phrase on the piano is intended to encourage her to continue her steps.

16.27 As I pause the piano phrases to reflect Sarah's pause, Jenny plays a three-note phrase on the cymbal; her second note coincides with Pamina's statement of her *typical theme*. Ms Kazakaiou picks it up accurately on the temple-blocks; and the piano music blends it with the themes that referred to Sarah's walk. As this is a moment when all the patients have done something that indicated their simultaneous state of being alive and awake and alert, the music carries the major key tones. Ms Demetriou plays simultaneously on the cymbal the basic unit of the *rhythmical leitmotiv*.

16.50 Ms Kazakaiou plays the rhythmical leitmotiv on the xylophone, through reiterating a single note; the music is in the form of phrases and pauses, so as to give space to the patients to enter. Sarah stands still.

17.03 Jenny tries to pull a xylophone pin and Ms Demetriou prevents her.

- 17.20 During a pause Pamina creates her accentuated crotchet;
17.23 Sarah's dampened scream comes after this - they mostly occur after somebody's sound. In the meantime Ms Kazakaiou has moved to the synthesiser. During my responding phrases Sarah's dampened screams become intensified in frequency. There is at some point a soft metallophone phrase from Ms Demetriou.
- 17.37 I invest the piano music with my voice, in an attempt to encourage all and soothe Sarah's dampened screams.
- 18.10-18.53 Jenny interpolates some *autistic sounds* produced from closed cords. In spite of these, Sarah's dampened screams get more and more directed towards me and from this point a dialogue evolves between us with increasing clarity. One notices how her body is all tensed up in that standing posture of hers, while Ms Antouna provides support by holding Sarah's arm. And her bodily tension is even more augmented when it becomes clear that my voice and hers are in an exchange. For she increasingly lifts her right shoulder in a way that stretches her body even more. In responding to her phrases, my piano and vocal phrases keep referring to the preceding themes.

Video-clip: Jenny gets on Sarah's way and Jenny gives her a push

- 19.17 Jenny gets up and with *loud autistic vocalisations* ["ti-po-ti-po-ti-po-ti-po"] she heads for the gong, which happens to be on Sarah's way to the piano. Upon reaching the gong Jenny swings it with her "destructive-sounding" high-pitched vocalisation.
- 19.29 Sarah walks a few steps on her own in order to give her a push on her back - thus indicating her desire to move

Jenny from there, just as similarly Jenny had done to her in the session of August 5, 1994 when Sarah was at the piano. After the push they remain there, Sarah standing a few steps behind Jenny, and Jenny swinging the gong. She also vocalises at this point "ti-po-po, ti-pa-pa", the voice coming from her throat. As she gets her head slowly under the gong's rope, Sarah's screams become more intense.

20.48 Jenny gets stuck under the gong's rope. Ms Demetriou, Ms Antouna and myself disentangle her and as soon as she is set free she makes loud staccato vocalisations and returns to her seat.

21.33 With Jenny away, Sarah, now looking at me, has an expression of relief, as she now resumes her walk towards the piano.

23.37 - Third excerpt

31.40

23.57 Before this extract begins, Sarah has already walked to the piano, and indicated her ambivalence in either playing herself or playing through my hand. Having waited for her initiatives, I then proceeded to play in the piano phrases that intended to encourage her. While these phrases were to remind the participants of the *rhythmical leitmotiv* that characterised the previous piece, the melodies were formed on small intervals, reflecting thus Sarah's small steps. Probably facilitated by this music Sarah walked towards Ms Lovari, who had been taking the video.

At the beginning of this extract, she walks back from Ms Lovari towards the piano. She walks faster and more

securely than ever so far. During her return I add to the rhythms a lively melody, a variation of the previous melodic motives that referred to her walk [15.52 minutes ff]. In the meantime Jenny is withdrawn to her *soft autistic sounds*. Ms Kazakaiou's synthesiser phrases sound clumsy.

- 24.10 On her return to the piano, Sarah hits my hand so as to continue playing. I space the music, so as to give her time for initiatives, but she seems ambivalent. Ms Kazakaiou continues as above and Ms Demetriou makes soft bongo-drum references to Jenny's *soft autistic sounds*.
- 24.31 Pamina enters with the last two notes of her *typical theme* [quaver and the accentuated tongue note]. She then puts her feet on the ground and from this point sits properly on the chair. With brief phrases of the theme I try to keep a coherent musical atmosphere and hold the group together.
- 24.44 Pamina repeats the last *accentuated crotchet*. Sarah turns away from me towards Jenny's area.
- 24.52 I play the whole melodic theme, so as to help the group not to disintegrate, particularly as Ms Kazakaiou and Ms Demetriou also sound fragmented at this stage. The synthesiser sounds as scattered notes.
- 25.05 To this music - in the context of this music - and alongside Sarah's murmurs which have started now, Pamina enters with a shortened version of her *typical theme*: 3 quavers followed by the accentuated crotchet. My music retains the rhythmical motive of quaver followed by an accentuated crotchet - a reference to Pamina; but I shift the same melodic themes that I have been using [formed initially to refer to Sarah's walk], so as

to respond clearly - in terms of timing, length of phrase and pitch - to Sarah's murmurs. This facilitates the two parts, that of Sarah and that of Pamina, to co-exist.

25.18 Thus Pamina enters her whole *typical theme*. Now she does something different and very interesting: while her palm is in the usual position in front of her mouth for the creation of the mouth motives, she moves her fingers in the manner of playing an instrument, in a more pronounced way than before. These movements proceed for a few seconds the mouth motive, but also accompany it. It seems that she does this with her left hand, while the palm with non-moving fingers occurs with the right hand.

25.31 Pamina repeats her *typical theme*.

25.46 Pamina repeats her *typical theme*. It sounds like a harmonious rhythmical part to the whole music. This time Ms Kazakaïou has returned to the temple-blocks and responds to Pamina from there. Pamina turns her head sideways towards the piano and Ms Kazakaïou behind her.

25.50 Ms Demetriou keeps a rhythmical accompaniment on the bongo-drums. The music now conveys a sense of determination.

25.59 Pamina enters an expanded variation of her theme [6 quavers and the accentuated crotchet?]. Ms Kazakaïou gives a simultaneous response, and so do I. After a few seconds' pause I restate the theme referring to Sarah's walk and to something optimistic. Upon hearing this Sarah, who has been keeping her dampened screams, turns towards me and the piano.

26.17 Pamina instantly enters a similar expanded variation to her theme, and upon hearing this Sarah turns towards

- Pamina, leaving behind a possible initiative to play the piano. At the end of the motive, she turns again towards the piano and gets hold of Ms Antouna's hand.
- 26.22 The piano music comes to a pause.
- 26.30 There is a metallophone glissandi from Ms Demetriou and Pamina instantly re-enters her expanded variation [6 quavers followed by the accentuated crotchet]. Ms Kazakaiou responds and expands on the temple-blocks.
- 26.40 Now Sarah decides to throw my right hand on the piano keys again. Her murmurs have already turned into dampened screams. I repeat a few phrases of the music's melodic lines and then pause.
- 27.03 Pamina repeats the expanded version and Ms Kazakaiou responds appropriately on the temple-blocks. Sarah's dampened screams continue with more intensity and Ms Antouna plays some high-register single notes, so as to encourage her to play.
- 27.18 While Sarah is standing in front of the piano in ambivalence, Pamina re-enters her theme. Sarah's dampened screams may be referring to Pamina's voice [notice their timing at this part of the session].
- 27.33 Pamina repeats her expanded variation and, apart from Sarah's murmurs, everybody is quiet to hear the exchange between her and Ms Kazakaiou. Pamina again utters her *mouth repertoire* over her left hand's palm, moving her fingers while doing so.
- 27.47 Pamina creates her *typical theme* [4 quavers followed by the accentuated crotchet]. This time it is uttered on the inside of her right hand's palm, supported by the left hand and without moving her fingers [probably her left hand's fingers are more agile]. Every time she finishes her part, she turns sideways towards Ms Kazakaiou's sounds.

- 27.58 Pamina re-enters her *typical theme* now as previously in the session, onto her left hand's palm with moving fingers. Ms Demetriou is now also playing some soft bongo-drum notes in relation to her, while Ms Antouna repeats some single high-register piano notes. Jenny gives a hard and envious look at Pamina.
- 28.22 Now Sarah stretches for my hand, thus indicating that I start the piano music again. This I do, bringing back the previous themes, but the single-note reiterations that I use in the piano phrases bring a more pensive mood into the music. With Ms Antouna's hand under her arms, she now turns towards the group and makes a few steps in that direction.
- 29.02 Pamina places both her legs on her chair again and at this point begins to hyperventilate. While doing so she moves her left hand in front of her face - the same hand she had been mostly using for the creation of her *mouth repertoire* - and then begins to wheel her wheelchair. The music changes to reflect her anxiety. At the same time Sarah walks on her own back to her seat. Ms Antouna is already there. She sat there in such timing, so as to give Sarah both the opportunity and the faith to walk on her own. The piano music now changes again in timbre, so as to reflect this faith, as I play again variations of the themes I played previously to her walk. And so Sarah walks completely unsupported. Her left shoulder is raised in her tensed-up body, yet she walks in the same fast tempo as before towards Ms Lovari and back at the piano [23.27 - 24.10 minutes].
- 29.37 Upon reaching her seat, she gets hold of Ms Antouna's hand and then reaches on her own for the beater, which was on the metallophone. She throws the beater in the

space behind her and Ms Antouna and gets hold of Ms Antouna's hand. This is followed as usual by a dampened scream. She tries to throw again the beater, but Ms Antouna holds it firmly.

30.02-30.20 Then she gets hold of Ms Antouna's hand for prolonged and persistent time, as she tries to remain standing there above her chair, her body leaning forward. To this I play ending chords, as we are now approaching the end of the session. She continues with dampened screams.

30.28 Goodbye song and music. Sarah continues her dampened screams; there is one particularly strong such scream after our singing goodbye to her [she is all the time standing and holding Ms Antouna's hand]. Jenny is still sitting in the same way as in the last part of the session after the gong episode: with one leg on the metallophone table and with the hard end of the beater in her mouth.

31.28-31.40 Pamina turns her wheelchair during the goodbye song and music so as to face Ms Kazakaiou now for the first time in the session [during the last couple of minutes it was a 90 degree turn leftwards towards her, which left her facing the window. Now it was another 90 degrees leftward, which placed her at a position facing Ms Kazakaiou]. It is interesting that it is during the last few minutes of the session that she is physically turning towards Ms Kazakaiou, though in terms of sound they were in touch for such a large part of the session; and though in touch, Pamina had chosen to remain with her back turned to Ms Kazakaiou for all that time. Possibly she wanted to test her trust towards Ms Kazakaiou, i.e. whether she would be attentive to her without being looked at.

B.6 THE SESSION OF NOVEMBER 7, 1994

Ms Demetriou and Ms Lovari were absent. The video-recording was done by the psychologist, Ms Frangoule. I left no empty chair for Ms Demetriou. The placement of instruments and initial sitting position were the following:



Transcripts of the excerpt from the session:

Minutes

Description of events

- 10.44 Pamina, with her legs on the wheelchair, has just started moving her wheelchair in small circles, which end up by the side of Ms Kazakaiou [this will be shown clearly on the video later]. The latter plays the rhythm of Pamina's wheelchair movements on the temple-blocks. The piano also follows that slow rhythm, incorporating at the same time Sarah's murmurs in their form of burst and pause. Ms Antouna plays a few base-drum notes to accompany

these. Jenny is very withdrawn, her legs wide-open on her chair. She holds a beater with her right hand and pushes it on her chin, looking sideways all along. Sarah is tightly holding a teddy-bear in her arms.

12.00 Pamina reaches the position by the side of Ms Kazakaiou and pauses there for a few seconds, making micro-movements on location. While the piano music dies out, Ms Kazakaiou continues her temple-block phrases, every note of which follows every single of Pamina's movements.

12.16 Ms Antouna plays metallophone phrases, in order to include and invite Jenny. Jenny swings her head briefly and later the beater. Very much the same as above continues, while in the piano I improvise a variation, so as to acknowledge Ms Antouna's metallophone phrases.

12.58 Pamina begins faster movements with her wheelchair, and more robust ones, because of an apparent intention; for this reason, perhaps, she has only now placed her legs on the floor and uses their strength during her movements.

13.18 The intention at this point becomes clear: she wanted to head straight for Ms Kazakaiou. While doing so she immediately starts hyperventilating.

13.29 The piano music shifts, so as to incorporate Pamina's hyperventilations, as she remains thus, facing Ms Kazakaiou until the 14.30 minute. Ms Kazakaiou also follows their rhythm on the temple-blocks.

It feels as if Pamina's circles have a meaning, and just as an important meaning encompasses her pauses near - or facing - Ms Kazakaiou at the completion of a circle.

The rest of the group is the same. Only that Jenny for the last 30 seconds has been sucking the hard end of the beater.

14.35 I tell Jenny to take the beater off her mouth and the

music pauses.

14.45

The previous music continues, as both Pamina, now again with her legs on her wheelchair, starts another circle in very slow rhythm and Sarah her dampened screams in bursts and pauses. This time Ms Kazakaiou follows Pamina's wheelchair movements with the bongo-drums. Pamina's movements, as she pushes herself in circles, feel dramatic. One perceives her circles as beginning from Ms Kazakaiou's side and turning leftwards; the circle is completed for the observer, when Pamina reaches again Ms Kazakaiou's side, having first got stuck on the wall just before the final turn. In other words, there is a series of struggling pushes against the wall underneath the window, before she can turn finally to Ms Kazakaiou's side. And then another circle begins. Perhaps, for her the circle is never completed. There is a dropped, curled up body, that drives itself in unending, aimless-appearing circles. Yet every push comes with a struggle, seems to be the result of an effort; there is a struggled push, followed by a struggled pause; and then a struggled being stuck on the wall. Indeed, this seems to be the state of the whole group. Jenny's body is also curled up, with her legs wide open on her chair, and she has her "far-away" look. Sarah's body is all tensed up in her sitting position. Her legs are tensed up as one crosses over the other, her hands are tightly holding the teddy-bear, her eyes are intensely staring at me. As Pamina steams out her state through her movements, Sarah seems to be in less need of her dampened screams. Pamina, as the group's "spokesperson", reveals a state of struggled, non-creative [passive] despair; of being pushed, dragged, banged, feelings that Sarah knows very well, for she looks at her

with such sadness and pain at the moment that Pamina's body most poignantly expresses this [at 17.10 minutes - see below]. Also, she is, perhaps, "speaking" about re-losing and re-finding the object of attachment, a continuation of the mouth-repertoire test of the session of October 17, 1994.

15.58 The same continues, but we only let Ms Kazakaiou accompany Pamina's movements on the bongo-drums.

16.29 Pamina's torso seems even more stooped.

16.50 I sing, to the accompaniment of the piano, music in response to Sarah's voice and the group's state. It is Pamina's posture and movements that evoke within me the music that I improvise at that moment. Instantly Pamina drags on her stooped, curled up body towards the xylophone for another circle. While doing so, her torso drops even more and she bangs the xylophone on her way.

17.10 Sarah's face feels uneasy and very painful. It has a complaining, sad expression and her sounds feel even more like blocked up screams. She seems to have taken in both Pamina's language and my response to it. At the same time Jenny lifts her body and sits with her feet standing on the chair, her body now leaning forward.

17.44 Alongside the music, Pamina has finally positioned herself near Ms Kazakaiou and sideways of the xylophone, and fiddles with her fingers the xylophone keys. It feels as if she is stroking them. I feel that Pamina is bringing now some light to the previous despair, and with my voice and the piano I reflect this. It is as if there is a possibility now for a creative translation of the inner state.

18.06 Pamina gets hold of the beater lying on the xylophone keys and fiddles with it for a while. The music continues.

She firstly gets the beater with her right hand and brings it forward in front of her. She looks at it attentively as she fiddles with it

18.14 and then passes it from her right to her left hand. I play an arpeggio to that and Sarah lets out a dampened scream.

18.21 Pamina then passes the beater back to her right hand, to which I play similarly an arpeggio and finally

18.26 she lets it drop to the floor.

18.28 Sarah lets out a *mock laughter*, clearly related to Pamina's beater-drop, while I bring the piano phrase to a close. Jenny's body is completely curled up, though with her eyes she follows everything that is happening.

18.36 I return to the beater to Pamina. She takes it with her right hand, passes it to her left and then

18.54 drops it.

18.56 Sarah again makes an instant *mock laughter*.

From this time it is clear that Pamina prefers to stretch for the beater and collect it herself. Her subsequent drops occur from her collecting right hand, and she no longer passes the beater from one hand to the other. In the meantime, every time that Pamina drops the beater, Sarah lets out her *mock laughter*, the same *mock_laughter* she would elicit after every drop of hers so far. All carers and myself are silent during this part, from the moment I got up to return the beater to Pamina. Is the beater fall another schema of re-loosing and re-finding the object? It feels as another way of exteriorizing this. Perhaps for this reason, it provokes all the beater activity from Jenny and Sarah that soon follows.

- 19.42 After a few such drops of Pamina and with Sarah's subsequent *mock laughter* - and while both continue doing the same - Jenny gets up and gets hold of Ms Antouna's hand.
- 19.51 She then leans and gets Sarah's beater which was lying on the base-drum and returns to fiddle it over the metallophone keys together with a laughter.
- 20.05 Instantly Sarah gets the beater from Ms Antouna's hand and throws it first on her rope, then gets it from Ms Antouna's hand and throws it behind them and in the space between her and Ms Antouna. This drop almost coincides with another of Pamina's beater-drops.
- 20.18 Ms Antouna returns the beater to Sarah and again she drops it instantly. Her *mock laughter* continues after every drop and Pamina now turns her head towards Sarah's sounds. At the same time Jenny, still holding Ms Antouna's hand, brings her body closer to Ms Antouna and, turning her head the other direction, swings the beater with her right hand.
- 20.26 She returns to place it on the metallophone keys but is ambivalent and - in a movement of surprise for us - she comes forward and
- 20.39 leans down to give the beater to Sarah. In the meantime, Pamina continues her own beater activity, and she has just dropped her beater.
- 20.40 Sarah gets the beater from Jenny with her left hand and instantly throws it with a *mock laughter*.
- 20.43 Jenny - now revealing the intentions of that surprise move - pulls Ms Antouna's hand to take her away from there. Ms Antouna picks up the fallen beater. Perhaps Jenny wishes to damp the beater and all about what this may convey. She damps the other members for having

something to say about themselves through the beater drops. She damps them and wants to go away with Sarah's object of attachment. Perhaps she does not want to know about re-loosing and re-finding. Pamina's head is turned towards them during this fight between Jenny and Sarah.

- 20.45 Jenny gets again the beater from Ms Antouna's hand and now places it on the metallophone keys, so as to insist on pulling Ms Antouna away.
- 20.58 As she leans down in her efforts to do so, Sarah pushes away Jenny's left hand, which happens to be close at that moment. The two hands carry a momentary fight [and one more drop from Pamina is heard], before
- 21.06 Sarah withdraws, now her body turned towards the other side of the chair and her left hand fiddling over her cheek.
- 21.08 At the same time Jenny, still holding Ms Antouna's hand, moves her body, so as to place her back turned to both Sarah and Ms Antouna, and makes a moment's pause
- 21.16 before pulling harder again, this time managing to get Ms Antouna up from her chair.
- 21.18 Ms Antouna moves slightly forward and
- 21.26 picks up a beater from the floor, as it was lying in Sarah's right side. Now Jenny is also in front of Sarah, towards her right side.
- 21.30 Ms Antouna offers this beater to Sarah. In this way she allows Sarah to re-find the object.
- 21.35 Sarah gets the beater and
- 21.38 throws it away onto Ms Antouna's now empty seat. This coincides with another drop from Pamina.
- 21.39 Ms Antouna offers her hand to be re-found by Sarah, while being dragged by Jenny's hand to leave the room. Thus she alleviates Jenny's attacks on Sarah's

attachment object. Sarah accepts this support and gets up through holding Ms Antouna's hand.

21.45 And Jenny, having not succeeded in destroying, is able to do something more creative: she moves away from them as soon as Sarah is on her feet and comes to the piano, even briefly. Sarah makes a few steps with Ms Antouna's hand under her arm and stays there looking at Jenny and myself. Just before Jenny arrives at the piano, there is another throw of a beater by Pamina. Jenny plays two high-register clusters, elicits two middle-pitched "Ha" vocalisations

22.05-22.17 and then takes my hand and plays two phrases through it, while turning her head away.

B.7 THE SESSION OF MARCH 20, 1995

Ms Kazakaiou was absent and was substituted by Ms Lovari. Everyone else was present. The position of the instruments had by now reached a final form. A further addition took place in January 1997. The sitting position, also by now in its final form, was the following:

	Jenny	Ms Demetriou	
Bongo-drums	Xylophone	Tambourine	Temple-blocks
Ms Antouna			Cymbal Ms Lovari
Sarah	Metallophone		Pamina Window
Door	Cymbal		Synthesiser
	Bells	Base-drum	
Piano	Anthi Agrotou	Gong-tambourine	Mr Loizou - Camera

Transcripts of the excerpt from the session:

Minutes

Description of events

- 2.20 Sarah looks around, sitting in a much less stiff manner than in the past, and her glance is also much softer. Ms Demetriou plays some xylophone notes and Ms Lovari some cymbal notes that sound inviting and soft, but are random. Pamina [not yet seen on the video] is making a circle with her wheelchair around the area of her position and via the window. Her movements are very slow and it takes her more than 1-2 minutes to complete the circle.

- 2.34 Sarah searches for Ms Antouna's hand with the clear intention of receiving support to get up. She gets up and seems much more erect and secure in her posture than in the past.
- 2.46 Ms Antouna gets up as well and plays for her a phrase on the metallophone.
- 2.49 Sarah starts her beater-throwing episodes which last until the end of the excerpt. She mostly gets the beaters from Ms Antouna's hand. Her first throw is onto the cymbal in front of her. It is a large crush to which I respond with some gong sounds. There is no passing of her hands from her genital area after this throw. Instead one hand clasps the other until she is offered another beater. The nervousness of her fingers, however, is still there.
- 2.58 Ms Antouna plays again a brief metallophone phrase before offering the thrown beater back to Sarah. Her *mock laughter* is very soft now after every throw.
- 3.05 Sarah's second throw aims at missing the instruments and at falling in the space in-between her and Ms Antouna.
Jenny sings a concealed singing tune just after Sarah's second throw. The carers produce soft sounds on the instruments in front of them [Ms Lovari the cymbal and the temple-blocks and Ms Demetriou the xylophone], while I play the gong and the base-drum. These sounds might hold her. They fill the space, though the carers' sounds feel quite random.
- 3.18 Ms Antouna plays a two-note phrase on the cymbal and Sarah removes the beater away, trying to drop it onto Ms Antouna's body.

Ms Demetriou plays soft, bongo-drum reiterations.

- 3.30 Sarah gets Ms Antouna's beater just on the moment she is about to play the metallophone. Sarah's third and fourth throw fall onto the cymbal, and it is after the fourth throw that she passes her hand from the genital area of her trousers - this time the non-playing hand.
- 3.38 The fifth and sixth throws are on the cymbal and follow quickly one another. After the fifth throw there is a much louder and intense *mock laughter*.
- 3.43 Jenny vocalises "tia-tia-tia", as she swings her head just after Sarah's sixth throw.
- 3.46 Ms Antouna plays a metallophone phrase, and as soon as she strikes the third note of her phrase,
- 3.48 Sarah grasps the beater from her hand for her eighth throw. The beater falls on both the cymbal and the metallophone and is followed again by a mock laughter. All along she takes the beater from Ms Antouna's hand. My gong responses grow louder, so as to match the increasing intensity in the room. This intensity is coming from Jenny as well, who has now been making hissing sounds.
- 3.57 Another two beater-throws by Sarah follow. For her tenth throw Sarah again interrupts Ms Antouna's metallophone phrase and after the throw she passes the playing hand from her genital area.
- 4.12 Four or five throws follow one quickly after another, causing loud cymbal notes, while Pamina is now making bigger and freer movements in the room and closer to the piano area. Frequently Sarah lets out a *mock laughter* just after a throw and some throws are followed by the

passage of her playing hand from her genital area.

4.32 Ms Antouna plays again a metallophone phrase. Whenever allowed by Sarah, she plays a simple phrase before Sarah grasps the beater from her hands.

Sarah continues her throws with intensity, in terms of speed, volume produced and *mock laughter*. The character of the throws is similar to above, with her hand also passing from her genital area after some throws, though after most of them one hand clasps the other. Pamina, in the meantime, is near me in front of the gong and base-drum and tries to get herself even closer. My drum beats then refer to her wheelchair pushes.

4.49 Sarah throws the beater towards Ms Antouna's area. She continues in the same manner as described above.

I play the bells and then the gong in response to her.

5.29 In the midst of Sarah's throws and Jenny's quietness now, Pamina, having resumed her circles, has rolled herself towards Jenny and faces Sarah for a little while.

5.40 Now I attempt to translate both Sarah's throws and her *mock laughter* with piano music. There is a quality of "heaviness" in the piano music, a "heaviness" that attempts to touch the phenomena in the room.

Pamina hyperventilates, almost facing Sarah.

Sarah throws at me some glances of seeming awareness for receiving her messages and at times her face becomes very serious.

Jenny remains in her seat smiling and holding a beater.

Ms Demetriou and Ms Lovari continue as described above.

6.23 There is a particularly loud and intense scream from Sarah, amidst the atmosphere of intensity produced by

her continuous throws and *mock laughter*.

Jenny now puts the beater inside her mouth.

6.51 Pamina turns her face to look at them, being with her wheelchair very close to Sarah and Ms Antouna. She remains there for a while.

Jenny has started swinging her head, making at the same time hissing sounds. Most of the time she has a laughing-smiling face. At times she winks, while doing all these. It feels as if she is also in that state of mania that Sarah is.

Pamina wheels her chair yet again. It seems that she is now doing bigger circles around the room, circles through which she visits every member's place.

Ms Demetriou plays random xylophone phrases.

7.21 Pamina is now near me at the piano, with her head turned towards me. Sarah's throws continue as above, and with the same vigour.

7.37 At this point Sarah passes the non-playing right hand from her genital area.

7.39 Her subsequent throw aims at Ms Antouna. Then she continues in the same way.

The other two carers sound as filling the space and playing randomly, perhaps because they feel overwhelmed by Sarah. This may have had the additional effect of making them lose their concentration.

Jenny's head-swings still continue within a smiling face.

7.56 Ms Antouna and Ms Demetriou collect more beaters for Sarah.

8.13 Sarah throws a beater towards the metallophone's edge near Jenny, and then continues as before.

8.38 Jenny leans forward towards the metallophone with the

seeming intention of taking one of Sarah's beaters. On not finding one, she lets out her usual high-pitched scream that aims at destruction. Following that it seems clearer to me that some of Sarah's throws may be intended to hit Jenny, rather than Ms Antouna.

8.45 Ms Antouna manages a brief metallophone phrase, before Sarah again grasps the beater from her hand and throws it speedily.

9.02 Amidst head-swings Jenny makes *loud autistic vocalisations*, gradually turning her head towards Sarah and Sarah throws a beater towards Jenny's direction. More throws from Sarah fall, most of them on the instruments in front of her. There is also an intense scream.

9.23-9.37 Jenny leans back on her chair with her feet wide-open on it and makes hissing sounds amidst her head-swings once again. Sarah continues in the manner described above. She again interrupts Ms Antouna's metallophone phrase, in order to grasp her beater and throw it. Pamina continues her own slow circles.

This is a new phase in Sarah's beater-throwing episodes: there is increased intensity in the beater-throws and Jenny's sounds reach climaxes of intensity along with them. This intensity is expressed both by the sounds [Sarah's on the instruments and Jenny's through her voice] and by the speed with which each sound follows another.

B. 8 THE SESSION OF MARCH 27, 1995

Everyone was present in this session. The video-recording was done by Ms Lovari. This was also the first time that we took the helmet off Pamina's head and from this time onward she never wore the helmet in the music therapy sessions. The initial sitting position and placement of instruments were as follows:

Ms Demetriou		Jenny	
Cymbal	Bongo-drums	Xylophone	Temple-blocks
Ms Antouna		Ms Kazakaiou	
Sarah	Metallophone	Pamina	Window
Bells	Cymbal	Synthesiser	
Door			
Base-drum			
Piano	Anthi Agrotou	Gong-tambourine	Ms Lovari - Camera

Transcripts of the excerpts from the session:

Minutes *Description of events*

3.59 - 7.24 First excerpt

3.59 Sarah has just thrown the beater on the floor over the other side of the metallophone, seemingly on purpose, so that she would force Ms Antouna to bend down and collect it for her. The excerpt begins with Sarah observing, with her stereotype smile and with apparent pleasure, Ms Antouna, in her efforts to collect the beater

from the floor.

All along this excerpt Sarah continues her beater-throwing episodes in a similar, but even more intense, manic state to that of last session. During these moments, however, there is more intensity and frequency in passing the playing hand from her genital area after a throw. She also often clasps her hands after a throw. I feel that there is at the same time a clearer sadistic disposition in her against Ms Antouna, i.e. as if she is taking pleasure in forcing her to bend to the floor in order to pick up the fallen beaters.

4.06 This is supported by the fact that just after Ms Antouna has picked up the beaters in this instance, Sarah throws the beater at her, as she is now standing on Sarah's right side in front of the cymbal and the bells. She then laughs, together with clasping her hands.

4.11 Ms Antouna plays a two-note phrase on the cymbal and Sarah grasps the beater from her hand, so as to throw it onto the cymbal and towards the other side of the instruments. All her throws are followed by a *mock laughter*, which sounds even more bizarre and intense than similar laughs so far [a bursting out of intense sound]. At times it sounds as something between a sarcasm and a scream. In these episodes, moreover, she hurries to take as many beaters as possible from Ms Antouna and throw them at various directions, at times aiming the instruments, at times aiming the floor, at times aiming Ms Antouna's body.

I respond to Sarah with some gong notes.

4.22 Ms Antouna plays the bells with the beater and Sarah grasps this and throws it onto the cymbal; then again she hurries to grasp and throw all beaters held in Ms

Antouna's hand.

4.36 Ms Antouna plays the bells, while Jenny is sitting quietly very close to Ms Demetriou and Pamina is making slow movements with her wheelchair, that carry her in circles around her area.

4.50 Amidst Sarah's continuing beater-throwing episodes, Ms Kazakaiou plays the synthesiser to Pamina's slow movements in circles. Her playing sounds fragmented. She tries to follow Pamina's wheelchair movements accurately, but is completely cut off from the rest of the group.

5.04 I play the piano to Sarah's throws. Sarah continues as described above. Again one throw of hers aims at Ms Antouna.

With Ms Kazakaiou being isolated on the synthesiser, the "whole group music" sounds fragmented. Ms Kazakaiou can not listen to other sounds, being focused exclusively on Pamina, and I am unable to meet her either. My attention is channelled into translating Sarah's throws, actions and sounds. The music I play is similar in character to that of the previous session of March 20, 1995; only that now I put more force into the phrases and highlight more intensely the falling element of her actions and laughter sounds.

Jenny is quiet and withdrawn. She sits in her usual posture with legs wide open on the chair.

The group feels disintegrated.

5.55 Jenny's look seems angry, as she turns her glance towards Sarah's area. This coincides with a pause from Sarah's beater-throwing episodes, as Ms Antouna refrains for some seconds to collect the beaters. She plays the

bells with her hands, and some soft notes are created by all the carers and myself [Ms Demetriou plays a xylophone glissandi, Ms Kazakaiou continues her two-note phrases on the synthesiser, while I play a slow melodic phrase].

6.17 Sarah resumes her throws, as soon as a beater is found in Ms Antouna's hand. Ms Antouna delays to return to her the fallen beater, and during this time Sarah clasps her hands or her genital area. The piano music continues as described above.

6.33 Pamina goes near Ms Kazakaiou on the synthesiser. She stays there for some time [3 minutes].

6.53-7.24 Sarah throws the beaters with even more intensity. When the beater is fallen onto the metallophone she picks it up with her left hand in order to throw it to the floor. This makes it even clearer that, partly at least, she desires to get Ms Antouna on the floor, in order to bring her back the beaters.

In this part of the session it is very clear that patients and carers are formed into pairs and that every pair is alone and separated from the rest of the group. It is possible that Sarah's manic state caused the disintegration and fragmentation of the group. I was unable during those moments to keep a sane distance from Sarah and facilitate the group's cohesion. The music I played was too concretely close to Sarah's actions.

14.20 - Second excerpt

21.10

- 14.20 I go to the synthesiser, in order to start "holding" music, consisting of long sustained notes.
- 14.27 Even before my first note Sarah gets hold of Ms Antouna's hand with her right hand and begins walking to the piano, while with her left hand she is holding her teddy-bear tight against her chest.
Jenny makes some *loud autistic vocalisations*, walking near the window, in Pamina's area.
Pamina is wheeling towards the wall.
- 14.49 Sarah makes a *mock laughter* and I incorporate and expand her sound in the synthesiser music.
- 14.51 Ms Antouna reaches the piano first and plays three high-register clusters. The holding music on the synthesiser continues, when Sarah, just after Ms Antouna's clusters, emits a *mock laughter*, both hands clasping the teddy-bear and seeming all tensed up. As she does this, she turns towards Jenny's direction. It seems as if every move of hers - desired or realised - has to be weighted against Jenny. Perhaps it is a wish to be aggressive towards her, or a fear in case her efforts are "castrated" by her. This feels even clearer a bit later on, when she is playing the piano with Ms Antouna.
- 15.03 Ms Antouna plays random notes on the piano, usually consisting of two or three consecutive notes, and I continue the holding music, when Sarah makes a few steps and turns to check the atmosphere with Jenny, before making more steps. Her *mock laughter* leads momentarily to a state of dread and seriousness. On the synthesiser I expand and bind together Ms Antouna's

phrases with Sarah's sounds.

15.30 Sarah is now by the side of the piano, when Jenny, now in her seat and with her right hand embracing Ms Demetriou, emits *loud autistic sounds* together with head-swings. I incorporate these also into the synthesiser music. Sarah pauses there for a while.

Ms Antouna's random phrases continue on the piano, and from the synthesiser I am making an attempt to contextualise these as well and therefore facilitate a more concise playing from her part. [This is part of my methodology and technique with the carers, where their "learning" to play is born from the experience and not through didactic directions].

15.55 Sarah heads for Ms Lovari, who is filming, amidst the continuing music between Ms Antouna and myself.

At the same time Pamina, who had been positioned near the synthesiser and the base-drum, and therefore near Ms Lovari, moves away as Sarah approaches that position.

16.12 While Sarah is now facing Ms Lovari, Jenny is embracing Ms Demetriou very tightly and makes high-pitched sounds together with head-swings. Sarah turns her head towards Jenny's sounds.

My music incorporates the rhythms of Jenny's head-swings but retains the holding character, with long notes in the thematic motives.

16.25 Sarah walks fast back to the piano and near Ms Antouna. She almost plays a note, when she withdraws and then

16.34 Ms Antouna plays a five-note, unclear, clumsy phrase. Sarah turns away and backwards from the piano, turning her head towards Ms Lovari.

16.38 Then Sarah touches her genitals with her left hand that had just dared to initiate a movement to the piano keys, a

voice from Jenny is heard, and she bends again forward [to play?]. Ms Antouna plays for her a three-note phrase, so as to encourage her, but Sarah turns once more away towards facing Ms Lovari.

16.46 She then touches her genitals again and turns her glance from Ms Lovari to me on the synthesiser and to Pamina, who is now situated in front of the gong and stays there until the end of the session.

Ms Antouna plays more phrases that still sound clumsy, and I hold the atmosphere by making a reference to Jenny's vocalisation, as well as putting a musical form to Ms Antouna's phrases. This I do by creating musical phrases that follow hers, but investing them with melodic direction and colour.

Here the technique of *contextualisation* can be analysed as follows: The *binding text* that I create on the synthesiser consists of upward melodic lines, sustained notes and melodic phrases that are formed as expansions of Ms Antouna's piano phrases. The *rhythmical leitmotiv* is the minim or dotted minim preceded or followed by a trill, motives that I repeatedly form so as to contain Ms Antouna's piano phrases, consisting usually of two crotchets followed by a minim.

Sarah is still ambivalent, facing the piano and then withdrawing and turning to face Ms Lovari.

17.08 In spite of her ambivalence, she plays one feeble note. She turns towards Jenny's direction as soon as she plays it, together with touching her genital area with the left hand with which she has just played.

Ms Antouna answers with a three-note, simple phrase of consecutive notes, while I am contextualising their material, as I play the synthesiser, situated at their back.

- 17.17 Sarah plays another cluster and then again grasps her genital area. Ms Antouna responds with a similar cluster to hers. Sarah touches Ms Antouna's hand and Ms Antouna plays a cluster; instantly Sarah removes Ms Antouna's hand from the piano, seeming to be ambivalent whether she desires Ms Antouna to play or not. Ms Antouna is ready to play, and Sarah again removes her hand from the piano.
- 17.26 Sarah then turns towards Jenny to her right. Ms Antouna plays two scattered notes, all the time giving some space before she responds. I try to link the space of their spaced-out, unmusical-sounding dialogue that can easily lose its thread, with music that has a slow but concise direction.
- 17.37 Sarah turns to her right again towards Jenny and touches her genital area with her left hand, in seeming anticipation of playing.
- 17.40 She plays a loud cluster and Ms Antouna responds with notes very similar to those of Sarah. Sarah turns again to look at Jenny.
Jenny is having her right arm all around Ms Demetriou's neck and pressing her head tightly close to her. With her legs wide open on the chair, she seems to convey that she is thus having it all and needs nothing from all that stuff that Sarah is about. It is, perhaps, part of her wish to thus hamper Ms Demetriou from any creative space.
- 18.02 Sarah plays two notes very feebly. Ms Antouna and myself continue as above. It is worth noting that Ms Antouna's most complicated phrase is that of three consecutive notes. Apart from this, her random notes and clusters are similar to what Sarah could have played. It is in terms of timing and frequency that she is far more

daring than Sarah. For these reasons, she is facilitating Sarah to a great extent, as Ms Antouna's playing far reduces the impact of Sarah's envy. At the same time, my playing on the synthesiser acts as a physically distant, but musically close facilitator for both of them. While the sounds that I create hold them in an aesthetic ambience that is related to them, and against the background of which their own sounds become more meaningful, it is at that level of physical distance from which they are saved from envy or feelings of failure.

18.20 Another cluster is played by Sarah, similarly turning towards Jenny after she has played it. She is also searching for Ms Antouna's hand, in a way that indicates her desire that Ms Antouna continues to play for her.

18.38 Ms Antouna sits on the piano stool. She plays a phrase with her right hand, Sarah removes it and Ms Antouna immediately continues with her left hand. Then Sarah plays a few more notes and again turns towards Jenny together with grasping her genital area.

18.56 The same is repeated with another cluster by Sarah. Ms Antouna's phrase of three consecutive notes now sounds as forming a link, as it is the only stable thing that is repeated in their dialogue.

Jenny is pressing Ms Demetriou even closer to her. It feels as if she is suffocating her. Sarah is watching all this and at the same time is searching for Ms Antouna's hand in order to continue playing for her.

19.29 It becomes clear that Sarah is hitting Ms Antouna's hand away from the piano. Ms Antouna now uses her left hand to give her phrases, all similar to those described above.

19.49 Sarah plays one feeble note, continues to hit Ms Antouna's right hand and then turns towards Ms Lovari

and me at the synthesiser.

- 20.00 As she continues striking Ms Antouna's right hand, Ms Antouna now plays firstly her three-note phrase with her left hand and then with her right. Sarah makes a few steps to the right and turns to look at Jenny, whose embrace to Ms Demetriou is even tighter, literally Ms Demetriou's head being engulfed inside Jenny's neck.
- 20.18 Then Sarah plays one clear note. All her notes or clusters have a falling quality; they are dropped, like her beaters are dropped on the instruments.
- 20.21 Jenny starts *soft autistic sounds*, while Sarah makes a few small steps away from the piano's edge and uses Ms Antouna's hand to play. After a few such touches, she turns to look at Jenny. She throws Ms Antouna's hand onto her part of the piano, and literally Ms Antouna plays the clusters that Sarah would have played.
- 21.00-21.10 Jenny increases the volume of her vocalisations, which now turn into "hissing" sounds, while Sarah's and Ms Antouna's hands are entangled in the above way, sometimes Ms Antouna's hand being thrown onto the keys and sometimes Sarah's hand striking the notes. When Jenny's vocalisations become loud, I pause the synthesiser music.

B. 9 THE SESSION OF JUNE 19, 1995

Ms Kazakaiou and Ms Lovari were absent. The initial placement of instruments and sitting position were the following:

	Jenny	Ms Demetriou		
	Cymbal	Xylophone	Bongo-drums	Temple-blocks
	Cymbal			Tambourine [Anthi Agrotou]
Ms Antouna				
Sarah	Metallophone			Pamina
Bells				Synthesiser
	Piano	Anthi Agrotou	Gong-tambourine	Mr Loizou - Camera

Transcripts of the excerpts from the session:

Minutes *Description of events*

8.59-18.55 **First excerpt**

8.59 In the ambience of a modal music which I play on the synthesiser - in the dulcimer character - Sarah begins her freest walk in the room so far, revealing a richness of facial expressions throughout the excerpt - to be referred to below and discussed in the main text; she firstly walks towards the piano with Ms Antouna being at a certain distance, so as to show her trust in Sarah's ability to walk alone. Thus, partly clasping her two hands, she makes a few steps, mostly looking at Mr Loizou, the cameraman. This is accompanied by Jenny's *loud autistic sounds*, while

- Ms Antouna stands near the bells and plays them softly.
- 9.16 Jenny, sitting in a leisurely manner, with one foot on the cymbal, turns to look at Ms Demetriou and to hold her hand.
- 9.20 Pamina is next to me, in front of the synthesiser, having reached that position by her own initiative. Feeling that through this movement she may have desired to attempt to place her hand on the synthesiser, I make an attempt to place her hand myself, but she refuses.
- Jenny continues her *loud autistic vocalisations* and Sarah some murmurs. With long notes on the synthesiser I try to hold these sounds. Pamina seems to be listening attentively. The aim of the music is now to offer pleasurable sounds that may give gratification to the patients. This is, so as to facilitate them to receive the therapeutically-created music as a good object within themselves.
- 9.59 Sarah's agony is shown in close-up, while making her steps on her own. She clasps her hands and turns her glance from the synthesiser towards the position of Ms Antouna, who, still near the bells, is now behind her and towards her right.
- On the synthesiser I play motives that take up the rhythm of Sarah's steps.
- 10.23 Pamina has just started to move away from the synthesiser, with pushes backward and forward and softly hyperventilating. Ms Demetriou instantly picks up the rhythm of her movements on the temple-blocks, also referring to the last part of her *mouth repertoire* [2 quavers followed by an accentuated crotchet]. In this way she reveals her competence in substituting the role of Ms Kazakaiou and in remembering what that role entails.

Jenny continues her *loud autistic vocalisations*.

The synthesiser - dulcimer - music continues all along. It sounds like a soft invitation to all members to coexist.

- 10.36 Pamina pauses for some seconds to look at me.
Jenny, still sitting in a provocative way with one leg on the xylophone table and the other on the cymbal, holds the hard end of the beater into her right ear.
- 10.46 Sarah continues her small steps on her own, still clasping her hands, and with the same expression. The synthesiser - dulcimer music follows her steps - or rather her steps are invested with music.
- 10.48 Having approached the area close to me on the synthesiser and near Mr Loizou, she pauses to turn her glance towards my direction and subsequently towards her right hand side and backwards, where Ms Antouna is standing [near the metallophone]. All this time she is facing Mr Loizou.
- 10.51 The dulcimer music continues, when she walks to Mr Loizou and touches his legs, her face looking a bit calmer than at the beginning of the extract.
- 11.04 She remains standing there for some seconds and turns her glance firstly towards her back, seeming to search for Ms Antouna, then towards the synthesiser and again towards Ms Antouna. Ms Antouna, reading Sarah's messages, understands Sarah's need to be in close proximity to her and moves towards the base-drum and the gong, both situated near to where Sarah is now standing.
- 11.13 Ms Antouna plays a two-note phrase on the base-drum, followed instantly by a two-note phrase on the temple-blocks by the hands of Ms Demetriou. This phrase coincides with another murmur by Sarah, an apparent

response to Ms Antouna's phrase, as she makes a few steps towards her.

11.14 Ms Antouna responds to her with another two-note phrase on the base-drum, while Ms Demetriou's temple-block references to Pamina sound now as fitting into Ms Antouna's drum phrases as well. In the synthesiser - dulcimer - I incorporate these rhythms.

11.18 It seems that the dulcimer melodies attract her attention and Sarah turns smiling towards me at the synthesiser, making some small steps. In the meantime, Ms Antouna continues her phrases, inserting a gong note and Ms Demetriou incorporates some xylophone phrases.

11.22 Together with her responding murmur, now apparently a response to the synthesiser music, Sarah smiles and her face assumes an expression of pleasure.

11.23 She listens to the music that comes yet again as a response to her murmur and is created by all carers and myself and turns momentarily with lifted eye-brows and some worry towards Ms Demetriou's sounds on the xylophone.

11.27 She smiles again, her face resuming a calmer look as soon as I repeat the synthesiser - dulcimer melodic phrases.

11.28 Sarah again lifts her eye-brows, a seeming reaction to the music she gets in.

Pamina, in the meantime, is making her circles and Ms Demetriou refers to a part of her mouth motive on the temple-blocks.

11.32 Sarah emits a more intense murmur, as she lifts her left shoulder and turns to look at me. This seems to be yet another reaction to the music. All of her reactions - responses occur at the end of the melodic phrases coming from the synthesiser-dulcimer.

- 11.39 Sarah emits another murmur of slightly less intensity than the previous one, and still with lifted shoulder she turns to look at Mr Loizou. Soon she again turns her glance towards me.
- 11.48 Looking at me Sarah smiles momentarily with a murmur and again resumes to seriousness, and then turns to Ms Demetriou's temple-block sounds.
- 11.58 We get a close up of Jenny during these moments. She fiddles the hard end of the beater into her ear and, in her glances of apparent indifference, she looks envious.
- 12.04 There I pause the music. Jenny turns slowly to look at Ms Demetriou. There are some soft base-drum notes and a gong note played by Ms Antouna during these moments.
- 12.10 Jenny tries to drag Ms Demetriou's head close to her and on Ms Demetriou refusing,
- 12.15 she lets out her high-pitched destructive sounding vocalisation.
- 12.21 Sarah makes one more step towards me, and I feel that she desires me to continue the synthesiser - dulcimer music. For she looks at me with a pleading kind of expression.
- 12.26 Thus I continue the previous music.
- 12.27 Sarah emits a responding murmur to the melodic phrases she hears. She makes even more steps and looks at me with attention. She has a smile of apparent pleasure, as she listens to the music.
- Ms Demetriou plays Pamina's rhythm on the temple-blocks as she moves her wheelchair.
- Sarah turns her glance towards Ms Demetriou, still revealing an expression of pleasure, and as if asking to receive our music.
- 12.31 Sarah makes again a murmur at the end of a melodic

phrase, thus encouraging its continuation.

12.32 Sarah's smile again gives way to an expression of seriousness, but a much lighter kind of seriousness than before.

12.37 She makes more steps towards me and the synthesiser.

12.40 Sarah murmurs with a smile, in response to the musical phrases she is taking in, and makes more steps to come closer to me.

12.42 Her subsequent facial expression is that of a seriousness that characterises an interested listener.

12.48 Sarah makes more steps turning her body leftward, so as to look at the whole group. It is as if the music, which is now gradually giving way to silence, has held her and enabled her to move freely and to turn to look at all the other members of the group from a standing - elevated, more able - position, in any case from a less handicapped position.

Pamina has paused her circles, with the result that she remains close to, and facing, Sarah - though avoiding an eye-contact.

Amidst some soft xylophone glissandi, created by Ms Demetriou and a few base-drum notes played by Ms Antouna, the group remains in this way, with all patients in a physical proximity.

13.12 The following moments of the excerpt illustrate Sarah's process in her piano playing, as well as the carers' collaboration and improved skills in memorising, giving attention and appropriate response.

I move towards the piano and Sarah turns her small steps towards me at the piano, having emitted two murmurs in anticipation of the new sounds.

- 13.30 Ms Demetriou resumes playing the temple-blocks referring to Pamina's rolling in circles, as well as to the last part of her *mouth repertoire* [2 quavers followed by a crotchet].
- 13.38 I start the piano themes by creating a melodic theme based on Ms Demetriou's temple-block phrases; thus, I try to connect with that in creating a response to the whole group. Soon I turn those themes into dissonant music, while the rhythms and tempo, initiated by Ms Demetriou and Pamina, are retained and repeated, in order to give a coherent form to the piece. The turn to dissonance was caused by the feelings evoked by Pamina's circular turns, Jenny's withdrawal; but it was also a preparation for Sarah's playing, as I provided a memory of her own dissonant high-register clusters through my playing.
- 14.00 She seems to be receiving messages of relatedness to her way of being, and as she approaches the piano, again with a facial expression of attentiveness, she vocalises, apparently in meaningful recognition.
- 14.14 As soon as she reaches the piano, Ms Antouna plays a high-register cluster, for reasons similar to mine as explained above.
- 14.16 Thus Sarah shows less ambivalence for playing the piano, and this is the first time that this happens. It may be due to the process and the musical-affective relatedness and preparation carried out by both Ms Antouna and myself that she also passes less frequently the playing hand from her genital area.
- Sarah reaches the piano with both hands forward in a position ready for playing. Without ambivalence she plays one phrase with her right hand, consisting of one single

note followed by a cluster and then another single note [2 quavers followed by 1 crotchet] and clutches her two hands, while waiting for a time appropriate for her to re-enter. Her vocalisations sound as giving her courage to continue her efforts.

14.18 In my response, I expand her phrase, while retaining the character of her cluster, but also incorporating her continuous vocalisations. My phrases are interspersed with pauses, so as to keep leaving her spaces for re-entering.

14.32 Thus at the end of a phrase of mine Sarah re-enters with another three-cluster phrase [2 quavers followed by 1 crotchet], created by the whole surface of her left hand's fingers. Her repetition of this rhythm seems to prove that she is keeping and responding to the group music rhythm, initiated by Ms Demetriou and Pamina [2 quavers followed by 1 crotchet].

14.35 While I respond to her, playing ascending variations to her phrases, she turns not towards Jenny as in the past, but towards Mr Loizou, the cameraman.

In the meantime, Ms Demetriou's phrases on the temple-blocks give waves of continuity, reflecting Pamina's pushes and circles. This time, however, these circles evoke a feeling of desperation and suffocation, particularly as she hyperventilates.

This extract reveals a further process in the function of the carers and myself as facilitators, and in our abilities to collaborate. Thus Ms Demetriou follows the rhythms of Pamina's wheelchair movements, and in responding to Sarah's piano playing I incorporate these rhythms. In this way we all include all members and create one musical form. Everyone feels included and this is felt by Pamina,

who, at some stage [17.50]] wheels herself and pauses in-between Ms Antouna and Sarah when they are at the piano. It is important that the music facilitated Pamina into feeling as an "active" member of the group, and this helped her to approach Ms Antouna and Sarah with an interest at what they were doing.

14.41 Sarah turns towards me and I play a two-cluster phrase, which intends to invite her.

Pamina wheels herself behind Sarah's back [with her back turned to Sarah's back] and soon [14.52] finds a position to stay there for one minute.

14.50 Sarah creates another cluster again with the surface of her left hand's fingers and stretches for my hand - together with a vocalisation - as if ambivalent whether to play herself or through my hand.

14.53 Her hand goes swiftly to her genital area, so I play three clusters [1 crotchet followed by 2 quavers], thus inverting her first piano phrases.

14.57 She instantly enters with two clusters in crotchets, thus giving a musical response to my preceding phrase, and stretches for my hand;

14.59 she waits for my phrases without passing her hand from her genital area. I play two phrases containing clusters: the first phrase consisting of 1 crotchet followed by 2 quavers, then a waiting pause, and then a second phrase consisting of 2 crotchets.

During this time Ms Antouna throws proud glances at Mr Loizou, the cameraman.

15.06 Instead of playing during my subsequent pause, Sarah again stretches for my hand with her left hand, while Ms Antouna plays a two-cluster, soft phrase on the edge of the high-register. The moment that my hand, touched

and directed by Sarah's hand, reaches the keys on the location that Sarah chose, her hand also falls on the keys right next to mine. It feels as if she identified in this way with my playing hand. Thus we simultaneously play a cluster on the same location of the piano.

15.10 I expand that cluster with a phrase consisting of 1 quaver followed by 1 crotchet.

15.13 I repeat the same phrase as above and Ms Antouna plays the same rhythmical phrase with mine and in exact synchrony with me, her clusters being created on the edge of the piano's high register.

15.15 At this time Sarah turns again towards Mr Loizou. Further playing by myself [a three-cluster ascending phrase consisting of crotchets] turn her back towards the piano instantly. As at most times during this episode, she is clutching her hands in waiting.

Ms Demetriou continues with the temple-block references to Pamina.

15.24 Ms Antouna follows with another invitation to Sarah, by playing again a two-cluster phrase consisting of two crotchets. Sarah is observing and listening attentively. Her continuous murmurs are also possibly an expression of her taking in what is happening.

15.28 I create yet another variation of ascending phrases, and after a pause, I play ascending phrases with my left hand on the piano's lower register. These new base-motives are formed in an effort to help Sarah keep her attention grounded.

15.36 Now Sarah plays a feeble phrase with her right hand, while her left hand seems to be momentarily stretching for mine.

Pamina now sets off to move again, having stayed there

for approximately one minute.

- 15.40 I respond to Sarah's last phrase with a piano phrase that reflects and clarifies hers, followed by a repetition of a base-motif [2 crotchets], played again in order to help her focus her attention.
- 15.45 Ms Antouna plays a two-cluster phrase [2 crotchets] for similar reasons of inviting Sarah's return to the piano-playing. She thus repeats the rhythm of my last phrase; this is because she is able to listen to all sounds and fit into the given musical form.
- 15.46 Again Sarah turns towards Mr Loizou [to check that Pamina had gone away from being positioned behind her back?],
- 15.47 and my subsequent phrase, which repeats the variations with more accents
- 15.50 turns her back towards facing the piano keys. She seems ambivalent now, whether she should play, and some seconds pass before she places her hand on the piano keys.
- The function of the music was to fill those seconds of ambivalence with music similar in character and thematic content to the music played beforehand, but adding some variations, in order to keep a certain degree of arousal and stimulation. The last variation was brighter in colour.
- 16.04 Pamina is passing close to Ms Antouna and Sarah, as she circles around the room. This falls within a pause of some seconds - when one hears only the temple-blocks - and moments of clear ambivalence from Sarah,
- 16.19 before she comes with a single note [1 crotchet], followed by a phrase of single notes by Ms Antouna [1 crotchet followed by 2 quavers]; this is instantly followed by a

- stretch of Sarah's hand towards me
- 16.22 and a two-cluster phrase by Sarah [2 crotchets]. It sounds as if she and Ms Antouna had created together one phrase played by one person, as from 16.19 until this moment each followed the other with coherence and in the same tempo, timbre, colour and dynamics.
- 16.26 Then Sarah turns her body again towards Mr Loizou, while clutching her hands, as if proud and desiring to show him what she had just created.
- 16.27 My next phrase of two clusters [1 crotchet followed by 1 minim] brings her back towards facing the piano keys again.
- Pamina is now passing close to Ms Antouna and Sarah once more.
- Ms Antouna again picks up the rhythm of my last phrase and plays also a phrase of a crotchet followed by a minim, consisting of single notes.
- This is followed by another two-cluster phrase played by me, similar to my last phrase.
- 16.45 Yet Sarah turns again towards Mr Loizou, clutching her hands. This time I feel more clearly that her turning is also related to Pamina's movements, perhaps Sarah worrying when Pamina passes from behind her back. For her turning this time coincides with Pamina's passage from her back.
- 16.47 Jenny is still sitting with one leg on the xylophone chair, the other on the cymbal and the beater in her mouth. For the following moments, the video-camera is focused on her side of the room, and one can only hear the music created by Ms Antouna, Sarah and myself on the piano.
- 16.50 We hear one note played by Sarah and followed by an expanded variation played by me.

Ms Demetriou plays the xylophone along with this music, as well as the temple-blocks, which she plays by making particular references to Pamina, as before.

We see Pamina rolling around her circle.

16.58 Sarah gets into the music with a two-note phrase in the upper register.

17.01 Ms Antouna plays a phrase of single notes [2 quavers followed by 1 crotchet].

I expand my phrases with yet another variation.

17.10 We hear one more cluster from Sarah. Jenny does some head-swings, mirrored by Ms Demetriou on the bongo-drums and then on the xylophone.

17.18 Ms Antouna plays on the piano a phrase consisting of two quavers, followed by a crotchet, another two quavers and another crotchet.

17.24 Sarah repeats another cluster.

17.42 Sarah repeats a cluster but stops.

17.47 Ms Antouna plays a phrase consisting of one crotchet, followed by two quavers and another crotchet. She seems to have played this not only for Sarah, but also for Pamina, because,

17.50 Pamina has rolled and paused in between Ms Antouna and Sarah, and Sarah has turned to look at her. Then she starts her little steps, walks towards Ms Antouna, takes her hand and together with her she walks away from the piano towards her chair. On their way they pass in front of Pamina.

I continue the music to accompany Sarah's steps.

Pamina stays there and, amidst some head movements of hers, she seems to observe their walk away. Pamina's presence there caused Sarah to leave.

18.02 Ms Antouna leaves Sarah's side and proceeds alone

towards her position in front of the metallophone. She joins the music with a metallophone phrase.

Sarah pauses there for a while - half way between the piano and her chair.

18.08 Sarah makes a few steps and turns to look at me and at Pamina. She turns towards Ms Antouna and then back towards both of us again. Pamina again, amidst her head movements, gives me the feeling that she notices - or somewhere registers Sarah's movements and gestures.

I continue the piano music, with variations, in order to transmit the continuity of the phenomena on one hand, and the added new elements on the other.

Here is the end of Sarah's piano extract. It is important to note that in the five minutes of piano exchanges, she only once passed her hand from her genital area.

18.20 Sarah is almost near her chair, when Ms Antouna plays the metallophone. She grasps both beaters from Ms Antouna with her left hand and throws them, followed by passing her right hand from her genital area.

18.27 Pamina turns to look at her, while still in the same position. This shows her continuous interest at the phenomena, movements and sounds created by the other members.

Sarah repeats her beater-throws, but does not pass her hand from her genital area.

Pamina winks after every beater-throw by Sarah.

All along I play the piano, now shifting the music to reflect Sarah's throws. Sarah twice repeats the same - without touching her genitals - and

18.40 Pamina turns away from them and begins to roll again in the direction of her usual circle.

18.55 Sarah turns to look at Pamina, as soon as she turns her wheelchair a quarter of a circle and her back is facing Sarah. This shows her concern at what Pamina is doing.

22.00 - Second excerpt

27.44

22.00 Amidst Sarah's beater-throws, Jenny prepares herself for action. She removes the cymbal from her way in front of her and moves her body forward on her chair, having the hard end of the beater inside her mouth.

22.08 Jenny leans towards Ms Demetriou and brings her face close to Ms Demetriou's breast. She removes the beater from her mouth and, with her mouth near Ms Demetriou's breast, she makes high-pitched staccato vocalisations. Ms Demetriou plays some xylophone notes. It feels as if she was waiting in a calculated way, so as to give the last throw.

22.16 Smiling, holding the beater and continuing her high-pitched vocalisations she comes to the piano, while Sarah, with Ms Antouna's help, throws the beaters on the cymbal.

This marks the beginning of Jenny's longest and most coherent piano playing.

22.23 Having swung the beater and swinging her head, Jenny sits on the piano stool.

22.37 At first, she takes my right hand with her left and places it on the piano to play clusters, while with her right hand she keeps holding her beater. Just after the second cluster, she makes brief, medium volume *autistic*

vocalisations [tou-tou-tou-tou-tou].

22.47 After the fourth cluster, she shifts into playing with her own fingers reiterations of single notes. All along, I use my left hand to play a separate, supporting voice.

22.58 She again takes my right hand to play through it quaver clusters in steady rhythm and tempo. Some sixty-three or so clusters, containing only a handful of crotchets, which bring the phrases to some rest, and all these played within thirty-eight seconds [a few crotchets occur after phrases of approximately 13, 21 and 15 quavers respectively]. This time my left hand support is a lively melodic line.

Sarah's throws onto the cymbal continue all along Jenny's piano playing. Thus Sarah's and Jenny's instrumental parts coexist.

Pamina has rolled herself against the wall near the synthesiser and underneath the window approximately half-a-minute before Jenny got off from her chair to come to the piano.

23.37 Jenny gets up and plays with the underneath surface of her left hand [like Sarah] another eight or so quavers in the high register and in faster tempo.

23.41 Then she gets up and turns around [via the direction of the camera] and with smiles tries to sit on my lap, probably wishing in this way to eliminate my ability for creativity-productivity. I prevent her from doing this, and continuing a series of a kind of laughter,

23.54 she turns into high-pitched sounds; these accompany her actions of picking up the beater from the base-drum, smelling it and plucking its soft, fluffy end.

24.02 Without being able to see it on the video, one hears one metallophone phrase played by Ms Antouna, and followed

by a beater-throw onto the cymbal and the metallophone by Sarah, along with her soft mock laughter.

- 24.13 Jenny throws the beater she had picked up from the base-drum with force onto the floor, emitting a high-pitched vocalisation, as she walks away approaching the camera. Her throw evokes a piercing, intense scream in Sarah.
- 24.18 Sarah continues her throws, while Jenny is right in front of the camera and Mr Loizou with smiles of apparent triumph.
- 24.24 While standing there, she turns towards Sarah, who continues throwing her beaters, and elicits high-pitched, piercing sounds. Are these aiming at destruction, the destruction of Sarah's part through her coming piano part?
- 24.33 Jenny is banging the beater on her head - the one with which she initially came to the piano and which she stills holds - when she returns to the piano stool. In the meantime, Sarah's throws on the cymbal have become more intense. All along this excerpt, she frequently passes her playing left hand from the genital area of her clothes, often grasping her clothes there.
- 24.44-25.55 Through my right hand again, Jenny plays some thirty-three quavers that come to rest on two or three crotchets, and I repeat a variation of the lively melody with which I accompanied this playing of hers before. This melody has a rhythm of determination and force, for these are the feelings evoked within me by Jenny's playing. Indeed, she must have had determination, in order to play consistently and coherently - albeit through my hand - so many clusters until the end of this duet at 25.55 minutes. Sarah turns to look at Jenny at the beginning of this part

of the piano duet. She is particularly intense there in the way she grasps her genital area with her left hand that throws the beaters, after every such throw.

24.59 Jenny continues her determined phrases. Her next phrase contains some ninety quaver clusters.

All along Sarah continues her throws onto the cymbal and the metallophone.

Pamina does not move her wheelchair position from underneath the window with her back to the group, yet she turns her head backwards, to her left, that is, towards the sounds.

25.36 Jenny's following, final phrase contains some forty-seven quaver clusters. In her previous phrases, as well as in this one, there was, nevertheless, a subtle way of sensing smaller phrases - through the force of her pushing my hand or the pulse that I was feeling pressed by her hand on mine. This was my guide in forming the melodic phrases played by my left hand. The whole of this sequence lasted one minute and eleven seconds. Some parts of it she accompanied with small head-swings.

25.56 Jenny gets up from the piano stool, walks so as to face Sarah, who is still continuing her throws. On seeing her there Sarah emits a piercing, intense scream and passes firstly her right and then her left hand from her genital area. Jenny swings her head there in front of Sarah, and then

26.07 vocalising "ti-pa-pa, ti-pa-pa" she returns to the piano.

26.13 Standing there, she plays with her right hand a series of phrases containing clusters in the form of two quavers followed by one crotchet. The dynamics are loud. She interrupts these piano phrases briefly with more "ti-pa-pa" vocalisations, amidst head-swings, her head with

smiles turned away from the piano.

Sarah's beater-throws still continue.

26.33 Jenny turns her head and glance away from the piano, and looks into the horizon. Her head-swings become even faster and more isolating.

Ms Demetriou, wishing to invite Pamina plays on the temple-blocks the known motive from the previous piece, consisting of two quavers followed by a crotchet, while with piano clusters I try to bring Jenny back.

26.46 Instead she picks up a beater and, placing her beater safely under her chin, she sits on the piano stool and tries to break it.

26.58 Failing to do so, she throws it with force to the floor.

27.00 Then she plays some quaver clusters with her left hand followed by reiterations of single, black notes. Again, she seems away while doing this, as if her playing is now mechanical, and my black-note responses feel inappropriate.

27.14 That is why, perhaps, she gets up to return to her seat with that kind of piercing, high-pitched vocalisation that is usually aimed at destruction. Perhaps here, that vocalisation is also related to feelings of triumph. She swings her head, making hissing sounds.

27.28-27.44 She is just about to sit down, when she seems to notice her right hand, as if she is reminded of what it has achieved. She lifts up and shows her right hand to the group, with some more head-swings and hissing sounds, seeming proud at what she has achieved. She turns it this side and that side, looking at it with smiles.

Ms Demetriou felt that Jenny was showing the group her ability, her "able" hand and was feeling proud of it.

Sarah continues as before.

B. 10 THE SESSION OF JUNE 26, 1995

Ms Kazakaiou was absent. The initial placement of the instruments and sitting position were the following:

Cymbal	Jenny Ms Demetriou	Cymbal
	Xylophone Bongo-drums	Temple-blocks
Ms Antouna		Ms Lovari
Sarah Metallophone		
Base-drum	Pamina	Synthesiser
Bells		
Piano Anthi Agrotou	Gong-tambourine	Mr Loizou - Camera

Transcripts of the excerpts from the session:

First excerpt

Minutes

Description of events

5.02

The piano music is offered for reinforcing the experience of the "good object".

Jenny sits half alert, and half "away". She fiddles the hard end of the beater over her mouth area.

Pamina is near the metallophone, opposite Sarah's position.

Sarah has walked alone and is standing behind the piano, holding a teddy-bear tightly in her hands.

The excerpt starts as soon as I sit on the piano stool.

From her position behind the piano Sarah vocalises in anticipation of my playing the piano [not yet seen on the

video].

I pick up this vocalisation in building up the motives of the piano piece.

Sarah stays behind the piano and looks at me, at Mr Loizou, or at the rest of the group.

Jenny makes some soft autistic sensual mouth movements.

There is a general stillness in the room and I try to play something holding, with Ms Demetriou accompanying with soft xylophone phrases or xylophone glissandi.

5.55 Pamina starts pushing her wheelchair [seen a few seconds later], hitting the metallophone table as she does this. She seems to have the intention of turning away from that position.

My music takes on the rhythm and tempo of Pamina's pushes. Until this time it is formed of long chords without specific rhythm.

6.29 I form a specific melody, having in mind the tempo of Pamina's pushes and the motives of Sarah's vocalisations.

6.56 Sarah makes some soothing-sounding vocalisations, apparently expressing her comfort at the music that I play. These occur at the end of my phrases and feel as acknowledgements and responses to the music that I play. While doing so she is mostly looking at Ms Demetriou. There is then a calmer expression and smile in her face.

I try to invest those vocalisations with a melodic line - while retaining the previous rhythm and tempo sprung from Pamina's pushes - and she creates even more of such vocalisations.

All along, Sarah is holding her teddy-bear with both hands very tightly.

- 7.21 Ms Antouna has left Sarah's side and returned to her seat. Sarah makes an instant reaction to that, a reaction of displeasure - her smiling withdrawing, and her lips expressing seriousness.
- I repeat and expand on the previous music, so as to transmit the security of continuity.
- Sarah's vocalisations continue as before.
- Pamina is still during these moments and within a few seconds Sarah starts walking back to her chair and near Ms Antouna.
- 7.58 Sarah is on her walk back, still holding the teddy-bear tightly in her arms. The piano music makes a new variation, so as to refer to this new turn of Sarah; it is all along accompanied by Ms Lovari on the temple-blocks and Ms Demetriou on the xylophone, though they play very timidly. The music holds the group together.
- 8.10 Sarah is near the base-drum; she seems to be aware that the musical variation is referring to her, and she turns back to look at me with a smile of comfort;
- 8.17 then she bends forward to pick up a beater from the base-drum herself. She refrains from that, grasps her clothes momentarily and stands there for some seconds, until Pamina re-sits herself on her chair. Her eyes keep focusing onto Ms Antouna and Ms Demetriou.
- 8.32 The movements and sounds that Pamina creates with her wheelchair seem to make Sarah walk away and closer to her seat.
- 8.43 Yet Sarah stands there, close to her seat, for more seconds. I have the feeling that the security of the music holds her there, i. e. she is able to stand or move for a length of time, without being persecuted by the other patients. And she is "supported" to look at all the other

members of the group from a standing position, as if the music creates a "backbone" within her.

- 8.49 Smiling, Sarah turns to look at Mr Loizou.
- 8.57 Sarah passes her left hand from her genital area. It coincides with a rise and climax in the music and with Pamina's preparation for another move, as she lifts her hand to do so.
- 9.06 Pamina pushes with noise again her wheelchair against the metallophone table, and Sarah continues her small steps to reach her chair and position near Ms Antouna.
- 9.20 While doing so, she keeps turning her head to look at me, as if telling me in this way to keep on supporting her with my music, until she should reach her secure base near Ms Antouna.
- 9.37 Sarah stretches and reaches Ms Antouna's hand, and then turns to look at me, and then at Mr Loizou.
- 9.46 Then she lets go of her hand, while still looking at Mr Loizou and turns a quick glance towards the whole group; she then turns again to look at me, as I continue the music, adding at this point variations to express her reaching a desired destination. Her vocalisations continue as she is doing this, but they are of a slightly different sort; they sound as vocalisations of relief and acknowledgement towards me for meeting her needs - she turns to look at me, as she is creating them. Indeed, they are similar to her previous sounds of comfort and relief at the beginning of the piano piece [6.57 minutes]. Her face is content and calm. She turns to look at all the other members and then back towards me again.
- 10.03 For this reason I invest the piano music with my voice, in an attempt to address her more directly.
Sarah grasps her genital area with her left hand.

- 10.14 There follows a series of Sarah's beater-throwing episodes. They are responded to by a new musical interpretation, which conveys the frenzy and the anxiety, and in which the carers partake creatively.
- Sarah grasps the beater from Ms Antouna's hand and throws it on the metallophone; she follows with another beater and then throws again the two beaters onto the metallophone. She then turns to look at me.
- 10.24 I shift the piano music, so as to transmit the intensity that characterises Sarah's beater throwing episodes. She frequently passes her playing left hand from her genital area and turns to look at me, seeming to be fully aware that my music responds to her.
- Ms Antouna [with the cymbal and the base-drum] and Ms Lovari [with the temple-blocks] take more active part in the music that I play, their part being stronger than before.
- Pamina is still opposite Sarah for approximately half-a-minute.
- 10.49 Pamina now begins to roll herself away from being opposite Sarah.
- 10.59 Sarah notices Pamina, while Pamina rolls backwards.
- The carers and I play about the frenzy or anxiety of Sarah's throws.
- Yet, Sarah is in less of a manic state in this series of episodes than in similar ones in the past; this is indicated by the fact that the speed with which she throws every subsequent beater is slower, there is less hunger in the manner with which she grasps the beater and her mock laughter is softer, of a more contained form.
- 11.19 Pamina has rolled away, and she is slowly turning her

wheelchair towards the opposite direction.

Sarah is clearly aiming a lot of her throws to fall onto the floor.

Jenny is cut off all along [without her look of envy].

12.22-12.28 I stop the piano music there.

In the meantime Ms Antouna has stood up and together with Sarah they have moved nearer the base-drum; Pamina has turned herself via the piano's direction towards Ms Lovari and Ms Demetriou.

14.18 - Second excerpt

15.50

14.18 Jenny is about to embark on her piano playing.

She gets up to come to the piano holding a beater, amidst Sarah's beater-throwing episodes. She seems to come without hesitation, and without preparations through mannerisms or rituals with Ms Demetriou.

Pamina is now right opposite her, near the other side of the xylophone. She stays there throughout Jenny's piano playing.

14.33 Jenny plays a phrase of clusters [2 crotchets followed by a minim and then 3 crotchets] with her right hand and then gets my right with her left hand and plays through it. The playing then is very similar to that of the last session. It is some one hundred quavers in a row, all played within approximately forty seconds; the phrases are separated by some quavers being more accentuated than others; she is also now putting more colour in her phrases, this being conveyed through a difference in the pressure she would put into my hand.

I play melodic phrases with my left hand, of similar motives and themes to those of the last session [of June 19, 1995], and created in similar ways [see there].

It is very interesting that Jenny moves her head to go with the rhythm of the piano's phrases. She has never been so directly musical.

15.13 Jenny shifts gradually into a ritardando and crotchets that bring that series of phrases towards an end,

15.22 and then plays quaver clusters in the same way herself with her left hand, moving it at different parts of the piano, thus creating clusters in different pitches.

I continue playing with both hands, my right hand continuing similar clusters to the ones played before through Jenny's pressure. In this way our "one" piano part evolved into two related parts.

All along this playing of Jenny's, Sarah throws the beater two or three times, but without producing a *mock laughter* afterwards. Then, there are no more throws, probably because Ms Antouna did not return them to her, so that we could give the space to hear Jenny's playing.

Sarah often turns to look at Jenny.

15.31 Jenny embraces me with her left hand and stands up to get me physically closer to her , as she tries to kiss my neck, but I indicate to her to return to her position.

15.36 This she does instantly and places her left hand to play herself. She plays seven quaver clusters in different pitches

15.41-15.50 and gets up to go near the camera and Mr Loizou. She is full of smiles.

I continue "her" music, bringing the phrases to an end with a variation.

18.10 - Third excerpt

29.10

- 18.10 Sarah has sat on her seat through her own initiative. With her left hand she fiddles over her right cheek, her face bent towards the right, possibly expressing a withdrawal from Ms Antouna, who is sitting on her left. Jenny is back at her position and, having touched Ms Demetriou's beater, she assumes her withdrawn state, fiddling the beater over her mouth and face area and with her legs wide open on the chair. Pamina is still near the other side of the xylophone, facing Jenny and Ms Demetriou. She has been there since Jenny's piano playing. She has one leg crossing another. I play the synthesiser. I start with a music that follows Ms Demetriou's motives of picking up Jenny's *soft autistic sounds*, investing these motives with melodic direction. Ms Demetriou plays the xylophone and the bongo-drums, and Ms Lovari some soft temple-block notes. Sarah turns to look at Ms Demetriou momentarily.
- 18.25 Pamina gets more alert in watching Ms Demetriou playing on the xylophone and re-sits herself on her chair into a more alert, forward position. While starting to do so, Sarah emits a vocalisation.
- 18.32 Ms Antouna plays some black metallophone notes for Pamina, when she turns her head towards the metallophone area.
- 18.37 Sarah takes the beater from Ms Antouna's hand and throws it to the floor in front of her. She then again bends her head towards the right - seeming to desire some withdrawal from Ms Antouna, who is sitting on her

left - and fiddles the fingers of her left hand over her right cheek.

18.43 Ms Demetriou, aware of Pamina's alert state, plays the black xylophone keys, which are closer to Pamina, as she sits opposite her. Her phrases consist mostly of two quavers followed by an accentuated crotchet. In-between her phrases she keeps offering to Pamina the beater. Jenny continues her *soft autistic sounds*, and Sarah, while fiddling her fingers over her cheek, is watching everything that is happening, i.e. the attention given to Pamina.

I invest the music with melodic direction.

18.56 Pamina lifts her hand and gets the beater offered to her by Ms Demetriou and throws it on the xylophone. The drop is watched by the other patients.

Jenny turns her eyes upwards, as soon as she witnesses it - her face now assuming her "envious" withdrawal - and Sarah searches and gets hold of Ms Antouna's hand. Jenny is now holding the beater with her right hand over the right side of her face.

19.06 Ms Demetriou plays a series of brief phrases on the xylophone's black keys, which leave pauses for Pamina to receive the beater, and also respect her ambivalence and her withdrawal moments, when she turns her head away. However, she offers her the beater with the confidence and trust that she will return to it.

Ms Demetriou's phrases on the xylophone consist of two quavers followed by a crotchet. She thus reminds Pamina of her previous sessions' responses to her on the temple-blocks, which referred to her wheelchair movements and the last part of her *mouth repertoire*.

Jenny's *soft autistic sounds* continue.

Ms Lovari keeps playing very soft, fast temple-block notes.

There is an electrified atmosphere of intensity in the room.
The synthesiser music is holding this atmosphere.

Sarah keeps turning her eyes towards Pamina.

19.35 Ms Antouna pulls the base-drum closer to her and plays a few notes.

19.43 Sarah gets that beater also and throws it to the floor. All these happen in the atmosphere described above.

20.01 Having played scattered notes on the xylophone, Ms Demetriou resumes the phrases on the black notes, consisting of two quavers followed by a crotchet.

20.04 Ms Antouna plays a metallophone phrase on the black notes consisting of three crotchets, and a cymbal phrase,

20.09 and Sarah, who is still sitting in a withdrawn way, throws them to the floor again, perhaps thus indicating that she does not wish to play the same game at this moment. At this point Sarah sits in a clearly more attentive manner, with her left hand straight on her chair and the teddy-bear pressed against her tummy.

Ms Demetriou continues her playing for Pamina, at times touching her palm with the soft end of the beater.

21.16 Ms Antouna plays a metallophone phrase.

21.25 Ms Demetriou has been continuing all along as above, but at this point I start another variation of the music, still with the intention of holding and contextualising the material from all the participants, through giving it a musical-aesthetic form and direction. Unlike a similar technique adopted in the session of March 27, 1995, [14.20 - 21.10], this time the carers make contributions as well. Ms Antouna plays brief phrases on the metallophone and the cymbal, and Ms Lovari plays on the temple-blocks answering phrases to those of Ms Demetriou.

- Pamina continues to hesitate taking the beater.
- 22.35 Sarah is observing and vocalises when I pause for some seconds in order to change the synthesiser instrumental character.
- 22.40 I put on the dulcimer mode and play arpeggio chords so as to provide a holding ambience.
- Pamina places her hand over the xylophone keys, but is still hesitant to take the beater.
- Pamina hyperventilates [in anticipation of realising a desire?].
- Ms Demetriou continues her efforts as before, now inserting short, repeated glissandi on the xylophone's black notes, so as to stimulate Pamina's endeavours.
- 23.18 Pamina receives the beater from Ms Demetriou's hand - Jenny sees that - and lets it drop again on the xylophone - Jenny looks away at this point.
- Sarah is observing.
- Ms Demetriou leaves a pause,
- 23.29 then picks Pamina's beater up and plays xylophone glissandi for her, similar to above.
- Pamina turns her head away and then back to the xylophone again.
- 23.40 Ms Antouna plays a cymbal note upon seeing Pamina turn her head away from the xylophone.
- 23.50 Pamina receives the beater in the same way as above and throws it on the xylophone surface.
- Both Sarah and Jenny seem to observe this.
- Ms Demetriou leaves the beater on the xylophone for some seconds, in case Pamina would rather pick it up herself;
- 24.02 then Ms Demetriou takes it for more glissandi.
- 24.09 She leaves it on the surface once more, in case Pamina

would take it again.

- 24.14 Since Pamina makes no such move, Ms Demetriou continues with more glissandi or other brief simple phrases.
- 24.24 Ms Antouna plays one more cymbal note, while Ms Lovari has been almost quiet for the last couple of minutes [playing only a few very soft-sounding notes].
- 24.33 Jenny is giving more obscure glances at Pamina, and Sarah some soft vocalisations in continuous bursts and pauses.
- 24.37 Ms Demetriou leaves the beater once again on the xylophone surface, Pamina almost receives it, but withdraws slightly in ambivalence.
- 24.44 Then Jenny comes forward abruptly, picks it up and hands it over to Ms Antouna. Smiles of pleasure and surprise spring forth from the carers and myself. Jenny returns to her usual sitting posture and has the expression of envy, her eyes turning away from the object of her interest, but seeming to register everything about that object [i.e. Pamina and the attention given to her]. Ms Demetriou pats Jenny on her knee for reassurance.
- 24.57 Ms Antouna hands back to Ms Demetriou the beater. Jenny observes this with an angry look.
- 25.05 Ms Demetriou resumes the xylophone glissandi for Pamina, after giving another pat on Jenny's knee, while I resume the synthesiser-dulcimer music, again binding the material from all members into a musical form.
- 25.25 Pamina receives the beater again and lets it drop on the xylophone surface.
- 25.30 A vocalisation by Sarah just after the drop is responded to with a cymbal phrase by Ms Antouna.
- 25.35 Pamina takes and lifts up the beater from the xylophone

- surface herself and lets it drop.
- 25.42 Ms Demetriou corrects its position on the xylophone surface, so that it would be easier for Pamina to pick it up herself. Pamina hesitates for a few moments and
- 25.49 Ms Demetriou plays the black notes of the xylophone with her fingers, so as to encourage her. She pats Jenny's knee once more and touches her subtly, while giving the time and space for Pamina to act on her own.
- Jenny gets hold of Ms Demetriou's hand.
- Pamina's hand is over the xylophones' surface.
- The synthesiser's brief and simple phrases, and some soft cymbal crashes by both Ms Antouna and Ms Lovari contain the group atmosphere.
- 26.23 Sarah stretches for a beater from Ms Antouna's hand and
- 26.26 just after she throws it to the floor
- 26.28 Pamina picks up her beater herself and drops it again on the xylophone surface.
- Sarah is again with her left hand's fingers over her cheek and looks very serious and sad.
- 26.38 Pamina has already picked up her beater and thrown it again onto the xylophone surface, and Sarah now for the first time makes a *mock laughter* just after - and in reference to - Pamina's drop of the beater.
- We all return the beaters from the floor to the instruments.
- 26.55 Ms Antouna plays a base-drum phrase for Sarah.
- 27.01 Sarah throws a beater onto the floor.
- 27.06 Through holding Ms Antouna's hand Sarah stands up. Ms Demetriou has just played a xylophone phrase for Pamina.
- 27.13 Sarah throws a beater onto the base-drum and Pamina

turns to look at what happened.

Sarah lets out a soft mock laughter and passes her left hand - the one that has just thrown the beater - from her genital area.

The synthesiser music continues with some variation because of reflecting Sarah's throw.

27.19 Sarah repeats another throw onto the base-drum and then makes a few steps and leans on the metallophone, in order to pick up the beater from there.

27.27 She throws that beater over the metallophone to the floor, and in this way near Pamina's position. It seems to have been aimed as an aggressive attack at Pamina, and for this reason Sarah turns instantly to look at Pamina.

27.29 Just after Sarah's throw near her, Pamina picks up the beater herself from the xylophone surface and lets it drop at the same location.

Sarah observes this and looks around the metallophone surface, apparently in search of a beater.

27.40 While Sarah looks around towards the other carers waiting for a beater to be returned to her, Pamina repeats picking up the beater and dropping it onto the xylophone surface.

Jenny still looks angry and Ms Demetriou pats her knee.

27.50 Pamina repeats the same and Sarah has not yet received a beater to throw.

I feel Sarah more handicapped than Pamina, as she is more careless with her beaters and throws them beyond her reach; whereas Pamina is felt more able, in comparison to her, having control of the beaters and her desire to create sound through them. She also has more autonomy.

A drop of hers falls slightly away from her and Ms

- Demetriou places it nearer to her.
- 27.58 Sarah seems to aim her beaters again against Pamina and, as soon as she receives the following two, she throws them on the floor behind the base-drum, and thus close to Pamina;
- 28.03 whereas Pamina's drop follows with as much care as before. It accidentally falls on the floor and Ms Demetriou puts it back on the xylophone.
- Sarah is observing very attentively this return of the beater from the floor to the xylophone surface.
- 28.22 On a close up, Jenny looks angry and envious, though her glance avoids falling directly on what angers her.
- 28.32 We see the manner with which Jenny looks at Pamina's subsequent drop, as if looking and not looking at the same time, while seeming angry;
- 28.34 and her eyes quickly turn away from what she has experienced as disturbing.
- 28.38 Ms Antouna has moved to the piano.
- Twice Sarah emits a soft *mock laughter* in response to Ms Antouna's high register piano notes. Both her hands are holding tightly her teddy-bear onto her chest.
- 28.46 Jenny sees Pamina lifting up the beater, and before Pamina drops it on the xylophone, Jenny uses hers to play a cymbal phrase.
- This I instantly incorporate into the synthesiser music, while Ms Lovari responds with cymbal phrases. I still use the dulcimer character and play the same thematic music. This seems to me now a mistake, because the dynamics have changed in this part of the session, all patients being engaged in an active inter-relatedness.
- 28.51 Pamina drops the beater on the xylophone surface and subsequently Jenny spins the cymbal.

I continue the music.

Ms Antouna plays more high register notes on the piano and Sarah, looking at her, passes her left hand from her genital area.

29.05-29.10 Sarah starts her little steps towards the piano, while Ms Lovari continues the cymbal phrases. Ms Demetriou plays some bongo-drum phrases in response to Jenny.

B. 11 THE SESSION OF SEPTEMBER 18, 1995

Ms Lovari and Mr Loizou were absent. The filming was taken by a carer member of another group, Ms Koula. The placement of the instruments and the sitting position of the members during the excerpts to be transcribed here were the following:

	Jenny's chair	Ms Demetriou	
	Cymbal	Tambourine	Xylophone
	Cymbal	Bongo-drums	Temple-blocks
Ms Antouna	Metallophone		Ms Kazakaiou
Sarah	Base-drum		Bells
Door		Pamina	Window
			Synthesiser
Piano Anthi Agrotou Jenny	Gong-tambourine		Ms Koula - Camera

Transcripts of the excerpts from the session:

Minutes *Description of events*

10.28 - First excerpt

11.43

10.28 Sarah is sitting with her body stooped forward and her hands touching her chair; she is intensely observing everyone and murmuring all along in bursts and pauses.

Jenny is sitting next to me on the piano stool, since her second entry into the room [5.00]; during her first entry

she urinated as soon as she came in and went to change with Ms Demetriou; her facial expression seems to indicate that she is half present and half absent. She is fiddling with her own beater and has her back turned to me, while facing the group.

Pamina has been rolling in circles in the area in front of Ms Kazakaiou, hyperventilating continuously and with an intensity in her facial expression.

Ms Kazakaiou follows her wheelchair movements on the temple-blocks with two-note phrases and adds gently the bells.

10.49 Ms Demetriou adds a soft cymbal note.

10.51 Ms Antouna adds another soft cymbal note on the cymbal next to her.

10.54 I play a soft gong note.

10.57 Pamina has turned her wheelchair near the gong area and is now facing Ms Kazakaiou, her hyperventilations continuing.

11.06 Pamina has moved closer to Ms Kazakaiou, wheeling herself in a straight line that positions her in a location from which she faces Ms Kazakaiou directly. During these seconds her hyperventilations have become intensified, as indicated by the greater breathing sound that she makes and the bigger movements of her head, shoulders and chest. She remains there, facing directly Ms Kazakaiou for approximately 40 seconds, though her head keeps moving right and left alongside her deep breathings in and out.

While Ms Kazakaiou still follows Pamina's breathings on the temple-blocks, Ms Demetriou adds some soft bongodrum notes and I add some soft gong notes.

11.08 Ms Kazakaiou employs Pamina's breathing tempo to

play a temporal variation of Pamina's typical theme. She plays this variation twice.

11.17 Ms Kazakaiou plays two-note phrases on the temple-blocks, so as to follow again Pamina's hyperventilations. Ms Demetriou plays a two-note phrase on the xylophone, while I continue adding some soft gong notes.

11.17-11.43 Pamina is still facing Ms Kazakaiou in the same position.

Amidst Sarah's pattern of murmuring in bursts and pauses, Jenny adds her *soft autistic vocalisations*, while fiddling with her beater and still seated in the same position.

15.00 - Second Excerpt

17.58

15.00 Sarah has been continuing her murmurs in bursts and pauses, and Jenny still has her half-absent and half-present facial expression, sitting in the same position and manner as in the above excerpt, still fiddling with her beater.

Having continued her circles amidst continuous hyperventilations, Pamina now rolls with feet curled up on her chair, and one foot crossing another.

15.04 In the above-described posture, she positions herself near the piano, so as to face Jenny and myself. Located there she still hyperventilates, while Jenny's eyes look downward and Sarah continues her murmurs in bursts and pauses.

15.17 I start a theme at the piano that follows Sarah's voice,

in terms of pitch, and Pamina's breathings, in terms of rhythm. The piano music is soft and gentle, in an attempt to soothe the anxiety evidenced in Pamina's state.

Ms Demetriou follows the piano music with soft xylophone notes.

Pamina remains in the same position, though her head is turned sideways, thus not facing the piano directly.

16.21 Having established a predictable rhythm on the piano, a rhythm that still follows Pamina's breathings, but intended also to provide for her a rhythmical and melodic predictability, Ms Kazakaiou follows that piece's rhythm on the temple-blocks.

16.31 Sarah makes a very rare turn towards Ms Antouna, and stretches her hand to touch that of Ms Antouna's, but withdraws.

16.40 Pamina stops hyperventilating and coughs.

With a calmer phase and without hyperventilating Pamina starts rolling her wheelchair yet again.

17.03-17.16 With a cough Sarah starts the mouth behaviour and sounds that will soon take the clear shape of belches: a forced expulsion of air from her insides through her mouth; while doing this her jaws are wide apart and her face is all tensed up with her eyes looking intensely at other members, in particular Ms Demetriou and myself. With a melody in the base, I try to reflect the forcefulness of her expulsion, while retaining a unity with the previous theme, through playing in the same tempo and rhythm and using the same motives. Ms Demetriou now follows with her soft xylophone notes very timidly.

- 17.20-17.25 After a few seconds' pause, Sarah repeats her cough-belch sounds and I repeat a variation of the above-described music.
- In the meantime Pamina has turned her wheelchair and has already rolled almost a circle.
- Sarah repeats the same sounds but less intensely.
- 17.28 I play a series of chords that may lead the piece either to an ending or to a new beginning.
- Ms Kazakaiou plays the bells, and Ms Demetriou continues her soft and timid xylophone notes.
- 17.38 In this progression of chords, Sarah makes a clear "mmm" vocalisation that follows a rise and a fall. It feels as an awareness of the music's response to her own sounds.
- 17.43-17.58 Sarah repeats a few more waning murmurs, Pamina has now turned again so as to face Jenny and myself at the piano, and the musical piece has come to an end.

B. 12 THE SESSION OF OCTOBER 2, 1995

Ms Demetriou was absent. The filming was taken by Mr Loizou. The initial placement of instruments and sitting position were the following:

Jenny	Ms Lovari		
Ms Antouna	Xylophone	Cymbal	
Sarah	Metallophone	Bongo-drums	Temple-blocks
			Ms Kazakaiou
			Bells
Door		Pamina	Window
			Synthesiser
	Piano Anthi Agrotou	Gong-tambourine	Mr Loizou-Camera

Transcripts of the excerpts from the session:

4.00-6.53 *First excerpt*

4.00 Sarah has been standing up since the beginning of the session, leaning her body on the metallophone by placing one or both of her palms on its keys and facing Ms Lovari and Jenny, thus having her back turned to me. Her body is stooped. Her vocalisations, in the pattern of bursts and pauses, sound as expressing a painful complaint from the beginning and throughout the session.

Jenny had moved her chair at the beginning of the session, so as to be closer to Ms Antouna and sits holding a beater and with her legs wide-open on her

chair; she keeps a facial expression of apparent withdrawal at most times - this withdrawal seeming sometimes connected with an envious attack.

Pamina has been moving in circles around the area of Ms Kazakaiou, at most times hyperventilating. Unlike such movements in the past, in this session she creates her circles by turning her wheelchair backwards and forwards at the points that she wants to turn. This seems to be the result of her intention to create a smaller circle, and remain closer within the periphery of Ms Kazakaiou.

Ms Kazakaiou plays two-note phrases on the temple-blocks, thus accompanying Pamina's wheelchair movements.

Ms Lovari plays a xylophone glissandi, in an attempt to invite her and the other patients.

4.06 I start a piece in the piano, in an attempt to interpret Sarah's painful-sounding complaints. In doing so, I use semitonal motives in a chromatic scale and create expansions of her vocal bursts. Some long notes in the upper register are intended to address Jenny's and Pamina's state of partial withdrawal.

Ms Lovari supplements the piano phrases on the xylophone.

4.10 Pamina makes a turn near the side of Ms Kazakaiou by pushing her wheelchair backwards and forwards.

4.20 Pamina pauses near Ms Kazakaiou and turns her head towards Ms Kazakaiou's face, all the time hyperventilating. She stays there until 5.02 minutes, a couple of times turning her head for a few seconds the other direction of Ms Kazakaiou and then turning again to face her.

- 4.22 Ms Antouna adds a three-note metallophone phrase.
- 4.33 Ms Kazakaiou has been continuing her temple-block phrases interspersed with pauses, and adds glissandi sounds at the bells as a response to Pamina's glances towards her.
- 4.44 I reflect Ms Kazakaiou's bell sounds with arpeggios in the upper register of the piano and soon Ms Lovari follows with a similar response, by playing a xylophone glissandi.
- 5.02 Pamina wheels away from Ms Kazakaiou, thus beginning another circle.
- 5.15 Pamina starts making a turn near the gong area by pushing her wheelchair backwards.
- 5.17 Pamina pushes her wheelchair forward with some force and remains with her body stooped, after the effort she had exerted in her attempt to turn her wheelchair in this way.
- I follow her movements in the piano music, trying to reflect both the force and the length of each wheelchair push, while Ms Lovari supplements with xylophone glissandi.
- With some micro-movements on location, Pamina remains in that last position which keeps her with her back turned against Ms Kazakaiou and Ms Lovari and sideways to the piano.
- The piano music continues to interpret Sarah's on-going vocalisations of apparent complaint and sadness, conveying at the same time through long notes and pauses a musical message of waiting for whatever communication may come from all the patients.
- 5.26 Ms Antouna adds a three-note metallophone phrase.
- 5.32 Ms Kazakaiou plays on the temple-blocks a long phrase

- consisting of thirteen fast quavers that lead to an accentuated crotchet, in an attempt to invite Pamina - who still has her back to her - to turn towards her.
- 5.40 I create a variation of Ms Kazakaiou's rhythmical phrase at the piano, investing it with a melodic line.
- 5.45 Ms Kazakaiou responds to my phrase by repeating a phrase of fast quavers on the temple-blocks.
- 5.48 I create one more variation at the piano to Ms Kazakaiou's last temple-block phrase, thus the two of us creating a combined invitation to Pamina to return her trust towards her object of attachment [Ms Kazakaiou].
- 5.53 Ms Antouna adds another metallophone phrase, while Ms Lovari continues with fast xylophone glissandi. Pamina has all along been in the same location, her eyes seeming now alert as to the sounds that spring forth all around her.
- 6.30 After some seconds of pause, and while Sarah's sounds had receded during the last minute, she now comes forward with a series of seven intense cough-belch sounds; while doing these she opens her jaws widely, tenses up all her face muscles, her body becomes even more stooped and tensed, her eyes bearing an expression of fear, and being focused onto Ms Lovari. I attempt to create a musical interpretation of these cough-belch evacuations through loud base chords: a corresponding series of two-note descending chords, thus reflecting the force of an intended evacuation. Pamina, in the meantime, has turned her wheelchair through some pushes backwards and sideways and is once again near Ms Kazakaiou.
- 6.46-6.53 Ms Antouna tells Sarah "it's okay", and Sarah stops the

sounds; the intensity of her face wanes, as she resumes her formulaic smile, turning to look at both Ms Lovari and Ms Antouna. The piano chords fade away.

9.15-9.55 *Second excerpt*

- 9.15 While Sarah and Jenny are in the same position as in the above extract,
- 9.22 Pamina, during one of her circles, gets hold of the bells, which are situated near Ms Kazakaiou's left side, and pulls them towards her, with the result that they start falling.
Ms Kazakaiou gets hold of the bell's stand and puts them back in place.
- 9.28 Within seconds Pamina repeats her intention of grasping once again the bells and pulling them towards her and upwards with force. It is possible that her intention is to make them fall, as she seems to be aiming at pulling them away from Ms Kazakaiou and from their stand.
- 9.33 Ms Kazakaiou rescues the bells once again and Pamina moves her wheelchair backwards so as to leave that space and continue her circles. At the same time Ms Lovari plays for her a few xylophone glissandi.
- 9.37-9.55 Pamina moves around in a small circle near Ms Kazakaiou's area.
Ms Lovari continues with some xylophone glissandi. Pamina gets ready to turn her wheelchair towards Ms Kazakaiou once more.

12.10 - Third excerpt

13.10

- 12.10 While Sarah is leaning her right hand on the metallophone keys, her body turned towards Ms Kazakaiou, who is at the synthesiser, she searches with her left hand Ms Antouna's hand and gets hold of it. Ms Kazakaiou has been playing two-note phrases on the synthesiser, which follow the movements of Pamina's wheelchair pushes, as she moves in circles around the same area as in the above excerpt.
- 12.21 Ms Lovari adds some xylophone glissandi and Sarah turns her eyes towards her.
- 12.27 Sarah lets out her cough-belch sounds twice, while looking intensely at Ms Lovari - her body becoming even more stooped, her left hand still holding Ms Antouna.
- 12.32 Sarah changes her facial expression and with her formulaic smile she turns to look at Ms Kazakaiou at the synthesiser, having already let go of Ms Antouna's hand, and now with both hands leaning on the metallophone keys.
- 12.40 During a few seconds of silence, Pamina, who has been continuing her circles, approaches the instruments near Ms Kazakaiou's chair and pulls down the cymbal, which results in a simultaneous fall of the temple-blocks and a near fall of the bells. Ms Kazakaiou and I ran to the rescue of all three instruments.
- 12.45-13.10 Pamina moves her wheelchair backwards for yet another turn and I say that it is okay. Jenny and Sarah turn their eyes towards the scene in silence, while Ms Kazakaiou returns to the synthesiser

and I return to the piano. Sarah follows my return with her eyes.

19.40 - Fourth excerpt

29.45

- 19.40 Sarah has just come to the piano with Ms Antouna and has played two clusters in the piano's upper register, each accompanied by a cough-belch sound.
- 19.44 After a xylophone glissandi by Ms Lovari and a bell glissandi by Ms Kazakaiou, I begin a vocal piece, wishing to address Sarah's vocalisations - which spring forth timidly in bursts and pauses - and the group's state. It seems to be a state of sadness, conveyed by Sarah's sounds, by Jenny's type of withdrawal, as described in the first excerpt, and by Pamina's continuing circles.
- 19.49 Sarah makes a vocalisation at the end of each phrase of mine, or coinciding with a phrase of mine. In this way her vocalisations sound as responses to the vocal piece that I create with the carers' collaboration. With both hands she leans her body on the piano's frame, similarly to the way she had supported herself to the metallophone keys before. During this piece, Ms Lovari adds some xylophone phrases and Ms Kazakaiou some bell sounds.
- 20.30 Ms Antouna has returned to her seat and Sarah's body turns towards her frequently, as she keeps her left hand leaning on the piano's frame, her right hand fiddling over her fingers. Her vocalisations become more frequent, apparently as a response to Ms Antouna's

departure from her side.

20.42 Pamina has approached Sarah, myself and the piano and makes a pause there from one of her continuing circles. With micro-movements on location she remains facing both Sarah and myself, her micro-movements seeming to follow the music's rhythm.

Sarah continues her vocalisations as above and her turns towards Ms Antouna, her whole body seeming fidgety; at times she passes her right hand from her genital area, otherwise she fiddles over her fingers or even moves her legs in a fidgety manner.

21.18 Sarah strikes one note in the upper register.

21.22 Sarah strikes again one note in the upper register.

21.47 Pamina wheels her chair backwards, so as to leave her position near the piano and begins her circles around the room, but keeping close to the instruments in front of the group members.

22.09 Jenny gets hold of Ms Antouna's hand with her right hand - holding now her beater with her left hand - while Pamina hits the bells seemingly by mistake during her circles.

22.28 Jenny draws Ms Antouna's hand near her mouth and Ms Antouna tries to pull her hand away from Jenny's mouth.

22.35 Jenny, apparently annoyed by the fact that Ms Antouna tried to withdraw her hand, now tries to bite Ms Antouna's hand. Ms Antouna pulls her hand away from Jenny's mouth and Jenny reacts by drawing it back to her mouth even harder and opens her mouth to bite it. Ms Antouna withdraws her hand and Jenny pinches it in retaliation.

22.50 Jenny has a very angry look, while Ms Lovari pads her

on her shoulder in an attempt to calm her down. But Jenny turns to bite Ms Lovari's hand instead - now holding her beater again with her right hand. Ms Lovari pulls her hand back and Jenny assumes her look of angry withdrawal, fiddling with her right hand her beater. Ms Lovari strokes Jenny's hand, which is now lying over Ms Lovari's legs.

Pamina has been continuing her circles.

23.43 Sarah begins her walk back towards her seat.

24.00 I end the musical piece at this point.

Sarah, during her walk back to her seat, makes pauses where she stands and looks around, her hands' fingers fiddling over each other. She makes a pause the moment I end the musical piece.

Pamina also remains motionless for some 16 seconds after the music stops and Jenny, while still in her angry look, gets hold of Ms Lovari's hand.

24.23 Sarah, with quick steps, has just reached her place near her chair and gets hold of Ms Antouna's hand.

24.38 Ms Antouna plays a two-note metallophone phrase for her, but Sarah gets the beater from Ms Antouna's hand and throws it on the metallophone keys. She repeats this twice.

24.48 Sarah turns to look at me and vocalises and Ms Antouna plays one soft cymbal note. Then Sarah throws the beater on the metallophone twice, before she turns to look at me again.

25.01 Sarah picks up the two beaters from the metallophone keys, one by one, and throws them onto the edge of the metallophone frame, on the black keys, with the result that one of the two falls on the floor.

25.11 Ms Antouna picks up the beater from the metallophone

keys and plays one note, before Sarah takes the beater from her hands and throws it on the metallophone keys, then picks it up to throw it onto the edge of the metallophone frame, with the result that it falls on the floor.

Ms Kazakaiou plays a temple-block phrase and Sarah turns to look at her, while Ms Antouna collects the beaters from the floor.

25.25 Sarah leans her right hand on the metallophone frame, so as to support herself there; Ms Antouna plays a three-note phrase on the metallophone before Sarah takes her beater and throws it to the floor, and then the other beater which she throws onto the metallophone keys.

I respond to Sarah's metallophone sounds with gong phrases.

25.37 Sarah leans both of her hands on the metallophone keys and Ms Antouna plays two phrases on the metallophone; then she makes a pause.

Sarah vocalises during Ms Antouna's pause, while she turns to look at me and lifts her left hand from the metallophone keys momentarily; for a few seconds she keeps leaning and lifting her left hand from the metallophone keys. While she turns briefly towards Ms Kazakaiou, she mostly keeps her eyes on me.

26.11 Sarah lifts her left hand, in order to take the beater from the metallophone keys - placed there by Ms Antouna - and throws it to the floor, while she takes another beater from Ms Antouna's hand and throws it onto the edge of the metallophone keys, so that it falls on the floor too.

26.17 While Ms Antouna picks up the beater from the floor,

Sarah gets her body upright.

26.20 Ms Antouna plays a three-note phrase on the metallophone, I respond with a gong phrase, while Sarah makes some vocalisations before taking the beater again from Ms Antouna's hand and throws it clearly on the metallophone keys. She repeats the same with the other beater.

26.31 Sarah turns to look at me, as I respond to her metallophone sounds with gong phrases and Ms Antouna plays a cymbal phrase.

26.36 Sarah gets the beater with which Ms Antouna was playing the cymbal and throws it on the floor, and then the other beater also from Ms Antouna's hand and throws it on the metallophone keys.

Again I respond with a gong phrase and Sarah turns to look at me.

26.44 Ms Antouna plays a metallophone note and makes a pause, during which Sarah gets her beater from her hands and throws it onto the metallophone keys; then she leans her right hand on the metallophone keys and supports herself, so as to pick up the same beater and throw it to the floor over the other side of the metallophone, that is, in front of Jenny.

Ms Lovari plays some xylophone phrases, apparently in a mechanical manner.

26.58 Ms Antouna plays one note on the metallophone and Sarah repeats the same as above. Then Sarah stands upright and vocalises, as she looks at me.

Ms Lovari repeats xylophone glissandi as above.

27.05 Ms Antouna plays again one note on the metallophone.

27.17 Sarah leans onto the metallophone keys, placing her right hand there, while with her left hand she takes

again the beater from Ms Antouna's hand and throws it on the floor in front of Jenny.

- 27.27 While still leaning on the metallophone as above, Sarah repeats the same throw over the metallophone and onto the floor.
- 27.37 In the same position Sarah throws the beater onto the metallophone keys. With a vocalisation she again turns to look at me.
- 27.42 Ms Antouna plays twice a metallophone glissandi before Sarah gets the beater from her and aims it on the same location over the metallophone and in front of Jenny; then she lets out a louder vocalisation, like a *mock laughter*.
- 27.57 Sarah repeats the same, but this time she lets out an even louder scream-like vocalisation, like the *mock laughter* she used to make in the past after every beater throw.
- 28.03 Ms Antouna plays a metallophone glissandi and Sarah gets her beater and throws it on the edge of the metallophone frame.
- 28.08 Ms Antouna plays another two metallophone glissandi and Sarah gets her beater and throws it on the metallophone keys and then picks it up again and throws it high, so as to fall again in front of Jenny, but Ms Antouna manages to catch it.
- 28.19 Ms Antouna plays a metallophone glissandi, Sarah throws that beater on the metallophone keys, while leaning her right hand on them and then takes that same beater from Ms Antouna's hand and throws it in front of Jenny, eliciting a *mock laughter* after her throw and turning to look at me.
- Ms Lovari has been continuing the xylophone glissandi,

Pamina her circles with pauses and Jenny her stance of angry withdrawal.

28.30 Goodbye song and music begins. As soon as we start with Sarah's name, she lets out three to four belch-cough sounds, stooping her body, leaning her right hand onto the metallophone keys and looking at Ms Lovari. Ms Antouna tells her "it's okay" and pats her on her shoulder.

Pamina continues her circles and Jenny still has the expression of angry withdrawal, while keeping her body still on her chair and holding Ms Lovari's hand.

29.16 Sarah lets out complaining-sounding vocalisations, still stooping her body and leaning her right hand on the metallophone keys.

29.32-29.45 Sarah stretches for Ms Antouna's hands during the last phrases of the goodbye music, while still looking at Ms Lovari.

B. 13 THE SESSION OF OCTOBER 9, 1995

Ms Kazakaiou was absent. The filming was taken by Mr Loizou. The placement of the instruments and the sitting position of the members, during the excerpt to be transcribed here, were the following:

	Jenny Ms Demetriou	Cymbal	
	Cymbal	Xylophone	Bongo-drums
Ms Antouna	Metallophone		Tambourine
Sarah		Temple-blocks	Ms Lovari
Door			Bells
	Pamina		Window
		Synthesiser	
	Base-drum		
Piano Anthi Agrotou	Gong-tambourine	Mr Loizou - Camera	

Transcripts of the excerpt from the session:

<i>Minutes</i>	<i>Description of events</i>
14.12	<p>Sarah has been standing in front of the edge of the metallophone and facing Jenny and Ms Demetriou.</p> <p>Jenny has already played the piano and sits with her legs wide-open and fiddling a beater near her mouth area, often making <i>soft autistic vocalisations</i>.</p> <p>Pamina has been moving around the room, not in circles, but seeming to be observing with an interest the instruments and other members playing them.</p> <p>Sarah vocalises in the pattern of bursts and pauses. Her sounds carry complaining undertones, and she</p>

seems to be directing them mostly towards Ms Demetriou and Ms Lovari.

- 14.22 As Pamina approaches the xylophone area, Ms Demetriou plays for her a phrase on the xylophone's black keys. This is the first time that Pamina approached the xylophone with an interest since the session of June 26, 1995, when Ms Demetriou invited her in a similar way. Thus Ms Demetriou keeps an unconscious memory of her response towards Pamina.
- 14.25 Sarah drops two beaters onto the metallophone keys and Ms Antouna responds with a cymbal note. In the meantime, Pamina has pushed her wheelchair backwards and is now facing Ms Lovari.
- 14.36 I begin a vocal piece with the piano's accompaniment, in an attempt to address Sarah's continuing vocalisations, which still spring forth in the pattern of bursts and pauses and sound as expressions of a complaint.
- 14.42 Instantly after the music's first phrase, Sarah begins a series of belches, while looking intensely at Ms Demetriou: some six such outbursts, which are now getting the clearer form of belches rather than coughs, before Ms Antouna pats her on the shoulder and tells her: "it's okay". Sarah instantly relaxes her face and stops belching. In the meantime, the music attempted to reflect the tension and the anger underlying Sarah's belches.
- 14.58 Sarah recedes to her complaining sounds and the vocal-piano piece follows these as before, in an attempt to give a musical interpretation of these sounds.
- 15.06 Pamina has approached the xylophone once again and Ms Demetriou plays for her a three-note xylophone phrase, but withdraws after receiving a sign from Ms

- Lovari not to play.
- 15.21 Within a pause lasting a few seconds, Pamina lifts her hand straight up, thus giving a clear sign to Ms Demetriou that she is ready to receive the beater, just as she had done some three months ago, in the session of June 26, 1995.
- Sarah turns to look at her.
- 15.24 Ms Demetriou tries to place the beater in Pamina's hand, just as she had done then, placing the soft end inside her palm, so that she could get a better grasp, and also encouraging her with a two-note xylophone phrase.
- Pamina's hand hesitates slightly, then does not grasp tight enough and the beater drops.
- 15.40 Ms Demetriou gives her the beater once again and Pamina drops it on the xylophone keys, just as she had done in the session of June 26, 1995. This causes a soft laughter in Sarah.
- In the meantime, I pause the music, so as to collect the beaters from the floor and give them to Ms Demetriou.
- 15.49 Ms Demetriou plays a xylophone glissandi, followed by a three-note phrase, for Pamina, while I return to the piano and Sarah starts again her complaining vocalisations, having ceased her sounds since the moment that Pamina indicated her desire to receive the beater [15.21].
- 15.59 The vocal-piano music is resumed, while Pamina has a good grasp of the beater, before she lets it drop on the xylophone keys.
- 16.05 Sarah lets out a scream reminiscent of her *mock laughter*, as soon as Pamina's beater is dropped on the xylophone keys.

- 16.14 Just after that drop Pamina wheels herself backwards, near Ms Lovari, while Sarah walks in a fast pace towards the piano and stands near its side. At most times, she leans on its frame.
- 16.30 In the music's new phrase Ms Lovari has added a temple-block accompaniment, but Pamina pushes the instrument and causes it to fall.
- 16.32 Ms Lovari and Ms Demetriou place the instrument back in its place, with a beater on top of it.
In the meantime, Sarah's burst-pause vocalisations continue.
- 16.49 Pamina gets the beater placed for her on the temple-blocks, lifts it up and lets it drop on the temple-blocks. There is a vocalisation from Sarah just after the drop, while in the vocal-piano music, I try to respond to Pamina's achievements, clarifying the resultant sound by creating musical expansions of that sound.
- 17.00 There is another beater-drop from Pamina onto the temple-blocks and Sarah belches.
- 17.09 Another beater-drop by Pamina onto the temple-blocks and Sarah lets out a screaming and prolonged mock-laughter.
- 17.18 Pamina drops the next beater on the floor, while Ms Lovari collects the fallen beaters.
- 17.31 Amidst Sarah's complaining vocalisations Pamina drops the beater once again onto the temple-blocks.
- 17.37 Ms Demetriou turns towards Jenny and pads her on her knee.
- 17.40 Pamina drops another beater that hits the floor without striking the temple-blocks, and Sarah reacts to the fall by another *mock laughter* and by passing her right hand from her genital area - her left hand leaning on the

- piano's frame for support.
- 17.45 Pamina lifts her hand straight up and is ready to receive another beater.
- 17.50 Ms Demetriou, excited by what is happening, tries to hand her the bongo-drums, but realises that this is too much for Pamina at the moment. She returns to her seat, while Pamina receives a beater from Ms Lovari and lets it drop to the floor.
- 18.18 Pamina starts moving her wheelchair backwards.
- 18.21 Pamina has reached a position on the side of Ms Lovari, after a determined push backwards.
Sarah's vocalisations sound as responses to Pamina's movements.
- 18.24 Ms Lovari offers her the beater and the tambourine, by playing soft touches on the tambourine.
- 18.26 Pamina gets the beater from Ms Lovari's hand and drops it carefully onto the tambourine's surface. This is again followed by a *mock laughter* coming from Sarah's mouth.
This is the moment that I start responding only with the piano [without my voice], trying through it to highlight Pamina's creations. Thus I create a pause just *before* her beater-drop, and a responsive phrase in a major key just *after* her beater-drop - often consisting of descending phrases.
- 18.40 Pamina receives once again the beater from Ms Lovari's hand, that same beater she had dropped and was picked up by Ms Lovari.
Ms Demetriou accompanies the music now with a temple-block phrase, consisting of two quavers followed by an accentuated crotchet [thus supplying Pamina with a memory of a part of her *mouth repertoire*].

Alongside Pamina's beater-drop on the tambourine, Sarah lets out again a mock laughter.

In my piano response to Pamina, I include a reference to Sarah's laughter through high-pitched notes. Similar responses to Pamina and Sarah follow all along this part of the session.

- 18.57 Pamina receives again the beater that is offered to her by Ms Lovari, which the latter had just picked up from the floor. While doing so, Pamina hyperventilates.
- 18.58 Sarah lets out an intense *mock laughter* scream, now in anticipation of Pamina's drop, which follows almost instantly. Then Sarah belches.
- 19.09 There seems to be a pause from Pamina, and the music contains phrases that wait for her. Ms Lovari joins this music with some tambourine phrases.
During this waiting time, Sarah's vocalisations sound as dampened screams, carrying a greater complaint than at the beginning of the excerpt.
Jenny is still withdrawn, as at the beginning of the excerpt.
- 19.35 Pamina drops again the beater on the tambourine, followed by a mock laughter by Sarah.
- 19.47 Pamina drops again the beater on the tambourine, followed by a more intense mock laughter by Sarah. The music still responds to Pamina's sounds by expansions, which are a way of acknowledging her creations. Now Ms Lovari is smiling happily after every single one of Pamina's achievements.
- 19.54 Ms Lovari plays two tambourine notes during the musical phrases that wait for Pamina's next entry.
- 20.02 Another of Pamina's entries similar to the ones above, and similarly followed by a *mock laughter* from Sarah.

After that, Pamina makes some micro-movements with her wheelchair. The music again waits for her next entry.

20.13 During this waiting time, Jenny makes *loud autistic vocalisations*, reflected by Ms Antouna on the cymbal and then by me on the piano.

20.20 Another of Pamina's entries similar to the ones above, and similarly followed by a *mock laughter* from Sarah.

Ms Demetriou adds a xylophone glissandi.

20.29 Another of Pamina's entries similar to the ones above, and similarly followed by a *mock laughter* from Sarah.

Ms Demetriou adds a xylophone glissandi.

20.37 Another of Pamina's entries similar to the ones above, and similarly followed by a *mock laughter* from Sarah.

20.43 Now Pamina adds a new and unique part to her repertoire, a series of foot-beatings, created by stretching her right leg and then bending it to hit the floor. This is clearly a rhythmical phrase from her part, as it is carefully placed within the whole music.

The first series consists of ten beatings; the first beating comes after the end of my responding phrase on the piano; as I respond exactly after her first foot-beating with a piano chord, she enters her second foot-beating just after that chord, the result being an instantly-created dialogue between her foot-beatings and the group music: I write group music, because Ms Lovari adds a tambourine note so as to coincide with every piano chord given as a response to Pamina's foot-beating. Towards the end of this series, Ms Lovari and I lose the ability to wait for our turn and play almost simultaneously with Pamina's beatings.

20.57 This maybe the reason that Pamina puts an end to her

- foot-beating and turns towards the tambourine. For some ten seconds she turns towards and away from the tambourine, as if contemplating how to continue, through tambourine notes or through her foot-beatings.
- 21.06 Pamina decides to continue with her foot-beatings. She "plays" thus two "notes", the second one being responded to by two tambourine notes played by Ms Lovari and a xylophone note played by Ms Demetriou. Not having been quick enough to respond to her on the piano, I play a rather delayed open chord.
- 21.13 It may be that in this way the group music response was not what Pamina desired, and she now turns towards receiving the beater to play the tambourine. In the meantime Sarah has been emitting her complaining-sounding vocalisations.
- 21.16 Pamina lets the beater drop onto the tambourine carefully, and it creates two notes as it drops. Sarah emits a *mock laughter* after the chord, and I respond to it on the piano similarly to her previous drops - a descending phrase - again making a clear effort to include the tones of Sarah's vocalisations in my responses.
- 21.22 Pamina drops once again the beater onto the tambourine carefully, this time achieving to create four tambourine notes on the beater's fall, and Sarah emits her *mock laughter* almost simultaneously;
I give a similar piano response to that described above. Jenny had been fiddling over her breast with her left hand, her right hand still holding a beater; she is also smiling and rocking her head.
- 21.27 Instantly after her beater-drop on the tambourine, Pamina adds her foot-beating, apparently desiring a

combination of her two repertoires. She gives seven foot-beatings responded by piano chords and tambourine notes played by Ms Lovari, this time Pamina and the group music achieving a turn-taking dialogue form.

- 21.36 Pamina turns towards the tambourine and firstly she pushes it away; then she receives the beater and drops it, not being very clear whether she was aiming to drop it to the floor, or onto the tambourine.
Sarah's *mock laughter* follows instantly.
- 21.53 Pamina receives the beater once again and drops it on the tambourine with Ms Lovari's help.
Sarah's *mock laughter* follows as usual.
- 22.01 Pamina drops the beater to the floor and this is again followed by Sarah's *mock laughter*.
- 22.06 Now Pamina begins another series of foot-beatings. A "phrase" of six beats, followed by another "phrase" of four beats.
The group music is similar to the previous responses to Pamina's foot-beatings; the turn-taking dialogue form is better achieved during Pamina's second "phrase".
- 22.23 Pamina has now turned for a tambourine note, followed by a prolonged *mock laughter* from Sarah.
- 22.31 Again Pamina chooses to combine her two repertoires and starts another two "phrases" of foot-beatings: a four-note phrase, followed by a nine-note phrase. This time it becomes clear that she makes some delay over some of her foot-beatings, causing the group music to slow down, but also making it more difficult for us to keep our turns in a clear dialogue form. It may be that she was checking, in this way, the predictability of our responses to her.

- 22.52 Almost coinciding with the end of Pamina's last foot-beating phrase, Jenny makes some *loud autistic vocalisations*.
- 22.59 Another two tambourine notes by Pamina, created by the falling beater, and this time followed by a complaining loud sound emitted from Sarah's mouth.
- 23.08 Two tambourine notes played by Pamina similarly to above, followed by a *mock laughter* from Sarah, who then passes her hand from her genital area, and some *loud autistic vocalisations* from Jenny.
These are instantly responded by me, with single-note reiterations at the piano.
- 23.16 Pamina drops the beater to the floor, and this is followed by Sarah's *mock laughter*.
- 23.24 Pamina drops a beater on the floor and this is again followed by Sarah's *mock laughter*.
- 23.32 Pamina drops a beater on the tambourine and this is again followed by Sarah's *mock laughter*.
- 23.35 Once more Pamina combines her two repertoires, adding at this point a six-note "phrase", played in the same manner as before, that is, causing delays over some of her notes.
Similarly to her last entry, we fail to achieve the turn-taking form in this case also, and play almost simultaneously with her.
Sarah seems unhappy and tensed up during Pamina's phrase, as indicated by the fact that she was then clasping her two hands and lifting her eye-brows.
- 23.47 Pamina comes in with another six-note foot-beating phrase, similarly played as above. In one case she almost played a note, but then refrained and touched the floor slightly later: perhaps an intentional way of

delaying a note and testing our responses.

23.57 Now Pamina puts her left leg on the chair - the non-playing leg - and wheels away towards the synthesiser. This causes the music to stop.

Sarah continues with a few complaining-sounding vocalisations.

24.44 Having finally reached a position underneath the window - an old favourite position of Pamina's - Jenny now finds her chance to come to the piano holding the beater with her left hand and putting her right hand over her mouth.

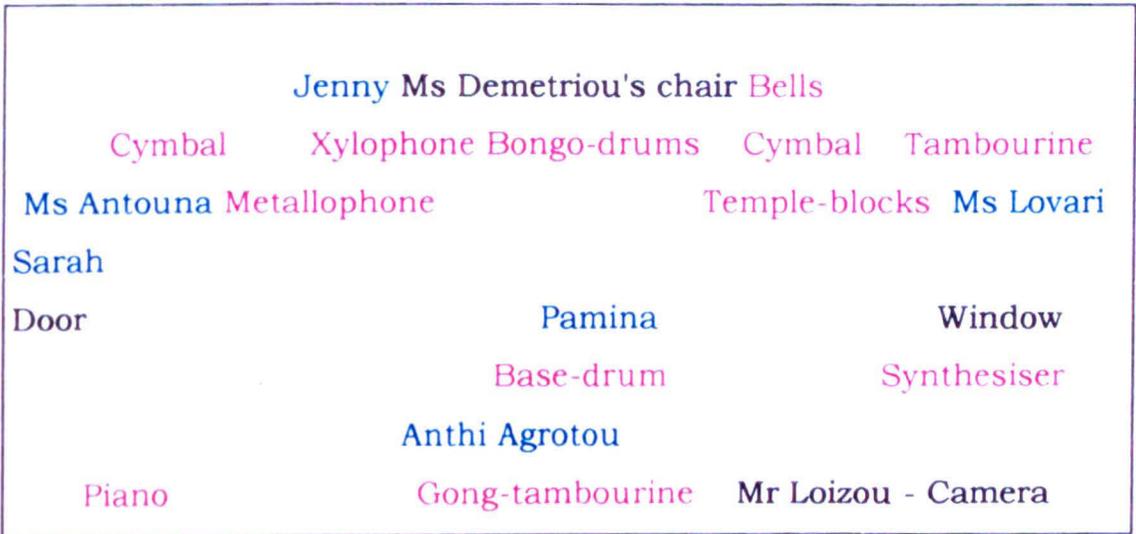
24.51 Having sat on the piano stool, Jenny lifts her right hand up, as if wanting to show it to the group. She then gets the beater with her right hand, while her left hand gets hold of my right hand, through which she begins to play a series of chords. The first chord occurs just after Ms Lovari's tambourine note, which she played in response to Pamina's foot-beating. There is a series of five or so chords, which occur almost simultaneously with Pamina's foot-beating and Ms Lovari's tambourine notes.

25.11-25.57 Jenny turns her head further away from me and towards the group alongside the end of Pamina's last phrase and makes hissing sounds with her mouth, rocking her head at the same time. We play together, through my hand, a few more chords, before she gets up to go near the window and Pamina's area. Before doing so, she shows her right hand to the group once again. As she approaches the window, she places her right hand over her mouth. Then she touches Pamina's helmet, which has been lying there, and turns it upside down.

Sarah has been continuing her complaining-sounding vocalisations, still standing near the piano and leaning on its edge.

B. 14 THE SESSION OF OCTOBER 16, 1995

Ms Demetriou and Ms Kazakaiou were absent. The filming was again taken by Mr Loizou. The placement of the instruments and the sitting position of the members, during the excerpt to be transcribed here, were the following:



Transcripts of the excerpt from the session:

19.10 Sarah has been sitting on her chair for the last five minutes. She keeps her hands over the genital area of her clothes and vocalises in bursts and pauses, the vocalisations being of a complaining kind, or, at times, sounding like dampened screams.

Jenny has been sitting all along in her chair with her legs wide-open, holding her beater with her right hand and fiddling it over her nose and mouth area. She seems absent for most of the time, making *soft autistic vocalisations*. The bongo-drums are placed on Ms Demetriou's empty chair.

Pamina has been mostly positioned near the synthesiser area of the room, at times seeming to be listening to the

sounds in the room with alertness. When the excerpt begins, she has been sitting with her back turned to most of the group, particularly to Ms Lovari, for approximately the last four minutes.

The session's section begins on the 17.40 minute, when I had placed the base-drum near Pamina and began playing it softly, while the other carers would also invite the patients with soft sounds.

19.17 Ms Antouna plays a metallophone phrase as a response to Sarah's burst of vocalisation and Sarah vocalises again over that phrase.

Ms Lovari adds some bell sounds.

19.19 I add a base-drum phrase of five crotchets, during the end of which I see Pamina preparing her hand for her *mouth repertoire* and I indicate to Ms Lovari to respond to that with the temple-blocks.

19.28 Pamina creates her *accentuated crotchet* over her left hand's palm.

19.38 Ms Lovari plays very timidly four or five crotchets on the temple-blocks.

I add alongside her phrase two two-note phrases on the base-drum, trying to strike a balance between responding to Pamina and supporting Ms Lovari's efforts to reach her. Then I indicate to Ms Lovari to stop playing and wait for Pamina's next entry.

In the meantime, Sarah's vocalisations in bursts and pauses have been continuing and are of the same character as described above.

19.50 Pamina creates three quavers followed by the *accentuated crotchet* and turns to look towards me; she turns to look at me after every turn of hers from this point onwards.

- 19.54 I respond by playing four quavers followed by an accentuated crotchet on the base-drum [in other words, by playing a response to her *typical theme*]; while Ms Lovari tries to follow every note of mine on the temple-blocks, but not with complete success and also playing very softly and rather insecurely. Again I am trying to balance Ms Lovari's responses and Pamina's phrases.
- 20.07 Within a new phrase of Ms Antouna's on the metallophone, Pamina enters three quavers, seeming to leave out the *accentuated crotchet* as a surprise move, as in her mouth movements she almost creates it. Then she turns to look at me as before. I respond with four quavers on the base-drum to begin with, but as Ms Lovari plays five quavers, I add an accentuated crotchet on the base-drum.
- 20.19 A dampened scream follows from Sarah, a metallophone glissandi played by Ms Antouna and responded to by a cymbal note by Ms Lovari, while Pamina yawns.
- 20.37 Amidst Ms Antouna's soft cymbal phrase, Pamina enters her *typical theme*, and this time Ms Lovari responds to it on the temple-blocks accurately, at times seeming to follow my notes on the base-drum.
- 20.57 Within a pause Pamina creates three quavers and Ms Lovari and I respond to her with four quavers on our own instruments played almost simultaneously - the fourth one being added by me, so as to support Ms Lovari's fourth quaver; but Ms Lovari adds a fifth quaver on the temple-blocks after the end of my phrase on the base-drum.
- 21.08 Pamina creates three quavers, probably to test whether Ms Lovari and I will respond to her accurately, and this

Ms Lovari does, while I also give a three-quaver response on the base-drum simultaneously to Ms Lovari's response.

Ms Lovari fills some space with soft cymbal touches.

21.24 Now Pamina creates four quavers and waits to hear again an accurate response both from Ms Lovari and from myself. This she does.

21.38 Amidst Ms Antouna's soft metallophone phrase, Pamina creates her *typical theme* and again receives accurate responses from Ms Lovari and myself.

21.48 Ms Antouna plays a metallophone glissandi.

21.54 Amidst some soft cymbal notes played by Ms Lovari, Pamina creates three quavers, probably to test the predictability of the accurate responses from our part [Ms Lovari's and myself]. This she receives.

22.07 Amidst Ms Antouna's soft metallophone phrase, Pamina creates four quavers, and again receives accurate responses from Ms Lovari and myself.

22.20 Now Pamina places her right hand over her mouth and creates three quavers and the *accentuated crotchet*, and again receives accurate responses from Ms Lovari and myself.

22.31 Pamina repeats her phrase of three quavers and the *accentuated crotchet*, and again receives accurate responses from Ms Lovari and myself.

22.41 Jenny has just got up from her chair and begins high-pitched vocalisations.

22.42-22.52 Seemingly undisturbed, Pamina continues her test with five quavers over her right hand's palm, while Ms Antouna responds to Jenny with a metallophone phrase.

Ms Lovari and I give an accurate response to Pamina'

phrase, while Jenny starts walking towards me.

B. 15 THE SESSION OF NOVEMBER 13, 1995

Ms Kazakaiou was absent. The filming was taken by Mr Loizou. The placement of the instruments and the sitting position of the members, at the beginning of the excerpt to be transcribed here, were the following:

	Jenny	Ms Demetriou	Cymbal
	Cymbal	Xylophone	Bongo-drums
Ms Antouna	Tambourine		Temple-blocks Ms Lovari
Sarah	Metallophone		Tambourine Bells
Door			Pamina Window
			Synthesiser
		Base-drum	
Piano Anthi Agrotou	Gong-tambourine	Mr Loizou - Camera	

Transcript of the excerpt:

<i>Minutes</i>	<i>Description of events</i>
16.00	<p>Sarah has been sitting all along with her back turned to Ms Antouna, and frequently passing her left hand from her genital area to her nose and back to her genital area again. She has already belched and farted many times in the session, looking mostly towards Ms Lovari and Ms Demetriou. She has made only very few of her complaining-sounding vocalisations.</p> <p>Jenny has been sitting with her legs wide-open on her chair, holding a beater with her right hand and fiddling it over her mouth area, at most times making <i>soft autistic vocalisations</i>. Many times she ground her teeth,</p>

but she has also sang a few phrases of her known tune. She has also many times made hissing sounds, amidst head-swings.

Pamina has positioned herself next to Ms Lovari from the beginning of the session and has been sleepy all the time.

The excerpt to be described here is characterised by long periods of silence, and by a slowness of movement and sound. The general stance is that of allowing space for Sarah's initiatives and of a concentrated effort to understand and meet her needs.

- 16.01 I am playing a soft gong phrase, when Ms Antouna walks to the piano, Sarah still staying seated on her chair.
- 16.07 Sarah turns to look at Ms Antouna, who leans on the piano's edge and faces her.
Jenny plays softly the cymbal with the side of her beater, which she holds with her right hand.
Ms Lovari enters instantly with a temple-block phrase, while I respond to Jenny's phrase with a tambourine phrase.
- 16.14 Sarah turns to look at Jenny, having heard her sounds, and at Ms Demetriou, before turning again to look at Ms Antouna.
- 16.19 Jenny makes *loud autistic vocalisations* over the palm of her left hand ["he-ta-ta-he"], and I respond to them on the tambourine and gong. They sound as teasing vocalisations.
Sarah turns her glance towards Jenny briefly.
After her vocalisations, Jenny takes her beater with her left hand, while her right hand touches the cymbal.
- 16.25 Ms Demetriou plays a two-note cymbal phrase for

Jenny.

- 16.26 Sarah starts to get up, having now decided to follow her carer's initiative and come to the piano as well.
Jenny places the palm of her right hand over her mouth.
- 16.30 Ms Antouna goes close to Sarah, in order to help her rise from her chair and then leaves her to walk on her own. This she does, clasping her hands at the same time.
- 16.43 Sarah has reached the piano and is now standing next to me, on my right. Ms Antouna remains all along next to Sarah, on her right, and near the piano's edge.
- 16.46 Amidst Jenny's high-pitched vocalisations, Sarah touches a few times my right hand with her left, apparently, so that I begin playing the piano. With her right hand she leans on the piano's edge for support.
- 16.50 I play the first chord at the piano [a minim], letting my hand fall where Sarah had directed it, in the piano's upper register.
- 16.53 After my first chord, Sarah turns towards the cameraman, clasping her hands, while her face retains an expression of seriousness. I expand that chord of a minim by playing, after a pause of three crotchets, two chords in the upper register, a crotchet followed by a minim.
- 16.55 Then Sarah turns even more leftwards towards the rest of the group, particularly towards Ms Lovari, still keeping the same expression.
- 16.57 Sarah slowly returns towards the piano again, but after a small pause,
- 17.01 she makes another short leftward turn, so as to face the cameraman, the expression of seriousness still

characterising her face.

Ms Demetriou has been playing softly some notes on the xylophone.

17.08 Sarah plays an arpeggio-like cluster with her right hand in the piano's upper register and I clarify this with a fuller arpeggio chord.

While Sarah makes a similar turn towards the cameraman and the group - particularly towards Ms Lovari, among the group members - Jenny is by now silent, her face turned sideways, with the palm of her right hand over her mouth; she is still in the same posture as described at the beginning, but now fiddling the beater with her left hand over the genital area of her clothes.

17.20 Sarah faces me for some seconds, and

17.26 then decides to turn towards the cameraman. Her glance is becoming even more serious, as if carrying with it the weight of severity. Her lips are now not so much forming her stereotype smile, as it seems, but rather leaving an open space to convenience her breathing.

17.30 Ms Antouna plays a two-cluster phrase in the piano's upper register, and Sarah returns to play the piano.

17.34 Sarah plays with her right hand another cluster of an arpeggio form in the piano's upper register, Ms Antouna responds with a cluster also in the upper register, and Sarah enters a two-note phrase at the same time as my next arpeggio chord. I repeat another sustained arpeggio chord.

17.47 Ms Antouna follows with three clusters spread apart in the upper register, and I play a chord, while Sarah turns to look at the cameraman once again, clasping

her hands in doing so as before; her face is all the more acquiring an expression of sadness.

- 18.02 Two clusters spread apart and played by Ms Antouna bring Sarah gradually back towards the piano after a cough; her turn is not complete, and
- 18.11 she turns once again towards the cameraman.
- 18.17 Sarah makes a rather fast turn and plays an arpeggio-like cluster with her right hand in the piano's upper register, and then watches Ms Antouna's response in the form of one cluster also in the upper register, and my response in the form of two arpeggios, which I sustain.
- 18.29 Amidst my sustained arpeggio notes, Sarah makes a complete turn towards the piano and tries to play with her left hand, but misses the keys. She remains standing there for a few seconds, possibly distracted in her concentration by Ms Demetriou's soft xylophone phrases; this is indicated by the fact that she makes a slight turn of her head towards the right, the direction of Ms Demetriou's sounds and position - the first time she made this turn since she came to the piano.
- 18.43 Ms Antouna plays another cluster in the piano's upper register, while Sarah has already turned slightly leftward, facing me. She seems ambivalent for some seconds, clasping her hands.
- 18.55 Then Sarah decides to search for my hand and touches my right hand a few times, before she gives me the definite touch that indicates her desire that I play.
- 18.58 I play a single note, while Sarah touches Ms Antouna's hand, who then responds with a cluster in the piano's upper register again, near Sarah's position.
Sarah turns slightly leftward, towards the cameraman's

- direction.
- 19.05 I repeat the same note, and her little steps bring her back towards facing the piano.
- 19.17 After thirteen seconds of silence, Sarah enters with a clear and louder-sounding arpeggio with her right hand.
- 19.21 I respond with a phrase of two arpeggios, Ms Antouna then plays another two-cluster phrase, while Sarah makes her turn yet again towards the cameraman.
- 19.40 Jenny makes a vocalisation and then hits the wall with her beater together with *loud autistic vocalisations*. Ms Demetriou hits also the wall twice with her beater, while Sarah makes a bigger turn to the left and towards the group and emits a loud, complaining-sounding vocalisation.
- 19.46 Sarah turns towards the piano and is facing it, with my hand ready to be directed by her, when she hears Ms Lovari's steps behind her; Ms Lovari had just walked near Pamina and is standing next to her, and plays for her a tambourine phrase with her beater. All these take place almost directly behind Sarah's back. Sarah instantly turns leftward the moment Ms Lovari got up from her chair, and looks at Ms Lovari, emitting at the same time a series of vocalisations: her first vocalisation is rather short,
- 19.53 the second one is sustained and has the character of a painful scream. It has such a piercing and clear character as to its meaning, that it sends Ms Lovari instantly back to her chair.
- 20.00 Sarah's third vocalisation is short again, as she now feels that her message has been received, and occurs alongside my response to her vocalisations on the piano; I try to create a musical phrase close to her own

- sounds and she turns towards the piano once again.
- 20.06 Sarah almost touches the piano keys, Ms Antouna plays a cluster, when Sarah hears the tambourine notes, again played by Ms Lovari from her chair; Sarah instantly turns leftward and looks at Ms Lovari as she lets out a series of sounds that clearly express a painful complaint.
- 20.19 I indicate to Ms Lovari to stop playing the tambourine and she asks quietly whether she can play the temple-blocks; I nod that she can do that, and she plays a phrase there [four quavers followed by an accentuated crotchet in slow tempo].
Sarah watches Ms Lovari.
Ms Demetriou plays a xylophone phrase and
- 20.33 Sarah turns towards the piano and plays an arpeggio cluster with her right hand in the upper register again.
- 20.36 I respond with an arpeggio chord, while she turns towards Ms Lovari, seeming to check whether she is now quiet, then towards the cameraman and back to Ms Lovari, before Ms Antouna's cluster and my chord bring her back.
- 20.55 Sarah plays a two-note phrase, to which I respond with another two-note phrase;
at the same time Ms Antouna whispers to Ms Lovari to stop her soft touches on the tambourine, and Sarah turns to look at Ms Lovari, this time turning towards her right; Sarah also looks towards Ms Demetriou.
While Sarah is looking at Ms Lovari and Ms Demetriou, and making some steps, she makes soft complaining sounds, and neither Ms Antouna's spread clusters in the upper register, nor my spread chords draw her back to the piano.

In the meantime, Jenny is smiling and emits laughter sounds, while her head faces Sarah's; and Sarah lets out one soft sound after Ms Lovari places her tambourine on the floor.

22.02 After approximately twenty seconds of silence, I play another chord, but still Sarah has her eyes fixed towards Ms Lovari; I touch softly Sarah's left hand.

22.12 Ms Antouna plays a cluster in the piano's upper register, while Sarah has turned briefly towards the piano, and then turns to Ms Lovari again.

22.40 Ms Antouna plays another cluster, when Sarah turns to touch my hand so that I play, and I play a chord. In the meantime Jenny has been fiddling with Ms Demetriou's hand.

22.50 Ms Antouna plays a cluster in the piano's upper register,

23.00 I play a chord and Sarah follows instantly with her arpeggio-like cluster.

Sarah belches and farts, while I continue with a few simple phrases; Ms Antouna tells her "it's okay" and then she stoops her body, while facing the piano.

23.29 Ms Antouna plays a note in the upper register, I play a note in the middle register, and Sarah follows instantly with a cluster.

Ms Antouna continues with a three-note phrase in the upper register, I add a base, and Sarah touches my hand and directs it for another note, while for the following note for which she directs my hand,

23.48 she also plays simultaneously a cluster.

23.50 Sarah turns to her right, for she has just heard Jenny move. Indeed Jenny moves forward in her chair and starts her destructive high-pitched vocalisations.

I continue with a few more arpeggios, while Jenny grinds her teeth;

then Jenny emits one more high-pitched vocalisation, before turning to play the cymbal with her left hand. She plays a phrase of nine quavers, and then she makes *loud autistic vocalisations*, which she speeds up, until they reach the quaver tempo of her cymbal phrase.

24.23 I play a brief phrase on the piano, responding to Jenny's cymbal quavers and vocalisations. I play crotchets in response to her quavers, in an effort to hold the group and her attacks.

24.34 Jenny gets up from her chair and throws both of Sarah's beaters, which had been lying on the metallophone, on to the floor.

24.37 Then Jenny throws to the floor the beater placed on the xylophone's black keys by Ms Demetriou, apparently intended for Pamina.

24.48 Having thrown those beaters to the floor, Jenny returns to her chair and touches the cymbal before sitting down; she grinds her teeth, still holding her beater, and assumes her usual posture, with legs wide-open on her chair.

24.56 Ms Antouna picks up the beaters thrown by Jenny, while Jenny looks sideways, briefly fiddles her beater near her nose area, and grinds her teeth.

25.13 Sarah has turned to the right and walked a few steps forward, so as to stand facing Jenny.

25.19-25.43 Sarah stands there, stoops her body, tenses up her right hand's fingers while grasping Ms Antouna's hand with her left hand, and throws a very angry look at Jenny.

I play arpeggio chords, in an effort to hold the angry and

aggressive feelings in the room.

Sarah remains there for a few seconds, before mine and Ms Antouna's notes, bring her back to the piano.

B. 16 THE SESSION OF DECEMBER 4, 1995

Ms Lovari was absent. The filming was taken by Mr Loizou. The initial placement of the instruments and sitting position of the members were the following:

	Jenny Ms Demetriou			
	Cymbal	Xylophone	Bongo-drums	Tambourine
Ms Antouna	Tambourine		Cymbal	Temple-blocks
Ms Kazakaïou				
Sarah	Metallophone			Bells
Door			Pamina	Window
				Synthesiser
		Base-drum		
Piano	Anthi Agrotou	Gong-tambourine		Mr Loizou - Camera

Transcripts of the excerpts from the session:

8.43-13.27 *First excerpt*

8.43 Sarah has been sitting with her back slightly turned to Ms Antouna. She has her right leg crossed over her left one, her body stooped forward, and with a serious facial expression observes intensely, particularly Ms Demetriou and myself. She has vocalised in bursts and pauses at the very beginning of the session, and has belched a few times.

Jenny has been sitting with her legs wide open on her chair, holding a beater with her right hand and fiddling it near her mouth area. She has been *making soft*

autistic sounds.

Pamina has moved a little bit around the area of Ms Kazakaiou and the synthesiser. She has an alert face, and has centred herself with micro-movements near the synthesiser, since the moment Ms Kazakaiou went there, on the 3.40 minute. That was the time that I moved to the temple-blocks. The excerpt begins with the members situated in the position just described.

Pamina is moving her wheelchair with small movements around Ms Kazakaiou's area on the synthesiser.

- 8.51 Ms Kazakaiou plays a scale for Pamina, employing a simple triple time consisting of a minim and a crotchet in each bar; with this music she follows the pace of Pamina's movements. In this way, Ms Kazakaiou initiates a "good object" music for the patients, and for Pamina, in particular.
- 8.54 Soon Ms Demetriou joins in with a xylophone phrase and some bongo-drum touches.
- 9.05 There is a pause, during which I decide to go to the piano and join Ms Kazakaiou from there.
- 9.12 Ms Demetriou adds a cymbal phrase.
Ms Kazakaiou continues her synthesiser music with the same rhythm played in a melodic variation and in a faster tempo.
- 9.14 Ms Antouna tries to follow her with some metallophone phrases.
- 9.20 As soon as I sit on the piano, Sarah emits a vocalisation towards me, as she is following me with her eyes. Her vocalisation emerges into a scream by the moment I begin the first piano phrase.
- 9.26 I start a piano part, following Ms Kazakaiou's rhythm and tempo, creating a melodic variation and adding a

harmonic part. The piano music also contains long notes and pauses, so as to leave spaces for the other members' part.

- 9.30 Ms Antouna joins in with soft metallophone phrases, that follow the same rhythm.
- 9.34 Ms Demetriou adds some soft cymbal crushes.
Sarah's face relaxes, as she is looking towards me at most times, or towards Mr Loizou and Ms Kazakaïou.
Jenny is smiling, while still fiddling her beater.
Pamina has made a circle near Ms Kazakaïou.
- 9.55 Ms Kazakaïou enters a synthesiser phrase, which Ms Demetriou supplements on the xylophone and I supplement on the piano.
Pamina seems to be making micro-movements with her wheelchair, now she herself seeming to follow the music.
- 10.07 In the piano I create expansions to the theme, and Ms Demetriou accompanies with the xylophone and the cymbal.
- 10.24 Ms Kazakaïou enters with a variation at the synthesiser in even faster tempo.
- 10.30 I add a piano part simultaneously, playing a variation to Ms Kazakaïou's theme.
Ms Demetriou accompanies with the xylophone and the cymbal.
Pamina moves close to the synthesiser and then makes a backward push and a turn, so as to place herself close to the xylophone.
Jenny has been keeping still, her face slightly turned towards Ms Demetriou's face.
- 11.00 I play single long notes at the base, so as to leave spaces for Ms Demetriou to play the xylophone for Pamina on

her own.

This she does, as Pamina is now moving close to Ms Demetriou and the xylophone.

11.19 I play a soft variation.

Pamina positions herself, so as to face Ms Demetriou and the xylophone, and together with Ms Demetriou we play pentatonic music on the black keys, she on the xylophone and me on the piano.

Some of Pamina's micro-movements seem to be dances to the music.

Jenny has turned her face to the right, away from Ms Demetriou - as soon as Pamina positioned herself, so as to face Ms Demetriou - and keeps her beater inside her mouth.

11.44 Jenny has turned towards Ms Demetriou and Pamina, makes a "he" sound and pulls the cymbal close to her.

11.49 Pamina has turned her head away from Ms Demetriou, and Ms Demetriou and I follow her micro-movements on location, Ms Demetriou on the xylophone and I on the piano. We continue the pentatonic music in the same triple time as before.

12.05 Sarah murmurs once, while all long she has been observing all members, apart from Ms Antouna, with a facial expression of seriousness.

Amidst the music that continues as above, played by Ms Demetriou and myself, Pamina turns her head slowly towards Ms Demetriou again. She pauses to look at Sarah.

12.37 Pamina turns even more towards Ms Demetriou, while Jenny makes some vocalisations [ts -ts]. At the same time, she turns her head leftwards, so as to look straight ahead, though with oblique glances she reveals

her attention towards Pamina and Ms Demetriou.

12.45 I pause the piano music, so that Pamina may hear only the xylophone on its own, and Ms Demetriou continues with her black-key phrases, still playing in the same simple triple time.

Pamina is looking towards the xylophone indirectly.

12.56 I add a piano accompaniment.

Ms Antouna adds a metallophone phrase.

13.05 Sarah begins a series of cough-belches, looking towards me or towards Ms Demetriou.

13.12 Jenny has turned her head to her right again, away from Ms Demetriou, and once again pulls the cymbal close to her, while her beater is inside her mouth.

13.17-13.27 Ms Antouna pats Sarah on the shoulder and she puts an end to her cough-belches.

Amidst our continuing music, played by Ms Antouna, Ms Demetriou and myself, Pamina turns her wheelchair, by making small movements, away from Ms Demetriou, Jenny, Sarah and Ms Antouna.

Sarah looks at Pamina and seems to smile.

14.02 - Second excerpt

15.48

14.02 It is a continuation of the music described above. I play a phrase consisting mainly of trills, in response to Jenny's vocalisations.

Ms Kazakaïou plays the base-drum in the same rhythm as above, i.e. still employing a simple triple time, consisting mostly of a minim and a crotchet in each bar. She plays in phrases interspersed with pauses.

Pamina is approaching Ms Demetriou.

Ms Demetriou joins with the xylophone and the cymbal.

Pamina has paused her wheelchair, so as to face Ms Demetriou from a certain angle, towards Ms Demetriou's left.

14.13 Jenny vocalises, her sound seeming to be a recognition of my piano phrase consisting mainly of trills.

Pamina watches Ms Demetriou playing a series of black-key pentatonic phrases on the xylophone.

14.24 We all play in the same rhythm that Ms Kazakaïou initiated in the previous excerpt [simple triple time consisting of a minim and a crotchet in each bar].

14.36 Pamina begins moving her wheelchair slightly backwards and slightly forwards repeatedly, as if dancing to the music she hears.

Jenny has been making *soft autistic vocalisations*, turning her head either towards Ms Demetriou or away from her.

14.48 Sarah has started walking towards the piano. She walks fast, holding a teddy-bear with her left hand and stretching her right hand towards me. Ms Antouna walks closely behind her.

14.53 At the same time as Jenny's vocalisation that sounds like laughter [ha-ha-a-a-a], Sarah touches my right hand to play for her.

14.59 I play a black-key glissandi, starting from the piano's upper register, where Sarah has been standing.

15.02 Jenny responds to this glissandi by high-pitched vocal sounds, that seem to be a response to it.

I play the same glissandi again, and Jenny sings on top of it at an even higher pitch, reflecting its sounds with "la-la-la" vocalisations. There is joy and pleasure in her

face from this point until the end of the excerpt, her face retaining a big and open smile.

I continue with a series of glissandi of similar character, and Jenny shifts her singing to *loud autistic vocalisations* [ti-po-po, ti-po-po], while striking with her left hand Ms Demetriou's right hand.

15.15 Jenny hits her head with her beater, smiling-laughing at the same time, while I reflect at the piano her "ti-po-po" vocalisations.

15.20 In anticipation of my glissandi, Jenny sings it, gliding her voice downwards, and adding a "la-la-la" phrase at the end.

I respond with another two similar glissandi that end up with a reflection of her "la-la-la" phrase.

15.26 Jenny pulls Ms Demetriou's head close to hers, together with a loud vocalisation, while I play another glissandi and a phrase that reflects her vocalisation.

Ms Kazakaïou adds on the base-drum phrases that continue our initial rhythm.

Jenny has a prolonged eye-contact with Ms Demetriou and remains close to her for a few seconds. She keeps Ms Demetriou's head with force close to hers.

Ms Demetriou plays softly some xylophone phrases in the same triple time, while trapped in Jenny's hands.

15.41-15.48 Jenny jerks her head backwards and sideways, so as to be even closer to Ms Demetriou's head; it seems to be a gesture of "recognition", her face retaining a big smile.

Pamina has paused with her back turned against Ms Demetriou.

19.19 - Third excerpt

22.35

19.19 Jenny has both of her hands on the cymbal and her head slightly turned towards Ms Demetriou, *making soft autistic vocalisations*.

Ms Demetriou plays some soft xylophone phrases for her.

Pamina has made a pause in a position that keeps both Ms Demetriou and Jenny to her back, and has her right leg crossing her left leg.

19.27 I play a high-register chord, after Sarah has touched my hand to play for her.

19.33 Jenny makes *loud autistic vocalisations* that become increasingly intense, at which point she adds a phrase of fast quavers on the cymbal. At the end of her cymbal phrase, she vocalises in a speaking pitch a series of sounds [dou-ki, dou-ki], in the rhythm of a quaver followed by a crotchet.

Ms Demetriou picks up the pitch, rhythm and tempo of Jenny's sounds instantly on the xylophone.

At the piano I try to reflect and interpret Jenny's outburst: firstly I make an answer to her cymbal phrase by playing ascending chords, and then I play a base that translates the tension mildly, in the rhythm and tempo of her "dou-ki" vocalisations.

In the meantime, Sarah has played an arpeggio-cluster in the piano's upper register [19.44].

19.59 Sarah drops her hand at the piano's upper register and plays again an arpeggio-cluster there.

I add to the piano's base a theme that responds both to

Sarah's arpeggio-clusters, but also to Jenny's initial outburst of sound just before her cymbal phrase.

20.01

There is a pause.

20.03

I repeat and expand the piano music just described above.

20.13

Ms Demetriou adds some xylophone glissandi.

20.15

Jenny has been turning her head to the right and left in quick movements, making some throat sounds at the same time [h-h-h-h-h], and holding the beater with her right hand.

20.20

Jenny makes a loud and prolonged vocalisation springing from her open vocal cords. It sounds like a communicative sound of tension and unlike her known *loud autistic vocalisations*.

I repeat the piano theme at the same time and also just after her vocalisation.

Ms Demetriou reflects Sarah's sounds and head-swings with xylophone glissandi.

20.39

Sarah, who has been standing on my right, stretches her hand, so as to touch mine.

Sarah withdraws her hand, when she hears Jenny uttering in a speaking pitch "la-a-a-a-a", her sound ascending and descending slightly in a repeated manner.

20.43

At the end of her vocal phrase, Jenny adds another cymbal phrase consisting of fast quavers.

I expand the piano music, so as to reflect Jenny's outburst, by keeping a sostenuto at the base, over which I play an expanded melodic phrase.

Ms Kazakaiou adds a sostenuto at the base-drum and Ms Demetriou accompanies the piano music with some xylophone phrases. The whole group music expresses

- tension,
- 20.53 amidst which Jenny gets up from her chair, but soon returns and moves the cymbal with her arms, before engaging briefly into her head-swings.
Pamina, still with her back turned against Ms Demetriou, puts both of her legs onto her wheelchair.
- 21.09 It is during an ending of a phrase in the music, that Jenny gets up and walks towards the metallophone, Pamina's glance instantly turning to look at her.
Jenny picks up Sarah's three beaters and throws them to the floor - she throws the third one in front of Ms Antouna's empty chair - while I repeat a variation of the initial melodic phrase, a questioning phrase, after which Sarah murmurs.
- 21.16 Jenny turns her head towards the xylophone, and I repeat a questioning phrase.
- 21.23 Jenny walks behind Pamina and finds the beater, placed on the xylophone by Ms Demetriou for Pamina. She firstly tries to break that beater by bending it, but then she picks it up that and throws it to the floor; she then walks towards the window via the cameraman, making *soft autistic vocalisations*.
- 21.33 I create a variation to the previous music, a variation that addresses the tension in the room in a gentler form.
Ms Kazakaïou joins the music with a base-drum sostenuto consisting of semi-quavers and quavers.
Ms Demetriou joins with xylophone phrases.
In the meantime, Pamina has been moving her wheelchair close to Ms Kazakaïou and is now hyperventilating, turning her glance towards her fallen beater.

22.05 Jenny returns to her seat and we play phrases containing repeated notes that wait for hers.

Sarah murmurs.

22.16-22.35 Jenny enters a cymbal phrase, her quavers coinciding exactly with the quavers played by us.

Sarah's murmurs continue in bursts and pauses, while Jenny sits in her chair, swings her head and makes hissing sounds.

Some descending chords at the piano, with the accompaniment of Ms Demetriou's xylophone and Ms Kazakaiou's base-drum, are waiting for whatever communication might arise.

29.36 - *Fourth excerpt*

31.40

29.36 It is the last two minutes before the goodbye song. The sounds created in this excerpt are interspersed with pauses.

Ms Antouna has already left Sarah's side and has gone to the base-drum.

Sarah supports herself at the side of the piano, and looks at Ms Antouna with intensity and sadness. She coughs.

Ms Demetriou has been playing some xylophone phrases for Pamina, who has just started moving in circles.

29.58 Sarah strikes two high-register notes with her left hand, her right hand still holding tightly her teddy-bear. Her eyes do not for once fall upon the piano, but are fixed onto Ms Antouna. Now her expression seems to be one

of anger mixed with sadness and complaint.

I play two high-register arpeggios in response to Sarah.

Ms Antouna plays two phrases on the base-drum, each consisting of a quaver followed by a crotchet.

Sarah's face has calmed down, and she has a far more contained expression of seriousness - neither manic, nor loaded with tension and anxiety.

Sarah rubs her nose.

I repeat a phrase of two high-register arpeggios, and

30.11 Sarah strikes one more note in the high-register. Her eyes are still fixed onto Ms Antouna, and still retain an expression of calm seriousness, yet her lips are now somehow tensed.

Sarah rubs her nose, stoops her body, but plays no more. I repeat for her a similar phrase to the one described above, and she straightens up her body a little bit.

Ms Kazakaiou plays a few notes on the tambourine, seeming to follow Ms Demetriou's xylophone phrases; and Ms Antouna plays a phrase on the base-drum.

30.18 I repeat the piano phrase, consisting of two high-register arpeggios, and Ms Antouna some of her two-note phrases on the base-drum.

30.30 Sarah's face, still retaining a calm sort of seriousness, turns towards the other members of the group. It seems that her eyes are still those of a frightened person, but of a more contained frightened person - certainly of a far *less* frightened person than at the beginning of the group's life. For some seconds she looks around towards all members.

Ms Demetriou continues her xylophone phrases for Pamina.

- 30.37 Sarah seems to belch once within her closed lips, and then rubs her nose.
Ms Antouna continues her two-note base-drum phrases, interspersed with pauses.
- 30.44 Sarah turns her eyes towards Ms Antouna, her lips again tensing up, alongside her eyes.
Ms Antouna plays for her base-drum phrases, some of them on the drum's metallic edge, and Ms Demetriou plays one cymbal note.
- 30.52 Pamina has paused for a little while and observes Ms Demetriou still playing for her xylophone phrases.
Jenny has been withdrawn during these minutes, and fiddles with the pins of the bongo-drum, sitting in her usual posture, with her legs wide-open in her chair. She vocalises briefly and softly only once in this excerpt.
- 31.13 I say that it is time to say goodbye for that day, and that we have another two sessions until the Christmas holidays; and that the holidays will be for two weeks.
Sarah has stooped and bent her body upon hearing my words, leaning completely on the side of the piano's frame, her legs crossing one another anxiously.
- 31.28-31.40 With my first phrase of the goodbye song, occurring together with a cymbal crush from Jenny, Ms Antouna walks close to Sarah and Sarah straightens up her body, as her eyes follow Ms Antouna's movements.
I expand the song's phrase with a high-register phrase. intended to address Sarah.

B. 17 THE SESSION OF FEBRUARY 19, 1996

Ms Antouna and Ms Demetriou were absent. The video-recording was taken by Mr Loizou. The initial placement of the instruments and sitting position of the members were the following:

	Ms Lovari Jenny				
	Cymbal	Bongo-drums	Xylophone	Cymbal	Tambourine
Ms Antouna's chair	Tambourine		Temple-blocks	Ms Kazakaiou	
Sarah's chair	Metallophone				Bells
Door			Pamina		Window
					Synthesiser
Sarah		Base-drum			
Piano	Anthi Agrotou	Gong-tambourine		Mr Loizou - Camera	

Transcripts of the excerpts from the session:

1.29-5.20 *First excerpt*

Background to the excerpt Upon entering the room, Sarah walks to the piano and takes a position leaning on the frame of its right side. She is using that frame for support all along. She is holding a teddy-bear with her right hand, and keeps turning to members of the group, throwing belches at them. Her posture is in continuous micro-movement, as she keeps turning this way and that way, all the time searching for ways to support her body on the piano, as if the instrument's frame is for her a supporting rock.

Jenny has sat in her carer's chair, who is absent on that day and is replaced by Ms Lovari. She is sitting in her usual posture of withdrawal, her legs wide-apart on her chair and holding a beater with her left hand.

Pamina has been making some movements around her area of the room.

1.29 Pamina has been hyperventilating while turning her wheelchair towards Ms Kazakaiou, and Ms Kazakaiou plays the temple-blocks to accompany her movements. Within seconds Pamina pauses and remains underneath the window, facing it with her body, while her head is turned towards Ms Kazakaiou.

Jenny has been making some soft autistic vocalisations; these become repeated sounds of "nnou", which seem to express her annoyance - possibly caused by Sarah's belches and Ms Demetriou's absence.

Sarah begins a series of belches, which she seems to be directing in particular towards Jenny - either as a response to Jenny's vocalisations, or as a reaction to the fact that Jenny got hold of Ms Lovari's hand.

In the piano I begin a piece based on long chords. These are intended to translate into a musical sound Sarah's evacuations, but also hold her while at the same time leaving spaces of silence for her belches to be heard.

1.54 Amidst Sarah's continuing belches, Ms Kazakaiou plays the bells and the tambourine for Pamina.

Jenny tries to put Ms Lovari's hand on her forehead, while Sarah still throws her belches at her.

2.04 Ms Lovari plays some soft xylophone phrases and Jenny makes some vocalisations from her closed vocal

cords.

2.20 Pamina now leaves her position underneath the window and turns to her left. Soon her glances leave Ms Kazakaiou who plays the bells for her and turns her wheelchair further to her left and away from Ms Kazakaiou.

2.48 Pamina pauses for a few seconds facing the piano, puts both her legs on her wheelchair and turns for another circle.

Ms Lovari touches softly the bongo-drums, while Jenny has her beater inside her mouth and seems withdrawn.

3.13 Sarah continues her belches, now mostly directed towards me. While in the process of evacuating them, she stoops her body and tenses her face forward towards me; the belches come out of horrified eyes. At peak moments of belch evacuations, Sarah lets go of her support on the piano's frame, and then her whole body seems wavering unsupported, yet all tensed up for the evacuations. After a belch - or a series of belches - her lips often resume her formulaic smile.

3.33 Sarah turns towards Jenny and Ms Lovari and belches towards them, but soon turns to continue her belches towards me.

3.52 As I pause the piano chords and turn to look at the group, Sarah follows my eyes with apparent worry, as if aware of the hostile attacks she has been throwing at me, and also wishing to control my glance.

Pamina continues her circles and there is a pause in the music - and in Sarah's belches - for some twenty seconds.

4.10 Ms Kazakaiou goes to the synthesiser, while I resume

the piano music.

- 4.13 Sarah's belches towards me continue with equal intensity, while also turning to look towards all the members of the group.
- 4.18 Ms Kazakaiou plays the synthesiser.
- 4.31 Within a few seconds Ms Kazakaiou isolates herself from the piano music, as she plays motives on the synthesiser that sound as her own way of escaping Sarah's belches [e.g. reiterated notes, trills].
- 4.51 Pamina is now moving towards the synthesiser and near Ms Kazakaiou.
- 4.54 There Pamina hyperventilates.
- 5.04-5.20 Ms Kazakaiou is totally absorbed with Pamina, following her "breathings in and out" with a repeated phrase on the synthesiser.
Jenny remains isolated and still, and apart from some soft, sporadic touches on the bongo-drums, Ms Lovari is also quiet.

13.13 - Second excerpt

15.36

- 13.13 Pamina has just thrown some beaters on the floor and some on the tambourine, beaters that were offered to her by Ms Kazakaiou together with the tambourine. She then starts movements in the room, pushing her wheelchair with a new kind of force and dynamism, judging from the force of her movements and speed with which she makes them. These movements are faster and more lively than the movements she would make so far, particularly when she was immersed in

such circles that conveyed her state of isolation and desperation.

This is the second time in this session that Pamina made such dynamic movements with her wheelchair, the first time being between the ninth and eleventh minute of the session.

At the piano I try to put into a musical language the force of Pamina's wheelchair movements. To this effect I use the whole span of the piano in phrases that express an "alive" tension.

Sarah has been standing near my right side at the piano and murmuring in bursts and pauses, having ceased her belches since the 9th minute, the moment that Pamina embarked on this kind of dynamic movement in the room. Sarah's vocalisations sound as voices of complain.

Jenny is in her usual posture of withdrawal, yet holding Ms Lovari's hand. She keeps grinding her teeth.

Ms Lovari plays softly the bongo-drums, her playing soon accompanying the rhythm of the piano music.

13.41 Pamina makes a fast turn in the gong area, pushing her wheelchair backwards and then sideways and forwards with speedy movements. She is thus very close to Sarah's back and side.

13.47 In no time Pamina has already pushed Sarah more to the left, as her wheelchair movements around Sarah's position at the piano have threateningly thwarted Sarah closer to me and away from her usual position there.

Sarah looks at Pamina, while moving her body away from Pamina, her vocalisations of complaint

continuing.

- 13.53 At this point Pamina pauses for a few seconds. She is now by the side of the piano, in the location from where Sarah was directing her belches to the group. Sarah continues her vocalisations of complain and looks towards Ms Kazakaiou, having a facial expression of fear - possibly hoping that Ms Kazakaiou would deliver her from Pamina's threats. Then Sarah turns to look at me.
- 13.56 Pamina moves away from that position by the side of the piano with the same dynamic movements, so as to make a circle and return to the same area.
- 14.00 Sarah's glance turns uneasily towards what is happening behind her.
- 14.04 Ms Kazakaiou accompanies the music with base-drum phrases and Ms Lovari with some soft bongo-drum touches.
- 14.22 Now Pamina's movements have become slower, not losing, however, their dynamism and the somehow electric atmosphere that she creates. Jenny has turned her head to the right and makes some vocalisations.
- 14.35 Pamina pauses for some seconds behind Sarah and lifts her left leg on her wheelchair, so that with this new posture she continues her movements: another circle. Instead of making her circle in the usual contour to include the area near Ms Kazakaiou, who is at the synthesiser, Pamina makes a far smaller circle and is again with fast movements near Sarah [not seen on the video]. She then makes another two small circles behind

Sarah.

15.33-15.36 Jenny moves the bongo-drums away from Ms Lovari, by firstly putting them on her knees. In a few seconds she will place the bongo-drums on the xylophone and pull Ms Lovari to the door, in this way indicating her wish to leave the room.

16.00 - Third excerpt
18.50

16.00 While grinding her teeth, Jenny pulls Ms Lovari to the door, in this way indicating her wish to leave the room. Ms Lovari and I tell her that our time is not yet finished.

Sarah has been observing all this from her position at the piano, still standing on my right in front of the piano keys, having been thwarted from the side of the piano by Pamina. She continues all along her murmurs that feel as expressions of a complaint. Her eyes are now focused upon Pamina's doings.

Pamina has been continuing her circles behind Sarah.

16.15 Jenny sits in Sarah's empty chair and Ms Lovari sits next to her, in Ms Antouna's empty chair.

16.27 Jenny gets hold of Ms Lovari's hand and plays through her hand the metallophone, while with her other hand - her right hand - she is still holding her own beater.

I play some piano phrases including a glissandi, as responses to the metallophone phrases played by Jenny through Ms Lovari's hand.

16.47 Jenny assumes her usual posture with both legs wide-open on Sarah's chair.

- Pamina hyperventilates as she keeps making her small and fast circles behind Sarah.
- 17.04 Sarah turns her whole body even more towards Jenny and Ms Lovari and makes some little steps towards them, still leaning on the piano's frame.
- 17.16 Jenny gets Ms Lovari's beater, puts it on the metallophone and gets up, so as to pull Ms Lovari once again to the door.
- Ms Lovari tells her again that our time has not yet finished, but does not succeed to keep her in the room. Pamina's circles are again made in a slower pace, and she is still hyperventilating.
- 17.31 Ms Kazakaiou starts the synthesiser for her and Pamina approaches her and pauses near her.
- 17.45 Ms Kazakaiou offers a beater to Pamina, and Pamina receives it and throws it to the floor.
- Sarah vocalises after Pamina's throw.
- 17.57 The same happens after Pamina's two subsequent throws, while I play descending chords at the piano, reflecting thus Pamina's throws.
- 18.10 Ms Kazakaiou places the tambourine on Pamina's lap and plays it for her.
- 18.20 Pamina throws the beater on the tambourine, evoking one more vocalisation by Sarah.
- 18.26 Then Pamina moves away from Ms Kazakaiou and directly towards Sarah, by firstly making a backward push, so as to turn.
- 18.38 Pamina moves onto Sarah - who is leaning on the frame of the piano's side [i.e. Sarah's original position in the session, from where she was directing her belches] - and forces her to move further away.
- Then Pamina moves her wheelchair in small

movements backwards and forwards on the same location in front of the piano, exactly in the space that was previously occupied by Sarah, when she herself had pushed her there.

18.50

Sarah - who is now forced at the side of the piano - stretches her hand for mine.

B. 18 THE SESSION OF FEBRUARY 26, 1996

Ms Lovari was absent. The video-recording was taken by a carer member of another group, Ms Olympiou. The initial placement of the instruments and sitting position of the members were the following:

Jenny Ms Demetriou		
Cymbal	Xylophone Bongo-drums	Tambourine
Ms Antouna	Tambourine	Cymbal Temple-blocks Ms Kazakaiou
Sarah	Metallophone	Bells
Door	Pamina	Window
		Synthesiser
	Base-drum	
Piano Anthi Agrotou	Gong-tambourine	Ms Olympiou - Camera

Transcripts of the excerpts from the session:

3.23-6.13 *First excerpt*

3.23 Sarah walks to the piano and belches at me. She has so far moved back and forwards from the metallophone to the piano twice. Her initial movement to the piano was done in quite an autonomous move to rise from her chair on her own and walk to the piano. Since the very beginning of the session, she has been belching towards everyone intensely.

Jenny has been sitting in her usual posture of withdrawal, with her legs wide-open on her chair and holding her beater with her right hand.

Pamina has been moving in circles around the room, making slow movements. She has paused in front of the base-drum with her back turned to Sarah for the last half-minute before the excerpt begins.

Sarah makes a series of belches towards me.

3.32 She strikes a high-register cluster amidst her belches and then turns to look at the other members of the group.

I start a piano piece beginning with chords that respond to her cluster.

3.39 Sarah turns to me for a series of intense belches. She leans her body at the side of the piano and lifts it up as she emits her belches, then turning again to look at other members of the group. When her left hand is not supported on the piano, it wavers in mid-air, as if endangering the balance of Sarah's body. Her right hand leans on the piano's frame, her fingers fidgeting over each other during the moments of tension.

I play base octaves, expressing the heavy feelings conveyed by her belches, and then a glissandi that brings Sarah back towards me.

Pamina turns her head towards her back, seeming to be concerned about what is happening in Sarah's area.

3.56 Ms Antouna plays a metallophone phrase, while Sarah makes some little steps on location, looking at me or at Ms Kazakaiou, who removes the base-drum in order to facilitate Pamina's movements. Often the fingers of her right hand, which she places for support on the piano's frame, keep fidgeting over each other.

4.00 I play another glissandi and Ms Antouna another phrase at the metallophone.

4.06 Sarah makes a soft *mock-laughter* vocalisation and

turns to her right with her little steps, so as to look at Ms Antouna, acknowledging, it seems Ms Antouna's communication.

I repeat a variation of the base-octave melody I had just played, while Ms Antouna repeats another phrase at the metallophone.

4.13 Sarah bends her head, now having her back at me and her body sideways to Ms Kazakaiou.

4.22 Ms Kazakaiou starts playing the synthesiser and Pamina begins to move again. She plays a melody consisting of long notes, which I soon begin to accompany on the piano.

From that position facing Ms Antouna Sarah belches towards Jenny and Ms Demetriou and then turns slightly and belches towards Ms Antouna, stooping her body while doing so.

4.33 Sarah turns to look at Jenny and Ms Demetriou and then turns back to Ms Antouna and belches at her.

4.42 Sarah turns to look at me, her body assuming an upright posture for some seconds. She makes a complete leftward turn towards the group and again turns towards me, leaning on the piano's frame.

4.52 She then belches to me once again, a series of belches which she makes while stooping her body and fiddling her fingers.

Ms Kazakaiou and I continue the same music of long, sustained notes to which I add a harmonic base at the piano.

4.59 Sarah turns to her right to look at the group once again, particularly towards Jenny and Ms Demetriou.

5.05 Then she turns towards me, stoops her body and belches once more.

- 5.10 Sarah turns to look at the group and returns her glance to me, in order to throw some more belches towards me.
- 5.21 Sarah turns towards Jenny and Ms Demetriou and belches towards them, fiddling her right hand's fingers while doing so.
- 5.27 Sarah turns to look at Ms Kazakaïou at the synthesiser and belches to her also.
- 5.31 Sarah turns to look at the group before turning to belch at me once again, leaning her left hand on the piano.
- 5.43 Sarah makes another turn to the group; she looks at Jenny and Ms Demetriou and then at the camera.
- 5.52 Sarah turns to look and belch at me, her left hand now wavering all tensed up in mid-air.
- 5.54-6.13 Pamina faces Ms Demetriou and the xylophone, hyperventilating and moving her head towards and away from her.
- Ms Demetriou plays the black xylophone keys for her, Ms Antouna plays metallophone glissandi, while Jenny is wavering her beater.

9.06-10.16 *Second excerpt*

- 9.06 Jenny comes to the piano and vocalises softly as she sits on the piano's stool. This was preceded by her pulling Ms Demetriou's head close to her 50 seconds ago and embracing her tightly for some seconds.
- Sarah, still leaning her left hand on the piano's frame and facing Ms Antouna, has her back turned to me and the camera when Jenny comes to the piano. With her head, though, she follows Jenny's movement to the piano.

Pamina has been making her circles, but pauses again for a while in front of the gong, having her back turned to the piano.

- 9.11 Jenny plays a phrase consisting of fast clusters.
Ms Kazakaiou accompanies Jenny's clusters, following her rhythm with phrases on the base-drum.
At the piano I add a supporting melodic phrase to Jenny's phrase.
As soon as Jenny starts her first phrase, Sarah lets go of the piano and walks towards Ms Antouna. She only makes a few little steps.
Pamina turns her head rightward, towards the piano sounds, before she starts moving again for another circle.
- 9.21 Jenny has brought her first phrase to an end by making a *ritardando* with her clusters, when Sarah turns her body slightly towards the piano again and places her left hand on its frame for support once more.
- 9.22 Jenny continues with a second piano phrase, this time introducing another rhythm consisting of two quavers followed by a *staccato* crotchet in each bar.
Sarah is still looking towards Ms Antouna, leaning on the piano as described above.
Ms Antouna joins in the accompaniment of Jenny's piano playing with the metallophone.
- 9.29 Jenny brings her second phrase to an end by playing a sustained crotchet instead of a *staccato* crotchet, and I play an expansion to her phrase, that also acts as response to her. At the end of this phrase of mine,
- 9.37 Jenny plays two crotchets to introduce her third phrase, but as soon as this begins in the same rhythm as her previous phrase, Pamina is already hitting the piano

stool at its side, seeming to try in this way to push Jenny away from the piano. Pamina knocks on the piano stool five times in total.

9.45 Sarah vocalises and I include this in the piano music.

9.51 Jenny makes a mock-laughter sound [ha-ha-a-a] before rising from the piano stool, receiving the aggressive messages from Pamina.

9.54 As soon as Jenny gets up from the piano stool, she emits a high-pitched, piercing vocalisation, that is, her characteristic sound when *she* is aiming at something destructive. This possibly indicates her reception of Pamina's destructive wishes against her.

Pamina looks at Jenny, as she rises from her chair holding her beater and Jenny walks in-between Sarah and Pamina.

Sarah belches towards Ms Antouna and then

10.03-10.16 turns towards me and belches, while Pamina remains on that same spot that caused Jenny to interrupt her piano playing and leave my side.

Jenny walks to the window, making *soft autistic vocalisations*.

30.47 - Third excerpt

32.23

30.47 I tell the group that it is time to say goodbye.

Jenny coughs and Sarah belches to her from her position at the side of the piano, turning her whole body so as to face Jenny.

31.02 As soon as we sing goodbye to her, Sarah stoops her body and tenses the fingers of her hands.

31.15 Then she stoops her body and faces Jenny and Ms Demetriou and belches to them.

From then onwards, Sarah directs a whole series of belches towards me with intensity, stooping her body and leaning on the piano's frame, at the same time fiddling her right hand's fingers over each other. She also fiddles her legs, as if preventing herself from urinating.

Pamina has been moving around Ms Kazakaiou's area.

32.13-32.23 Sarah's picks up a beater from the piano's book-stand and throws it by the side of the piano stool. Then she fiddles her right hand's fingers - the hand that supports her on the piano stool - while focusing her eyes onto mine.

B. 19 THE SESSION OF MARCH 4, 1996

Ms Demetriou and Ms Lovari were absent. The video-recording was taken by a carer member of another group, Ms Koutroupie. The initial placement of the instruments and sitting position of the members were the following:

Jenny Ms Demetriou's empty chair		
Cymbal	Xylophone Bongo-drums	Tambourine
Ms Antouna	Tambourine	Cymbal Temple-blocks Ms Kazakaiou
Sarah	Metallophone	Bells
Door	Pamina	Window
		Synthesiser
	Base-drum	
Piano Anthi Agrotou	Gong-tambourine	Ms Koutroupie - Camera

Transcripts of the excerpt from the session:

0.18 Sarah has been letting out some complaining-sounding vocalisations.

Jenny sits in her usual posture with her legs wide-open on her chair and holding her beater. She is hissing before she embarks on a repetition of the word "pae" [meaning "is leaving" in Greek]. While doing so she is swinging her head. After four repetitions of this word, she emits an "Ah" vocalisation that is open and colourful, unlike her *loud autistic vocalisations*. This is the nearest that Jenny has ever got to a cry.

I sit at the piano and Sarah belches.

- 0.34 I start a piano phrase consisting of three chords that intend to convey to Jenny that her "Ah" vocalisation has been received.
- 0.38 Sarah starts belching towards me with intensity and I respond with a loud, heavy chord after every belch of hers.
- 0.42 Ms Antouna follows almost every chord of mine with a metallophone phrase.
- 0.48 Ms Kazakaiou adds a temple-block phrase consisting of quavers after every chord of mine.
Sarah intersperses among her belches a sound that feels like a dampened scream.
- 0.59 Sarah again intersperses among her belches a sound that feels like a dampened scream.
- 1.01 Sarah turns towards Ms Kazakaiou, before turning back to me again via looking at the camera, in order to begin a series of belches directed towards me once more. While doing so she stoops her body and brings her face even closer to me. This is the closest she has ever brought her belches towards me.
- 1.13 Jenny makes some of her *loud autistic vocalisations* [te-te-te], uttered from closed vocal chords.
- 1.18 Sarah turns her glance to the camera very briefly and then focuses onto me again.
The carers and I continue the same music, but now play in a rhythm of even beats: every chord on the piano, consisting of a minim, is at most times followed by a metallophone or cymbal phrase played by Ms Antouna, and quavers on the temple-blocks played by Ms Kazakaiou; every chord is played at the beginning of every bar. Thus the music is felt like a steady pendulum that brings down the timeless heaviness of

Sarah's utterances.

It feels as if the music helps Sarah to rise to an upright posture, though she makes some backward and forward movements with her hips. Between the 1.13 and 1.42 minute of the session she does not belch.

1.29 Sarah turns her glance towards the camera briefly.

1.40 With this upright posture and the backward-forward movements of her hips, Sarah turns to her right, towards Ms Antouna and belches to her.

1.44 Sarah turns again towards me in the same posture and with the same movements, and in anticipation of her forthcoming belch, I play the next piano chord in loud dynamics. This acts as a defence on my part.

Thus Sarah's following belches come forward to me less intensely than before, uttered more softly than at the beginning of the excerpt - or even than at any previous time over the last months' sessions. She still does not stoop her body, but keeps the same posture and movements as described above.

1.53 Sarah turns for another quick glance to the camera, before turning to belch to me.

2.04-2.26 Sarah makes a series of murmurs instead of her belches.

Jenny has been motionless and so has Pamina.

There is a *decrescendo* in the music, so as to reflect the waning of Sarah's sounds.

B. 20 THE SESSION OF MARCH 11, 1996

Ms Kazakaïou and Ms Lovari were absent. The video-recording was taken by a carer member of another group, Ms Olympiou. The initial placement of the instruments and sitting position of the members were the following:

Jenny Ms Demetriou	Cymbal
Cymbal Xylophone Bongo-drums	Ms Kazakaïou's empty chair
Ms Antouna Tambourine	Temple-blocks [Anthi Agrotou]
Sarah Metallophone	Tambourine Bells
Door	Pamina
	Window
	Synthesiser
Piano	Base-drum
	Gong-tambourine
	Ms Olympiou - Camera

Transcripts of the excerpt from the session:

3.30-4.54 *First excerpt*

Background to the excerpt Sarah has been sitting in her chair and belching or murmuring in bursts and pauses, directing all her utterances towards me, while I am seated in Ms Kazakaïou's empty chair, next to Pamina.

Jenny sits in her usual posture with legs wide-open on her chair and holding her beater with her right hand. She has already pulled the cymbal close to her and holds it with her left hand. Her face is turned away from Ms Demetriou.

- Pamina is sleepy since the very beginning of the session.
- 3.30 Sarah murmurs in bursts and pauses.
I play a phrase on the temple-blocks for Pamina, reminding her of her *mouth repertoire*.
Ms Antouna plays a phrase on the metallophone which follows closely Sarah's murmurs. While doing so, Sarah has her head bent sideways to her right, and so away from Ms Antouna. Her hands are clasping each other, her fingers are fiddling over each other continuously, while she is looking towards everyone, except from Ms Antouna.
Ms Demetriou plays for Jenny a phrase on the cymbal which Jenny drew near her.
- 3.56 Without directing her glance to her action, but rather looking towards me, Sarah pulls Ms Antouna's beater towards her with her left hand. The beater falls on her own chair's arm and Sarah laughs softly.
- 4.00 Sarah bends her head to look at that beater, picks it up with her left hand, passes it over to her right hand, and throws it by the right-hand side of her chair. She follows these actions of hers with her eyes. Her right hand's fingers fiddle over each other after the drop.
- 4.07 Jenny makes an open vocalisation, probably a response of pleasure at Sarah's throw of Ms Antouna's beater, and Sarah murmurs a smile towards her.
- 4.11 Ms Antouna picks up another beater and plays a metallophone phrase.
- 4.15 Sarah turns her glance to the camera, and making a slightly rightward turn with her body, she leans her right hand on the right arm of her chair for support.
Then she pushes her body forward and tries to get up from her chair, but does not manage to do so and is

thrown back to her chair again by the weight of her own body. She clasps both hands, and tries to rise through the support of her legs, but fails again.

Ms Antouna gets hold of her left arm so as to help her rise, but Sarah shakes Ms Antouna's hand away from her. Ms Antouna makes a nod of awareness towards Ms Demetriou, as if surprised and pleased at the same time by Sarah's refusal of her help.

4.25 Then Sarah makes another attempt to rise by putting her left hand onto her chair so as to support her body, but again fails and falls onto her chair.

4.27 Twice she tries to rise, while having her two hands clasped to each other and trying to support her body with the sole force of her legs. This also fails her.

4.32 Ms Antouna offers her left hand's palm to Sarah, so that she could get hold of Ms Antouna's hand by herself, if Sarah so desired.

4.34 Sarah pushes Ms Antouna's hand away and moves forward her left hand so as to lean on the metallophone keys. Thus supported by her left hand, which leans on the metallophone keys, and by her right hand, which leans on the right arm of her chair, she does succeed to get up from her chair on her own. This was the first time that such an achievement ever happened in Sarah's life!

Ms Antouna smiles with pleasure at Sarah's achievement.

4.37 Upon rising up, Sarah clasps her two hands together, stoops her body and walks unaided to the piano. At the beginning of this walk, she has a very serious facial expression, and straightens up her body slightly.

4.40 But then Pamina throws a beater on the floor and Sarah

turns to that and almost makes a false laughter, but only a smile is achieved under the strain and concentration of her own efforts to rise and walk on her own.

4.42 As she approaches the piano she unclasps her hands, her fingers fiddling one another, and stands a foot, or so, away from the piano, with her head turned towards me.

4.47 Without looking at the piano - her glance turned towards me - she is searching for it with her right hand, so as to get support, but then manages to remain standing unaided, and clasps her hands again, while looking at the camera.

4.53-4.54 Then she turns to look at me, with a smile on her face, as if proud of her achievements.

7.42-10.13 *Second excerpt*

7.42 Pamina has been totally awake and interested in grasping and throwing the beater since the 4th minute of the session. As there is no carer with her in this session, I undertake to offer her the beaters for a part of the session.

Sarah seems disturbed and jealous of the attention that I give to Pamina and has walked in front of Ms Olympiou, who has been taking the video-recording, and tries to distract her by touching her body. It seems like her way of controlling the session and the group, since she feels that at that point she can not control the group through its leader.

Jenny has been withdrawn.

When the excerpt begins, I am kneeling down diagonally towards Pamina and offering her the beater.

Pamina receives it with her right hand and places it carefully onto the tambourine.

I play two notes on the tambourine similar to the note she had just created and

7.52

Pamina takes the beater from my hand with her right hand again.

In the meantime Ms Antouna has played a piano cluster for Sarah in the upper register.

Pamina slowly passes the beater from her right hand to her left hand and moves her hand even more leftward, so as to avoid throwing the beater onto the tambourine; though I tried to follow her hand by moving the tambourine leftward, so that her beater would fall onto it, Pamina succeeds in throwing it to the floor and avoiding the tambourine.

Ms Demetriou plays some soft phrases on the xylophone.

8.04

I collect the beater that was thrown by Pamina near the synthesiser and Sarah stretches her hand towards me, while with her other hand she touches Ms Olympiou.

I tell her that it would be better to leave Ms Olympiou, as she is there for another job.

8.13

As I walk towards Pamina again, both Sarah and Pamina stretch their hands towards me. I feel as if they are both anxious to grasp something from me.

I kneel down diagonally to Pamina and offer her the beater and the tambourine.

In the meantime Ms Demetriou plays a soft xylophone phrase.

- 8.18 Pamina takes the beater with her right hand and holds it for a few seconds before she drops it on the tambourine. The beater then falls on the floor.
- 8.24 Sarah makes a mock laughter at the fall.
I pick up the beater, play with it two tambourine notes and offer it again to Pamina who is ready to receive it.
In the meantime Ms Antouna plays a note on the base-drum. She has been in the base-drum area, so as to be close to Sarah, who is standing near the camera.
- 8.29 Pamina takes the beater and looks at it. She is clearly making an effort to control and master its fall on the tambourine: looking at it, she keeps holding it, as she lets it touch gently the tambourine, not letting go of it until it actually touches the tambourine.
- 8.34 At that point I take the beater.
At the same time Sarah has thrown a beater on the base-drum and makes a soft *mock laughter*.
- 8.40 Pamina takes the beater back from my hands and lifts it slightly, while looking at it. She keeps holding it like that for a few seconds.
- 8.48 Then she passes it over to her left hand, and still looking at it, she makes a clear point of avoiding the tambourine and throwing onto the floor: I follow her left hand with the tambourine, so that the beater would fall onto it, but she moves even more leftward, so as to avoid the beater's drop on the tambourine.
- 8.55 I make the mistake of preventing that beater's fall on the floor by taking it before it falls, and Pamina apparently shows her disappointment by refusing to receive that beater with her right hand, when I offer it back to her, and by turning her head away from me.
In the meantime Ms Demetriou has been playing some

brief and soft xylophone phrases and Sarah has dropped a few times the beater onto the base-drum.

At the same time as Pamina's attempt to throw the beater from her left hand, Sarah had thrown a beater, offered to her by Ms Antouna, onto the floor and near Pamina.

9.00 I play a note on the tambourine and make a pause, waiting for Pamina's face to return towards me. As she begins doing so, I play another two tambourine notes and offer her the beater.

In the meantime Ms Antouna has been playing some soft, two-note base-drum phrases.

9.05 Pamina takes the beater from my hand, while turning her head away from me - possibly still angry with me for having interfered with her wishes - and lets it drop on the tambourine again, in a way that shows her desire to control and master that action. At the point when her beater touches the tambourine, Pamina loses control and the beater starts falling, but I grasp it before it falls onto the floor.

9.11 Sarah makes a *mock laughter*, seeming to be caused by Pamina's failure to master the beater's touch on the tambourine.

I play two notes on the tambourine and offer the beater to Pamina again.

In the meantime Sarah drops two beaters, one onto the base-drum and another onto the floor.

9.17 Pamina takes the beater from my hand and repeats the same controlled action: she holds it for a few seconds and lets it touch the tambourine through a slow movement, so that she can still keep her hold of the beater, until that beater touches the tambourine. She

is clearly aiming at not causing the beater to fall on the floor, whenever she uses her right hand to play.

9.26 I take the beater, play a note on the tambourine, and
9.30 Pamina takes it quickly from my hands, brings it close to her eyes, and lets it drop flat on the tambourine, so that it stays there.

Sarah makes a soft mock laughter at the drop.

9.37 I pick up the beater, play a note on the tambourine and offer it back to Pamina.

In the meantime Ms Demetriou has played a brief, soft phrase on the xylophone.

9.42 Pamina takes the beater from my hand and lets it touch the tambourine with the same controlled action as before. She loses the beater's control a few seconds after it touches the tambourine, and it starts falling

9.48 when I pick it up.

Again there is a soft *mock laughter* from Sarah, the repetition of its timing making it even clearer that Sarah laughs at Pamina's failure to control the beater with success.

9.50 I play two notes on the tambourine in the manner that Pamina had just played and then I offer Pamina the beater.

9.56 Pamina takes it, in order to repeat her mastery of the beater's touch on the tambourine, just as described above, only that I hit the beater by mistake after it touches the tambourine and it rolls on the tambourine's surface.

In the meantime Ms Demetriou has played a phrase on the cymbal.

Ms Antouna plays two two-note phrases on the base-drum

Pamina hyperventilates, while I play a tambourine note and tell her that it was me who had caused the beater to roll; this is because I felt that her anxiety then was caused by her feeling of failure at controlling the beater.

10.08-10.13 Still hyperventilating, Pamina receives the beater yet again. At this point it seems that her hand is getting tired and feels that she is soon going to lose that ability to control the beater and master its touch on the tambourine in the way and at the level of ability that she desires. In this case, she takes the beater, and, hyperventilating, she turns it upwards and then throws it vertically on the tambourine.

25.26 - Third excerpt

28.20

25.26 Pamina has been desiring to grasp beaters all along. When the excerpt begins, she is stretching her hand for the beaters.

Sarah has just walked from the piano to the metallophone.

Jenny sits in her chair, looking angry for the fact that Ms Demetriou had left her for Pamina.

25.37 Ms Demetriou puts two beaters on Pamina's lap and moves the base-drum close to her, near the side of her wheelchair. Ms Demetriou decided to place the base-drum near Pamina, so that she could be more autonomous in playing and picking up the beaters herself. To begin with, Ms Demetriou stays near Pamina, in order to return for her the beaters, until she would find a way to keep them on the base-drum and

collect them herself from there.

25.41 Pamina takes both beaters and throws them on the floor, without looking at where they are about to fall.

At the piano I play a harmonic piece, having in my mind a wish to encourage Pamina's playing.

Ms Antouna accompanies with metallophone phrases.

25.50 Pamina receives a beater offered to her by Ms Demetriou, holds it in front of her for a few seconds and looks at it, and then throws it in a way that hits the edge of the base-drum.

Sarah murmurs a *mock laughter*, while the piano music continues. From her part of the room, she has been carrying on her own communications: while observing Pamina's doings, she would grasp the beaters from Ms Antouna's hand and throw some of them to the floor, but most of them at Ms Antouna's body. She would elicit a soft *mock laughter* after her final throw and while waiting for Ms Antouna to collect the fallen beaters.

Jenny stands up, while Ms Demetriou collects a bunch of beaters for Pamina.

26.13 Jenny picks up the tambourine from Ms Kazakaiou's empty chair.

Ms Antouna plays a metallophone phrase and Sarah throws the beater at her and then makes a *mock laughter*.

Jenny returns to her seat with the tambourine. All along she keeps holding her own beater.

26.25 Ms Demetriou plays a two-note phrase on the base-drum for Pamina.

26.31 Pamina hits twice the floor with her right foot and the beat is acknowledged in the piano music.

While Pamina's "foot-beatings" continue and Ms

Antouna and I respond to them with the metallophone and the piano, Sarah gets every beater from Ms Antouna's hand and throws most of them at Ms Antouna's body.

26.50 After a final throw at Ms Antouna's body, and while waiting for Ms Antouna to collect the beaters, Sarah makes a soft *mock laughter* and clasps her hands. Then she turns towards the camera, looking at it with a facial expression of seriousness.

26.57 Ms Antouna starts to play the metallophone and after her first note Sarah repeats the same as described above: she grasps Ms Antouna's beater quickly, so as not to leave her time and a chance to play and throws most of the beaters at Ms Antouna's body.

In the meantime, Pamina continues her "foot-beatings" and Ms Demetriou joins our responses to her with some base-drum notes.

Unlike the session of October 9, 1995 - the first and last time that Pamina created her "foot-beating" repertoire - this time Pamina's beatings are slow and, as with the tambourine playing of the previous excerpt, she seems to be aiming at achieving control; in this case, at achieving control of the music she is receiving from our part in terms of the tempo and timing of our responsive phrases.

In order to connect her repertoire now with her repertoire then [of October 9, 1995], I shift to the D major key and to chords that I played then; this is, so as to facilitate the building up of historical memories between us.

28.04-28.20 Pamina turns to receive the beater from Ms Demetriou's hand, and make a combination of musical elements in

this way, just as she did in the session of October 9, 1995. She gets a good hold of the beater and throws it again on the edge of the base-drum.

While Sarah's stance and behaviour continues in the same manner as described above, Ms Antouna plays a cymbal phrase.

B. 21 THE SESSION OF MARCH 25, 1996

Ms Lovari was absent. The video-recording was taken by a carer member of another group, Ms Koutroupie. The placement of the instruments and position of the members at the beginning of this excerpt were the following:

Jenny Ms Demetriou	
Cymbal Xylophone Bongo-drums	Cymbal Bells
Ms Antouna Tambourine	Temple-blocks Ms Kazakaiou
Sarah's empty Metallophone	Tambourine Pamina
chair	
Door	Window
Base-drum	Synthesiser
Sarah	
Piano Anthi Agrotou Gong-tambourine	Ms Koutroupie - Camera

Transcripts of the excerpt from the session:

Background to the excerpt Sarah has been leaning on the piano since the beginning of the session. She has belched many times, or thrown beaters on the floor. She has often belched after a beater-throw by Pamina.

Jenny has sung her known tunes a number of times; she has also been making *loud autistic vocalisations*.

Pamina has been active with her wish to grasp a beater and let it fall on instruments, possibly wanting to control again her actions, like in the session of March 11, 1996, but not finding the necessary quietness to

support her.

14.13 Jenny gets up in order to come to the piano, where I had been sitting, and Sarah has been leaning her right hand on top of the piano, supporting her body on its side.

Jenny makes a "ha" vocalisation, as she comes to the piano holding her beater, and Sarah follows her with her eyes.

In the meantime Ms Antouna has collected Sarah's fallen beaters, while being seated in Sarah's empty seat, and Ms Kazakaiou plays the tambourine for Pamina.

14.19 As Jenny sits on the piano stool by my left side, Sarah makes some steps forward towards her and lifts her body upwards onto the piano. She fiddles the fingers of her right hand.

Then Sarah makes some more steps forward and with her left hand she pushes Jenny away, by pressing onto her chest.

Jenny turns her body to her right and away from me, seeming thus to defend herself from Sarah's action.

14.28 As she then moves away from the scene of her actions, Sarah begins to turn her body the other way, towards Ms Antouna, and presses a high-register cluster on the piano as she does so.

Sarah looks towards Ms Antouna - who has moved to her own chair - fiddling her fingers while doing so.

14.36 Then Sarah turns towards Jenny, as if to witness the results of her own actions.

Jenny has turned her body towards the piano, but then makes a rightward turn of her head, while smiling, as soon as she notices Sarah's glance returning towards her.

- 14.39 Sarah turns her glance towards the camera and makes a soft *mock laughter* when Pamina drops a beater on the floor.
- 14.42 Jenny makes *soft autistic vocalisations*, swinging her beater and looking away from the piano, but gradually turning her head-swings towards Sarah.
- 14.43 Seeming to be receiving the manner with which Jenny throws her glance to her and perhaps threatened by it, Sarah instantly turns towards Ms Antouna and turns her back to Jenny.
- 14.48 Ms Antouna comes to Sarah and offers her a beater.
- 14.50 Sarah throws that beater backwards, so that it falls near Jenny and makes a murmur.
Jenny makes a "ha" sound, as if she is herself making a *mock laughter*.
- 14.52 Ms Antouna offers Sarah a second beater and in Sarah's hands that beater also follows the same destination: it ends up near Jenny, by the side of the piano stool.
- 14.53-15.02 While Sarah rubs her bottom after that throw and makes another murmur, Jenny brings her head close to mine, after holding my chin. She makes another "ha" sound and puts her head close to the piano keys. Soon she starts with her first cluster, while Sarah is moving away from the piano.

B. 22 THE SESSION OF JUNE 10, 1996

Ms Demetriou and Ms Kazakaiou were absent. The video-recording was taken by a carer member of another group, Ms Georgiou. The initial placement of the instruments and sitting position of the members were the following:

Tambourine	Ms Lovari	Jenny	
Cymbal	Xylophone	Bongo-drums	Ms Kazakaiou's chair
Ms Antouna		Cymbal	Temple-blocks [Anthi Agrotou]
Sarah	Metallophone		Pamina Bells
Door			Window
			Synthesiser
		Base-drum	
Piano		Gong-tambourine	Ms Georgiou - Camera

Transcripts of the excerpt from the session:

Background to the excerpt Sarah has been sitting in her chair, her right leg crossing over her left leg, her right hand's fingers fiddling one another, while her left hand's fingers are fiddling with her neck and cheek. She has been belching or vocalising towards everyone, but mostly towards me.

Jenny has been sitting in her usual posture with her legs wide-open on her chair and holding her beater; only that, from the very beginning she chooses to sit on Ms Demetriou's chair.

Pamina has started her *mouth repertoire* since the first

moment she found herself in the room.

- 1.47 Pamina has her head turned towards me, already aware that we are there for a dialogue exchange between us. Jenny is putting her right hand over Ms Lovari's head and pulls her close to her by her hair.
- 1.52 Pamina creates her *typical theme* over the lifted palm of her right hand: four quavers followed by the *accentuated crotchet*.
- 1.56 I respond on the temple-blocks with a rhythmical variation: a dotted crotchet followed by three quavers and the accentuated crotchet.
- At the same time as I am giving this response, Sarah belches towards me. It is a very forced belch that comes out like a scream from her closed vocal cords.
- Ms Antouna plays two phrases on the metallophone.
- Jenny makes some *soft autistic vocalisations*.
- Ms Lovari plays *glissandi* on the xylophone and she very soon enters into a kind of an autistic state, continuously making soft sounds on the xylophone, resembling in this way Jenny's *soft autistic vocalisations*.
- Sarah is still fiddling her left hand's fingers over her neck and Ms Antouna plays metallophone *glissandi*.
- 2.16 From this point Pamina starts creating with her *mouth repertoire* rhythmical variations of her *typical theme*; all of them, of course, are created over her lifted palm. This first one, occurring as Ms Antouna is playing metallophone *glissandi*, is as follows: one crotchet followed by two quavers, another crotchet and then the *accentuated crotchet*.
- 2.20 I respond with a rather accurate reflection of her own rhythms on the temple-blocks.

All along Sarah is looking at Pamina and myself with an expression of grief and distress.

2.29 Pamina makes a very loud hiccup. This was the loudest sound that has ever come out of her mouth; and one of the very few sounds she has ever made without protecting her mouth with her lifted palm. She then turns to look at me, as if surprised herself by the force of her own vocal sound.

2.30 I try to reflect that sound on the temple-blocks and Pamina looks towards me for some fifteen seconds. Then she drops her head a little. It seems that the impact of such a burst from her mouth was so strong, that she remains quiet for longer than would have been the expected waiting time between our turns. Perhaps this was the time she needed to digest her own sound. In the meantime Jenny and Ms Lovari continue with their *soft autistic sounds*.

2.52 I create a shortened reflection of Pamina's hiccup on the temple-blocks and she turns her head towards me. Still Pamina remains in silence, her head turned towards me.

3.03 I then decide to remind her of her last rhythmical variation. Thus alongside a metallophone phrase played by Ms Antouna, I play on the temple-blocks the following: one crotchet followed by two quavers, a crotchet and then the *accentuated crotchet*.

Pamina's head is still turned towards me.

3.15 Then she turns her head forward to play over her lifted palm.

3.17 She creates a new rhythmical variation: one quaver followed by a crotchet, a quaver pause and then the *accentuated crotchet*. As soon as she ends her phrase,

she turns towards me in order to receive my response.

Sarah vocalises alongside Pamina's phrase.

3.21 I respond on the temple blocks with a variation of Pamina's last phrase: one crotchet followed by two quavers and the accentuated crotchet. Pamina's head is still turned towards me.

3.32 Pamina again turns her head forward for yet another new rhythmical variation:

3.35 she creates with her tongue the following: five quavers, a quaver pause and then the *accentuated crotchet*.

Sarah makes a soft murmur during Pamina's quaver pause.

3.39 I give an accurate reflection on the temple-blocks.

Sarah makes an even louder murmur - in fact, a complaining-sounding vocalisation - which starts during my quaver pause on the temple-blocks and ends after my phrase.

3.56 Pamina creates the following variation now: one quaver followed by a quaver pause, three quavers and then the *accentuated crotchet*.

4.00 I give an accurate reflection of Pamina's variation on the temple-blocks.

Amidst the following silence - apart from the *soft autistic sounds* coming from Jenny and Ms Lovari as described above - Ms Antouna plays some metallophone glissandi.

4.24 Pamina puts her palm in front of her mouth for another variation:

4.26 she creates one crotchet followed by three quavers, a quaver pause and then the *accentuated crotchet*.

4.30 Again I give an accurate reflection on the temple-blocks. Sarah lets out a dampened scream from my pause until the end of my phrase.

Ms Antouna reflects Sarah's scream on the metallophone.

4.41 Pamina, who has been looking towards me during and after my phrase, again turns her head forward and lifts her palm for another rhythmical variation:

4.45 she creates one crotchet followed by a quaver pause and three quavers, the last one being slightly accentuated.

During the end of her phrase Sarah makes a soft dampened scream.

4.51 Again I give an accurate reflection of Pamina's variation on the temple-blocks.

Just after the end of my phrase Sarah emits a louder scream.

Ms Antouna reflects Sarah's scream with a cymbal phrase.

5.03 In the same manner as described above, Pamina creates another variation: one crotchet followed by a quaver pause, three quavers and the *accentuated crotchet*.

5.07 I give an accurate reflection of Pamina's phrase on the temple-blocks.

Sarah emits a complaining vocalisation after my phrase. It is a longer silence from Pamina's part.

5.27 She leans her body backwards in her chair, and turns to look at me. It is a gesture that appears to be aiming at placing her body into a more comfortable position and turning into more direct eye-contact towards me.

5.33 Pamina turns forward and over her lifted palm

5.37 she creates the following variation: one crotchet followed by a quaver pause, four quavers, a quaver pause and then the *accentuated crotchet*.

5.41 I give an accurate reflection of Pamina's phrase on the temple-blocks and she turns to look at me yet again.

- 5.57 In her usual manner Pamina creates another variation: one crotchet followed by four quavers, the last one being slightly more accentuated.
- 6.02 Pamina turns towards me yet again, when I give an accurate reflection of her phrase on the temple-blocks.
- 6.11 Sarah emits a complaining-sounding vocalisation.
Ms Antouna plays a cymbal note for Sarah.
- 6.16 Almost coinciding with Ms Antouna's cymbal note Pamina comes with another variation: one crotchet followed by a quaver pause, four quavers, another quaver pause and the *accentuated crotchet*.
- 6.21 Pamina turns to me, when I play for her an accurate reflection of her phrase on the temple-blocks.
- 6.36 Ms Antouna plays a metallophone glissandi and almost
6.39 simultaneously Pamina creates the *accentuated crotchet*.
- 6.41 I respond with an accentuated crotchet on the temple-blocks.
- 6.43 Jenny begins to hiss.
- 6.49 Ms Antouna lets a beater drop on the metallophone, creating thus an accentuated crotchet.
Coinciding with Ms Antouna's beater-drop Pamina creates again her *accentuated crotchet*.
- 6.53 Ms Antouna throws another beater on the metallophone in the same way.
Sarah turns her head slightly away from Ms Antouna and fiddles the fingers of both of her hands.
- 6.57 Jenny ceases her hissing sounds for her *loud autistic vocalisations* [Oh-oh, ti-po-po], and tries to pull Ms Lovari's head close to her.
Upon hearing Jenny's sounds, Pamina starts moving her wheelchair towards her left and away from Jenny.
- 7.11-7.13 Then she makes a pause and turns to look at Jenny.

B. 23 THE SESSION OF JUNE 17, 1996

Ms Demetriou and Ms Kazakaiou were absent. The video-recording was taken by a carer member of another group, Ms Olympiou. The placement of instruments and position of the members at the beginning of the excerpt to be transcribed were the following:

Jenny Ms Demetriou's chair			
Cymbal	Bongo-drums	Xylophone	Cymbal
			Tambourine
Ms Antouna's chair	Tambourine	Temple-blocks	Ms Kazakaiou's chair
Sarah's chair	Metallophone		Bells
Door			Window
	Base-drum	Pamina	Ms Kazakaiou
Ms Antouna	Sarah		Synthesiser
Piano	Anthi Agrotou	Gong-tambourine	Ms Olympiou - Camera

Transcripts of the excerpt from the session:

Background All the members were intensely present for large parts of
to the the session.

excerpt Sarah has been very active with belching or throwing
which beaters to the floor or at Ms Antouna's body and making
begins at *mock laughter.*

16.33 She has been by the side of the piano since the 2nd
 minute and has started entering some clusters herself
 since the 14th minute.

Jenny has been active with her *loud autistic*
vocalisations and with hissing sounds. She had a brief
 time at the piano when she played, in spite of Sarah's
 attacks with the beaters.

Pamina has been wheeling around the room, in an active manner.

16.35 Sarah uses her left hand to place my right hand on the upper register of the piano - her right hand is leaning on top of the piano. I play a chord, Ms Antouna plays a high-register cluster, while Sarah turns towards Pamina and Ms Kazakaiou - who are by the synthesiser. Then she turns towards the piano, stoops her body, bringing her face close to me, and plays with her left hand a phrase of four clusters - the fourth one being accentuated - one of which coincides in terms of timing with a chord that I play.

The music that I play, based on chords, is intended to provide support for Sarah's efforts.

16.53 While I play, Sarah lifts her body straight momentarily and then stoops again, so as to belch on my face, while playing with her left hand a two-cluster phrase, which can be analysed as follows: one quaver followed by a crotchet.

I continue the piano music, so that it can act as a receptor of Sarah's belches.

Ms Kazakaiou has started playing the synthesiser, so as to accompany Pamina's movements and "breathings in and out".

Sarah stoops her body, Ms Antouna plays for her two high-register clusters on the piano and Sarah straightens her body again.

17.06 Amidst the continuing music Sarah turns to Ms Olympiou at the camera and belches to her, putting her hand over her stomach as she does so, and then assumes a smiling expression;

17.12 then she turns towards the piano again.

- 17.16 Sarah touches my hand and directs it to the piano's upper register and, while I play for her and also turn backwards towards Pamina and Ms Kazakaiou, Sarah also follows the direction of my glance.
Sarah turns towards me and stoops her body
- 17.32 and plays a soft two-cluster phrase.
I expand that phrase and
- 17.39 together with her next soft cluster she belches to me.
Ms Antouna plays simultaneously a high-register cluster.
- 17.42 I start playing holding arpeggios and Sarah turns towards the camera and then towards me again and belches to me.
Ms Antouna pats her on her back and Sarah stops belching and straightens up her body.
- 17.55 Then she stoops her body again and turns towards the camera, tenses up her face and belches. Again, after her belch her face assumes the expression of her formulaic smile-laughter.
Again Ms Antouna pats Sarah's back and then plays a high-register piano cluster.
- 18.03 Sarah straightens her body again and turns towards Pamina making a murmur.
In the meantime Pamina, who had been near Ms Kazakaiou, has started wheeling herself between the synthesiser and the piano.
Jenny has been sitting in her chair in her usual posture and, holding her beater, she swings her head and makes *soft autistic vocalisations*.
Sarah turns towards me for a series of belches from her stooped body.
With the same music I am making an effort to hold her

with sustained chords and arpeggios.

18.31 Sarah plays a phrase consisting of a crotchet followed by a minim in the upper register, the first being a single note and the second a cluster.

Pamina has stopped her chair so as to face us and the piano and from there she hyperventilates.

18.45 Jenny makes a series of vocalisations [perhaps mock laughter "ha-ha"], that sound as responses to Pamina's approach near us.

I include a base at the piano that follows Pamina's hyperventilations in terms of rhythm, tempo and dynamic direction.

18.53 Ms Antouna offers Pamina a beater but she refuses to receive it.

19.00 Sarah plays a cluster at the piano's upper register. For some seconds Pamina remains there, her mouth dripping, and both Sarah and Ms Antouna join the piano music.

This music keeps a rhythmical motif at the base in the value of a crotchet followed by a minim. This was a motif initiated by Sarah at the 18.31 minute; by employing this rhythmical motif in the tempo of Pamina's hyperventilation, I am making an effort to create a group base that connects the two communications, that of Sarah and that of Pamina. That base motif of a crotchet followed by a minim is also in keeping with Pamina's wheelchair movements.

19.19 Pamina decides to roll away from that location and Sarah turns to look at her.

19.31 Sarah turns again her body, so as to face the piano keys and turns her face towards me. From this point she is totally focused on the music and makes concentrated

efforts to partake of it, at times supporting her body by leaning both hands on top of the piano. At most times she turns to look at me just before and just after she plays: her notes are thus clear communications towards me.

19.33 While looking at me Sarah plays a single note with her right hand, having first stooped her body, and then she straightens it up, gaining her support by moving her right hand and leaning it on the top of the piano.

Jenny makes a "ha" vocalisation, like a *mock laughter*.

19.40 Sarah stoops again her body and plays a clear cluster with her left hand and then again gains support by placing her left hand on top of the piano, while looking at me.

19.51 Sarah enters the music with a clear two-cluster phrase in the value of a crotchet followed by a minim. She plays this with her right hand. This shows her capable of responding to the basic rhythmical motif of the music: it is not only her thought that is aiming for a response, but she can also control her actions so as to produce it.

From this point it can be stated that the basic rhythmical motif, that of a crotchet followed by a minim, becomes the *rhythmical leitmotiv* of the music's *binding text*.

By now Sarah' body is totally facing the piano and she uses one of her hands to gain support by leaning it on top of the piano.

19.56 Ms Antouna plays a two-cluster phrase employing the *rhythmical leitmotiv* [a crotchet followed by a minim].

Sarah makes a turn towards Ms Kazakaïou, who still plays the synthesiser, and makes a murmur that seems

like a dampened smile-laughter, and then she turns again to the piano.

I include Sarah's sound to the piano music.

20.06

Sarah plays a soft cluster with her left hand and turns again to look towards Ms Kazakaiou, makes another murmur and returns to the piano once again.

Pamina has been continuing her circles between the synthesiser and the piano.

20.26

She takes a beater from the base-drum and amidst Sarah's vocalisations, who observes intensely, she lets it drop.

Jenny, in her stillness, makes a *mock laughter* herself at Pamina's beater-drop.

Sarah's complaining vocalisations continue, when I invite her back to the piano, now supplementing the *rhythmical leitmotiv* of the base with melodic motives which follow the same rhythm: a crotchet followed by a minim.

In the meantime Ms Kazakaiou has gone to the base drum, so as to facilitate Pamina with her playing there, but Pamina has already left for her circle. Ms Kazakaiou plays the *rhythmical leitmotiv* on the base-drum.

Sarah turns the other way, making a rightward turn and plays a piano note as she does so.

Ms Antouna plays a high-register cluster for her, as Sarah turns to look at Ms Kazakaiou.

21.01

Amidst the continuing music Sarah enters a clear cluster, her complaining vocalisations continuing.

Sarah enters another cluster at the same time as the piano's melodies from my part pause, so as to leave spaces for her.

- 21.15 Sarah enters a phrase consisting of three clusters that end in a single note.
Ms Antouna plays a high-register cluster for her.
By this time Sarah has her whole body stooped and facing the piano keys, in what looks like a posture of intense concentration.
- 21.27 She interrupts that posture, so as to look towards Ms Kazakaiou, who is now at the synthesiser. Yet that interruption does not look like an interruption of concentration, but rather as a way of making sure that everything that is happening behind her is under control.
- 21.30 Thus Sarah returns to the piano keys and stoops her body, so as to play one cluster just after Ms Antouna's two-cluster phrase, and so as to coincide with my right hand notes, which she directs herself on the piano keys.
- 21.37 Then in all seriousness Sarah turns to look at the camera.
- 21.40 She stoops her body so as to play another clear cluster and then straightens it up again.
In the meantime Jenny has entered a phrase of *loud autistic vocalisations*.
- 21.50 Sarah stoops her body and plays a phrase consisting of two single notes, the second one a semitone above the first, in the rhythm of the *rhythmical leitmotiv* [a crotchet followed by a minim]. This was an accurate response to the on-going music basically created by myself at the piano.
Ms Antouna instantly picks up the musical and intellectual skill required for Sarah's phrase and turns to look at Ms Kazakaiou with pride.
While I respond to Sarah's last phrase with melodies

which employ the *rhythmical leitmotiv*, just as her own phrase did, Sarah turns around again to test the happenings behind her back

22.01 Then she turns to the piano, stoops her body and succeeds in entering another phrase of single notes which employ the *rhythmical leitmotiv* [a crotchet followed by a minim].

While I respond to that, Ms Antouna also plays a two-cluster phrase on the high-register employing the *rhythmical leitmotiv* [a crotchet followed by a minim] and Sarah straightens up her body, while observing our hands at the piano.

22.11 Sarah turns around and checks the whole group and the camera, while the pauses in the piano music wait for her return;

22.15 then she stoops again towards me for another single note, which she creates while straining for a belch towards me.

Ms Antouna pats her back and I play soft, sustained chords, intended to express acceptance and feelings of soothing her and waiting for her return.

22.27 Sarah stoops her body even more, before she rises and after Ms Antouna's high-register cluster she comes in again with a single note played with the end of her palm.

Ms Antouna and I continue the music,

22.40 when Sarah turns to look at Pamina who hyperventilates while moving around, and Sarah murmurs.

22.42 Then she turns to the piano and plays a phrase consisting of a crotchet followed by a minim, the first being a single note and the second being a cluster.

Thus she follows accurately the music's motives, entering her part at the end of our phrases. While doing that she vocalises.

22.51 Her next entry is a single cluster, seeming distracted by Pamina's loud hyperventilations close behind her,

22.55 but she soon turns to the piano again and plays a loud cluster just after Ms Antouna's cluster.

She then directs my hand on a specific location and alongside my second chord

23.03 she enters her own cluster right next to mine.

23.07 She turns to check the events behind her,

23.09 before turning to enter into the music another cluster.

23.15 Pamina hyperventilates deeply with her back turned against us and the piano, while we continue sharing clusters there.

For the following seconds and until her next turn away, Sarah desires to share clusters with me in the same way as described above, that is, to direct my hand on a certain location and enter her cluster alongside mine. Within this one minute, she only briefly turns once towards Pamina and Ms Kazakaïou.

24.15 Sarah turns towards the camera and back to the piano for a specifically loud cluster, which I expand, while she turns towards the group to check what is happening behind her.

24.26 Sarah turns to the piano and by employing a combination of methods, she plays a long phrase: first it is a single note and then a cluster played by her hand [a crotchet followed by a minim]; then she directs my hand close to the same area she has just played on, and just after my cluster there she plays next to my hand another two clusters. Ms Antouna's clusters are heard

in the in-between space. Thus creating something longer and more complex, Sarah turns to the group with a very serious face and a straight body.

24.43 Sarah turns to the piano again, stoops her body and plays a loud cluster after Ms Antouna's cluster.

24.57 Then there is a pause, created by my sustained chords, and Sarah succeeds, after stooping her body, to play two single notes in crotchets.

Yet again Ms Antouna turns to look at Ms Kazakaiou with pride.

Then Sarah directs my hand, but plays a cluster herself before I have time to enter mine. Then she straightens her body again.

25.03 I play two notes in crotchets, the second one sustained, so as to highlight her two crotchets through expanding her phrase.

Ms Kazakaiou takes the tambourine and the noise distracts Sarah who turns to her back to see what is happening.

25.12-25.20 The *rhythmical leitmotiv* at the piano, played in a slow repetition, brings Sarah back to the piano and she stoops her body to play one loud cluster.

B. 24 THE SESSION OF OCTOBER 7, 1996

Ms Lovari was absent. The video-recording was taken by a carer member of another group, Ms Koula. The placement of instruments and position of the members during the excerpt to be transcribed here were the following:

	Cymbal	Jenny Ms Demetriou		
	Xylophone	Bongo-drums	Cymbal	
Ms Antouna	Tambourine	Temple-blocks	Ms Kazakaiou's chair	
Sarah's empty chair	Metallophone		Tambourine	Bells
Door			Pamina	Window
			Ms Kazakaiou	Synthesiser
Sarah		Base-drum		
Piano	Anthi Agrotou	Gong-tambourine	Ms Koula - Camera	

Transcripts of the excerpt from the session:

Background to the excerpt Sarah has been standing by the side of the piano and leaning on it since her entry into the room. She has been very fidgety with her body, her fingers and legs moving continuously, and turning her body and face either towards me or towards Ms Antouna and the group. At most times her body is stooped, and she would often stretch her hand either towards me or towards the metallophone, in an attempt to touch it. Her belches were often accompanied by a stretch of her body and micro-movements of her legs, hands and

fingers, and then followed by a stooping of her body.

Jenny has been sitting in her usual posture with legs wide-open on her chair and holding her beater with her left hand, while her right hand touches the cymbal that she has drawn near her. She has been making either *soft* or *loud autistic vocalisations*, or grinding her teeth. On the 10th minute she had pulled Ms Demetriou's head close to her, in what is by now a ritual of embraces between them, that occurs for some moments during every session.

Pamina has been quiet, yet alert in observing the happenings around her. When Ms Kazakaiou moved to the synthesiser on the 9th minute, she followed her there, watching her quietly, while Ms Kazakaiou would play for her.

17.15 With Pamina quiet and facing Ms Kazakaiou at the synthesiser, and Jenny in an autistic type of isolation on her chair, Ms Antouna plays a few metallophone phrases.

17.26 Sarah, still standing by the side of the piano, with her right hand leaning on the top of the piano and her left hand wavering in mid-air, belches at me, while fidgeting both her hands' fingers and her legs. Then with her stereotype smile she turns to look towards the group. Ms Kazakaiou starts a new phrase on the synthesiser, consisting of sustained notes.

17.32 While wearing the same stereotype smile Sarah vocalises, while looking at the camera. She passes her left hand momentarily from her nose.

Jenny has started *soft autistic vocalisations*.

Ms Demetriou plays soft touches on the bongo-drums.

Pamina is listening to Ms Kazakaiou from the same

- position, her mouth wide-open while doing so.
- 17.46 There is another belch coming from Sarah, occurring just after my first piano chord.
- Ms Antouna starts another phrase on the metallophone.
- 17.50 Pamina turns her glance and head towards the direction of Sarah's sound.
- Ms Demetriou plays a brief xylophone glissandi.
- 17.59 With a smile and holding her beater, Jenny gets up from her seat and, grinding her teeth, she walks towards the camera. She makes a "tsou" sound while walking there, that sounds like a *mock laughter*.
- I continue playing sustained arpeggios, Ms Kazakaiou sustained notes on the synthesiser, while Ms Antouna accompanies with long notes on the metallophone.
- 18.17 Sarah stoops her body while looking at me, and I reflect that with an arpeggio.
- 18.23 Amidst the continuing music Jenny stoops in front of the base-drum and drops a beater from there onto the floor. She is still grinding her teeth.
- Sarah has been observing Jenny, being fidgety with her body. As soon as Jenny bends over the base-drum, Sarah stretches her left hand, so as to touch the metallophone, while still leaning her right hand on the piano.
- Pamina turns her head slightly towards Jenny.
- 18.33 Jenny sits on the piano stool to my right, while still grinding her teeth.
- Sarah makes a murmur as soon as Jenny sits on the piano stool, while looking at me.
- There is a dialogue of coughs between Sarah and Ms Antouna.
- 19.06 Jenny interrupts the powerful grinding of her teeth, in

order to kiss me on my forehead, having first pulled my head close to her. She then makes some *loud autistic vocalisations*, while placing her head close to the piano keys.

Jenny's first vocalisation [pae, ti-po-po] is followed by loud metallophone phrases played by Ms Antouna, and by a series of belches thrown by Sarah towards Jenny and myself.

19.20 Sarah turns towards the group and belches, particularly towards Ms Kazakaiou during the moment that she is moving towards the temple-blocks. She rubs the genital area of her clothes after her first belch. One feels that some of these belches are a response to Ms Antouna's continuing loud metallophone phrases.

19.31 Jenny is still grinding her teeth an activity which stops as soon as she starts her first piano phrase with her left hand. Her first big phrase consists of some forty-three clusters in the value of crotchets, which she seems to be dividing into bars in simple triple time and played in the tempo of 152 beats per crotchet. The volume and pitch of these clusters varies, and towards the end of this big phrase she makes a decrescendo. All along she swings her head, which is turned away from me, to the rhythm of the music she plays.

As soon as Jenny starts playing this first phrase, Sarah stoops her body and spreads her arms in an attempt to touch at the same time both the piano and the metallophone. Then she turns to look at Jenny and rises somewhat her body in order to turn away and belch, particularly towards Ms Demetriou. Every belch of hers is accompanied by a tensed stooping of her body, and one of them by her rubbing the genital area of

her clothes. Her hands' fingers are fidgeting all the time.

It seems as if every belch of Sarah's is accompanied by a bursting tension of her whole body, often resulting in a stretch of her hand's fingers and a stooping of her body. In the meantime I support Jenny's clusters with a base melody, formed in simple triple time.

19.50 Jenny brings her first phrase to an end by playing after a crotchet pause some soft clusters that can be analysed as follows: three quavers followed by a quaver pause and a crotchet.

19.52 Then she begins her second phrase in the same tempo, but in clusters of uneven value, as she seems to play some of them as dotted crotchets; it is some twenty-one clusters, the last of which she plays as two quavers followed by a crotchet and a crotchet pause. With these she brings her second phrase to an end.

I support this second big phrase with a similar melodic line.

Ms Demetriou accompanies with xylophone and bongo-drum phrases.

At the end of Jenny's phrase, Ms Demetriou plays a cymbal note and I play a sustained chord.

20.03 Jenny enters her third phrase in what seems to be a simple double time, starting with clusters in the value of two crotchets followed by a minim. It is some seventeen clusters in total, of uneven value, some of which can be described as dotted crotchets and minims, while her tempo has slowed down to 138 beats per crotchet.

I accompany this phrase of Jenny's with sustained chords and Ms Demetriou with xylophone and bongo-drum phrases.

Sarah looks around, wearing her stereotype smile.
After a brief pause, during which Jenny swings her head,

20.14 she plays a quaver followed by a crotchet with her right hand.

20.16 Sarah makes a scream, which I reflect in the piano music.

20.20 There is a pause and Jenny continues with her right hand another phrase of some thirteen clusters, again of uneven values, and brings her phrase to an end with a minim. This phrase is similar to the previous one in terms of tempo and value of clusters.

I support Jenny's phrase with a base melody.
Sarah stretches for the metallophone and Ms Antouna offers her the beater, but Sarah does not stretch for that; she seems to be only desiring to touch the metallophone.
Jenny makes a "he" vocalisation, that sounds like a mock laughter.

20.32 Jenny enters another phrase of some thirteen clusters mostly in crotchets, played again in the same tempo of 138 beats per crotchet and in simple double time; she makes a *ritardando* with her last clusters.

Ms Demetriou accompanies with the xylophone and I continue the same base melody.
Sarah stretches again, so as to touch the metallophone.

20.41 Jenny rises from the piano and, before leaving, plays her last clusters in the upper register: three quavers followed by a crotchet. Then she stands up and the two women, Sarah and Jenny are facing each other momentarily.

I hold the atmosphere with a sustained chord and reiterated notes at the base.

20.50-21.03 I play some upper-register notes and Sarah stoops her body.

Jenny vocalises softly something like a *mock laughter*, then grinds her teeth and leaves.

Sarah stretches her right hand so as to touch the metallophone.

B. 25 THE SESSION OF OCTEBER 21, 1996

Ms Demetriou, Ms Kazakaiou and Ms Lovari were absent. The video-recording was taken by a carer member of another group, Ms Olympiou. The placement of instruments and position of members during the excerpt to be transcribed were the following:

	Jenny's chair	Ms Demetriou's chair		
	Cymbal	Bongo-drums	Xylophone	Cymbal
				Tambourine
Ms Antouna	Tambourine		Temple-blocks	Ms Kazakaiou's chair
Sarah	Metallophone			Pamina
				Bells
Door				Window
	Jenny		Base-drum	Synthesiser
Piano	Anthi Agrotou		Gong-tambourine	Ms Olympiou - Camera

Transcripts of the excerpt from the session:

Background to the excerpt Sarah had been led into the room and onto her chair by Ms Olympiou, who was going to take the video-recording. This seems to have upset her, as she usually walks into the room on her own; and over the last months has preferred to walk straight to the piano. At the beginning, Sarah had been vocalising sounds that seemed to express her complaints. Gradually she had become more quiet. Jenny had been sitting in the usual manner with her legs wide-open on her chair, and holding her beater.

She has been making a lot of hissing sounds and *loud autistic vocalisations*, but has also sung her known tune. On the 7th minute, she had taken Sarah's beater from the metallophone and tried to break it by bending it, but not succeeding in doing so, she threw it to the floor and stepped on it. She then walked towards a number of instruments and, while making her *soft autistic vocalisations*, touched them: the gong, the synthesiser, the bells.

Pamina had been quiet, with her head turned slightly towards me, when I was sitting next to her, in Ms Kazakaiou's chair. She has made two loud hiccups on the 5th minute, one after another.

9.25 Jenny is in front of the bells, with her beater over her mouth and making head-swings.

9.27 From the bells, Jenny walks to the piano, still holding her beater and making *soft autistic vocalisations*. She has the beater over her mouth, and as she walks, making her *soft autistic vocalisations*, she takes the beater away from her mouth and places there the palm of her right hand.

At the same time Sarah is making complaining-sounding vocalisations, which I have just started reflecting on the piano.

Pamina turns to look towards Jenny, as she walks from the bells - situated behind Pamina - towards the piano.

9.35 Jenny holds her beater with her right hand, when she sits on the piano stool by my right side,

9.38 and takes the beater that was on the piano's book stand and throws it to the floor, near her right side.

Sarah is sitting with her body slightly leaning forward and her right hand leaning on her chair, observing

closely Jenny's doings.

9.40

Then Jenny plays her first piano phrase with her left hand [her body is slightly turned away from me]: starting with an arpeggio chord on the upper register in the value of a crotchet, her phrase continues with soft single notes: two quavers followed by six crotchets. During this phrase she keeps a tempo of roughly 132 beats per crotchet.

I supplement Jenny's phrase with a melodic base.

Sarah starts a series of belches towards us just after Jenny's phrase.

During her pause Jenny turns her head away from me for some head-swings, while making *soft autistic vocalisations*.

I make an expansion of Jenny's phrase.

9.53

Jenny turns her head towards the piano and plays a phrase of some twenty even quavers - some of them clusters, some of them single notes - while moving her left hand, so as to play at different pitches along the piano's upper register: it sounds as an attempt for a melodic line in *presto*: she plays in a tempo of 184 beats per crotchet, and ends her phrase with a *ritardando*.

Jenny keeps her head in stillness and slightly away from me while she plays, and for some five seconds after the end of her phrase and while I am playing for her. Indeed she starts her head-swings just before her next phrase.

I support her melodies with long chords, and make a reflective expansion of her phrase during her pause.

Ms Antouna accompanies with metallophone phrases.

Sarah has been looking and belching towards us.

- 10.05 Jenny enters alongside my expansion with soft clusters, some of them arpeggios: it is a slow phrase of a crotchet followed by two quavers and then mostly minims in *ritardando*. Just before she enters this phrase, she starts slow head-swings, but her head comes to a stillness again towards the end of this phrase of hers. My part shifts into an upward melodic phrase that ends on a long note and a pause. Now Sarah is looking towards us without belching.
- 10.15 During the pause I play sustained chords accompanied by long metallophone notes played by Ms Antouna. Sarah bends her head down for a few seconds, and then lifts it up to continue looking at Jenny and myself.
- 10.24 Jenny re-sits herself on the piano stool, so that she faces the piano keys more directly.
- 10.25 Jenny plays a quaver followed by a crotchet with her left hand and then turns her head towards me, while at the same time I create a responsive phrase. Sarah makes a murmur.
- 10.33 Jenny creates one more sustained single cluster of louder dynamics, sounding as a response to my previous phrase, and bends her head over the piano keys. I respond with another chord, while she grinds her teeth. Then she makes her *loud autistic vocalisations* [ti-po-po, ti-po-po] briefly, and then resumes again the grinding of her teeth; this interruption in her playing is accompanied by slight and slow head-swings.
- 10.42 She re-enters the music with another cluster, still grinding her teeth, and as soon as I play a responsive chord, she continues with eight clusters in crotchets

and again in the tempo of 184 per crotchet. She continues with some rather slow head-swings, but stops grinding her teeth as soon as she begins this last phrase of eight quavers.

I accompany her with supportive chords.

10.50 There follows a pause during which Jenny ceases her head-swings and in stillness plays a very soft single note.

Ms Antouna plays some metallophone notes.

Sarah bends her head down.

10.58 Jenny, still in stillness and without grinding her teeth, explores a cluster and a single note, making a "he" vocalisation in-between.

I support her with base chords.

Ms Antouna goes to Ms Kazakaiou's chair and sits there, near Pamina.

11.09 Jenny, still in stillness, bends her head so that it almost touches the piano keys.

11.11 Ms Antouna plays a phrase on the xylophone and I respond to it with a piano phrase, while Sarah emits a murmur.

11.19 Ms Antouna plays a phrase on the temple-blocks.

11.27 Sarah continues her murmurs in bursts and pauses, while I play sustained chords on the lower and upper register, that is, on either side of Jenny, who is still bent over the piano keys.

11.31 Jenny plays a soft single note, while lifting up her head from the piano keys.

I support it with base chords that pause so as to wait for her re-entry.

Jenny turns her head once slowly to the right and then again towards the piano keys,

11.43-12.10 so as to play another soft single note.

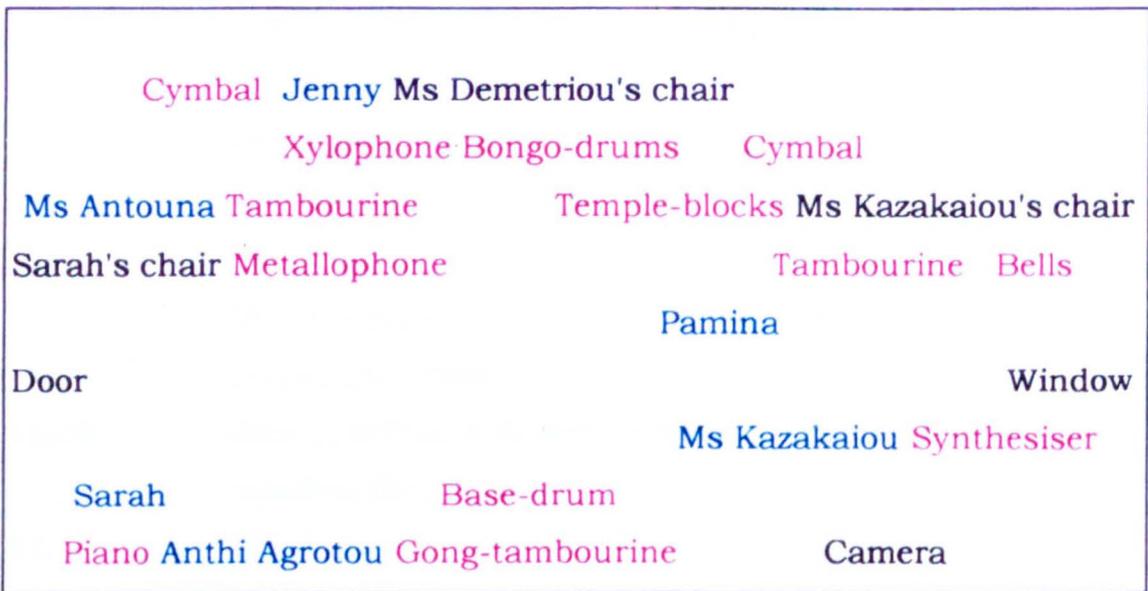
Ms Antouna now plays some soft tambourine phrases.

Sarah murmurs, while my continuing soft and sustained chords are intended to give space to Jenny, while reflecting both her notes and Sarah's murmur.

Jenny is sitting still and with an upright posture in front of the piano now. Her process into stillness and quietness, into a certain peace that does not cause her to grind her teeth so much, has been very clear during these minutes.

B. 26 THE SESSION OF NOVEMBER 25, 1996

Ms Demetriou and Ms Lovari were absent. There was no-one available to take the video-recording, so the camera was positioned at a given angle, without manual handling. The placement of instruments and position of the members at the beginning of the excerpt to be transcribed were the following:



Transcripts of the excerpt from the session:

Background to the excerpt Upon her entry into the room Sarah walked to the piano and remained by its side until the end of the session. She had been holding her teddy-bear with her right hand, and so did not need that hand's support on top of the piano; rather she was leaning her right arm on the side on the piano. Her whole body was fidgety, moving her legs, as if trying to prevent herself from urinating. Her hands' fingers were fiddling one another at most times. Yet she was far more quiet than at other times;

she had not belched once, but rather murmured in bursts and pauses, murmurs that sounded as dim expressions of a complaint.

Jenny has been sitting in her usual posture of withdrawal - her legs wide-apart on her chair and holding her beater; she had drawn the cymbal near her and has only made some *soft autistic vocalisations*.

Pamina has been very still and quiet.

On the whole, until the beginning of the excerpt, the session was characterised by quietness.

- 15.48 Jenny starts a brief walk around the room;
15.52 she throws the beater that was on the xylophone to the floor;
16.13 she takes Ms Kazakaiou's beater from the temple-blocks - the beater with which Ms Kazakiou plays for Pamina - and passes it by her lips before throwing it to the floor, just in front of Pamina, who turns her eyes to witness the actions.
16.25 Jenny moves Ms Kazakaiou's cymbal to the nearest corner of the room and walks to the window, making *soft autistic vocalisations*.
17.09 Jenny returns to her seat and gradually assumes her usual posture, while making soft autistic vocalisations.
17.26 Jenny utters a variation of her known tune, while swinging her head.

I reflect it with the piano and my voice.

Ms Antouna accompanies with some metallophone phrases.

In the meantime Ms Kazakaiou, who had been at the synthesiser, returns to her seat, after collecting the thrown beaters. Then she starts accompanying the music with temple-block phrases.

- During our responses to her, Jenny resumes her *soft autistic vocalisations*, while continuing her head-swings.
- 17.47 I repeat an expanded reflection of Jenny's tune, and she briefly puts her palm in front of her mouth, before she starts hissing, her head-swings becoming faster. The piano music picks up the tempo of Jenny's head-swings.
- 18.05 Sarah makes a murmur.
- 18.08 My following vocal phrase consists of two sustained notes, close in pitch to Sarah's murmur [D and E above middle C]. I intend with those to expand Sarah's sound and express a "waiting" for Jenny's voice. With the base at the piano, I make references to Jenny's continuing head-swings.
- 18.11 Sarah makes another murmur at the end of my vocal phrase, sounding as a response to it,
- 18.13 and so I repeat it.
- Ms Kazakaïou continues to accompany the music with fast temple-block phrases, that also highlight Jenny's continuing head-swings.
- 18.20 Jenny's sustained "Ah" vocalisations, occurring at the end of my last vocal phrase, sound as a response to that phrase; this is indicated not only by their timing, but also by their note value, by her use of the interval of a tone - just like my previous vocal phrases - and by the timbre of her voice.
- 18.23 I respond to Jenny by creating a variation of her last phrase both in terms of rhythm and in terms of a melodic line.
- Jenny makes *soft autistic vocalisations* during my response to her, thus accompanying her head-swings.

- 18.39 Then she puts her right hand underneath her jumper so as to stroke her breast, her head-swings still continuing.
- 18.43 At this point I bring my melodic phrase to an end.
- 18.46 Then Jenny emits a high-pitched "Ah" vocalisation, while stroking her breast and continuing her head-swings.
- 18.48 The carers and I create expansions to that intense vocalisation: Ms Antouna through loud cymbal crashes, Ms Kazakaiou through fast rhythms on the temple-blocks, while at the piano I play chords that intend to reflect the burst of sound that came from Jenny's mouth.
- 19.00 During our expansion of her high-pitched vocalisation, Jenny almost ceases her head-swings, her right hand still stroking her breast.
- 19.07 I restate Jenny's known tune, with which she started this part of the session.
Pamina re-sits herself in her chair.
Jenny makes no head-swings during my last phrases that restated her known tune.
- 19.13 Near the end of my phrases Jenny makes loud autistic vocalisations [te-te-te-te].
During the music's reflection of her "te-te-te" vocalisations, she resumes her head swings, her right hand still stroking her breast.
Pamina turns briefly her head to her right, towards Jenny and Ms Kazakaiou.
- 19.36 I start a vocal phrase - to the accompaniment of the ongoing piano, cymbal and temple-block music - that is a variation of the sustained-note vocal phrases I sung between the 18.08 and the 18.20 minutes.

During my phrases Jenny makes *soft autistic vocalisations* alongside her head-swings and stroking her breast.

- 19.51 At the end of my phrases Jenny enters with "Ah" vocalisations, sung in a phrase consisting of soft sustained notes. It is a musical phrase, sounding as a musical-communicative response to the music, as witnessed by the timing of her phrase, the melodic line, the quality of sustained notes, and the softness of her voice. Still, however, she swings her head and strokes her breast.
- 19.54 I respond to Jenny's last phrase with piano phrases that are formed on a variation of her known tune. Ms Antouna accompanies with the cymbal and Ms Kazakaiou with the temple-blocks.
- 20.04 At the end of my phrases she makes "eh" vocalisations, that sound as voices of recognition. Still she swings her head and strokes her breast.
- 20.11 Since she comes with no utterances, I create a vocal variation of her known tune, with the accompaniment of the piano. Ms Antouna and Ms Kazakaiou continue accompanying the music as before.
- 20.26 Again Jenny makes an "eh" vocalisation at the end of my phrases.
- 20.27 I continue with another vocal variation, accompanied by the other carers as described above, followed by rhythmical variations at the piano and clusters, that intend to reflect both Jenny's phrases of *loud autistic vocalisations* [te-te-te] - which she had uttered previously in this excerpt - but also of her piano clusters. In this way I wish to remind her of what she has frequently played on the piano herself.

- 20.38 Pamina - sitting now with her left leg crossing her right
- turns her head towards Jenny.
- 20.51 Amidst the music described above Jenny pauses her
head-swings, having first uttered softly a few times "te-
te".
- 20.55 Jenny resumes her head-swings before starting to utter
repeatedly "ou-ou" in the value of a quaver followed by a
crotchet, the first "ou" being accentuated.
I start reflecting this at the piano and
- 21.03 Pamina makes a hiccup, which sounds as a response to
Jenny's last vocalisations. She had turned her head
forward and away from Jenny, as soon as Jenny started
her "ou-ou" vocalisations.
Amidst the music that reflects Jenny's and Pamina's
sounds, by using a rhythm of quavers followed by a
crotchet,
- 21.10 Jenny touches the cymbal with her right hand - the one
with which she was stroking her breast - having ceased
her head-swings.
- 21.11 Ms Antouna plays with a beater a two-note phrase for
her on the cymbal that Jenny is touching.
- 21.13 Jenny makes laughing sounds at that, which I reflect at
the piano.
- 21.15 Jenny starts her head-swings and soft autistic
vocalisations.
Then I make a pause,
- 21.20 during which Ms Antouna plays a three-note phrase on
Jenny's cymbal with her hand, thus indicating to Jenny
that she can do the same.
- 21.22 Jenny touches the cymbal with her right hand amidst
her head-swings and *soft autistic vocalisations*. She
plays a phrase that sounds as a quaver followed by a

crotchet, while I play an ending/waiting phrase on the piano [three crotchets followed by a dotted minim].

Ms Antouna plays a single note on the cymbal during my last phrase.

21.27 Jenny ceases her head-swings momentarily and plays a four-note phrase on the cymbal with her right hand that sounds as an accurate reflection of my last piano phrase [three crotchets followed by a note, that she may have wanted to keep sustained by holding onto the cymbal].

Ms Antouna responds to Jenny with a three-note phrase on the cymbal played with her hand, while Jenny makes twice an "eh" vocalisation, while resuming her head-swings.

21.34 I play clusters in the upper-register, at the same time as Jenny makes an "eh" vocalisation that sounds as a voice of recognition.

21.37 Jenny starts a series of loud vocalisations "ta-ta-ta", which I then reflect on the piano.

21.45 Jenny ceases her head-swings momentarily, while I play the previously described phrase, but then continues. With her right hand she is still touching the cymbal, not having let go of it since her last cymbal phrase.

21.55 The carers and I bring the music to an end and

22.08-23.34 Jenny remains quite still, while still touching the cymbal with her right hand.

This stillness from Jenny, and from all other members, lasts for about one-and-a-half minutes.

B. 27 THE SESSION OF 2 DECEMBER, 1996

Ms Demetriou and Ms Lovari were absent. There was no-one available to take the video-recording, so the camera was positioned at a given angle, without manual handling. The placement of instruments and position of the members at the beginning of the excerpt to be transcribed were the following:

Jenny's chair	Ms Demetriou's chair [Jenny]		
	Cymbal	Xylophone Bongo-drums	Cymbal
Ms Antouna	Pamina	Temple-blocks	Ms Kazakaiou's chair
Sarah	Metallophone		Tambourine Bells
Door			Window
		Ms Kazakaiou	Synthesiser
		Base-drum	
Piano Anthi Agrotou	Gong-tambourine		Camera

Transcripts of the excerpt from the session:

Background to the excerpt Sarah has been sitting in her chair holding her teddy-bear tightly in her arms. Her body is curled up, with one leg crossing another, and observes the other members of the group. She has not belched yet, and only made softly some of her complaining murmurs. Jenny sat in Ms Demetriou's chair, as soon as she entered the room. In her usual posture and with the beater in her hand, she has been making some *soft or loud autistic vocalisations*. On the fifth minute she

threw the beater that was on the xylophone to the floor - that beater, which is always considered to be an offer for Pamina. She repeats this action at the beginning of the ninth minute, when she gets up to make a brief walk around the room, particularly towards the window. Pamina has been making slow circles around the room, seeming to be present all along; in other words, her circles seemed to be circles of observation.

- 9.55 Pamina wheels herself towards the xylophone.
I play some upper-register notes, as an invitation for Saran to come to the piano, since she has been looking at me intensely.
- 10.03 Ms Antouna plays a metallophone phrase for Pamina, who is already by the side of the xylophone and facing Ms Antouna.
- 10.06 Pamina lifts her right hand, seeming to indicate in this way her desire to receive a beater.
Sarah murmurs, while Jenny comes near Ms Demetriou's chair, holding her beater near her mouth and making some vocalisations.
- 10.10 Ms Kazakaiou puts a beater over the xylophone keys for Pamina.
- 10.14 Pamina picks up that beater with her right hand, lifts it up and throws it near the xylophone - possibly aiming for the xylophone keys.
Ms Antouna plays a cymbal note alongside Pamina's beater-drop.
Jenny makes repeated "tsou" sounds alongside Pamina's drop, while turning her body towards her and swinging her head.
Sarah, who has been observing Pamina's actions, makes a soft *mock laughter* murmur just after Pamina's

beater-drop and her face assumes momentarily that tension that characterises her, when she is belching.

10.20 I collect Pamina's beater and the beater that was thrown by Jenny beforehand, placing one beater on the metallophone and the other on the xylophone.

Sarah makes a murmur.

Pamina wheels slightly backwards.

Jenny continues her "tsou" vocalisations amidst head-swings and while swinging her beater.

10.28 Jenny sits in Ms Demetriou's chair, while making a high-pitched vocalisation.

10.29 Pamina picks up the beater from the xylophone with her right hand and lifts it up for some seconds, before dropping it onto the xylophone.

Jenny swings her head in very fast rhythms, while emitting a sound just after Pamina's beater-drop.

Sarah stretches for Ms Antouna's hand.

Ms Kazakaiou walks close to Pamina and kneels in front of her with the tambourine.

10.38 She drops a beater on the xylophone and then plays a xylophone phrase for Pamina.

Pamina wheels slightly backwards.

I give Ms Kazakaiou more beaters and she lays one over the xylophone keys for Pamina.

Sarah makes a murmur.

10.48 Ms Kazakaiou plays another xylophone phrase for Pamina, while

Sarah touches Ms Antouna's chest, in a way that makes the latter feel that Sarah may have desired to get up.

Jenny makes *loud autistic vocalisations* alongside her head-swings. It is a prolonged "Ah" vocalisation coming from her closed vocal cords.

- 10.59 Ms Antouna plays a cymbal phrase, while Ms Kazakaiou continues with more xylophone phrases.
I play at the piano phrases that attempt to modulate Jenny's "Ah" vocalisation by creating a melodic line in the pitch of her voice and in the tempo of her head-swings. By modulating, it is meant that the music shifts these sounds into more digestible phrases, thus more acceptable and less threatening to the group.
- 11.01 Jenny stops her vocalisations.
In the meantime Pamina, who had been moving repeatedly her head from a straight position, facing Ms Kazakaiou, towards her left, as if trying to escape from the impact of Jenny's vocal attacks,
- 11.09 now stretches her right hand, so as to take the beater from Ms Kazakaiou's hands. In fact, her right hand had been waiting, ready for the action, since the 10.48 minute.
- 11.10 As soon as Pamina gets the beater in her hands, Jenny starts another series of *loud autistic vocalisations*, of similar character to the ones she had just produced beforehand.
Pamina drops the beater onto the tambourine, as Ms Kazakaiou rushed to place it in the direction of the beater's fall onto the floor. Pamina follows the beater with her eyes.
There is a murmur from Sarah, while Pamina wheels slightly backwards and having Jenny further away from her span of vision.
- 11.15 I play an upper-register piano phrase as a variation to my previous phrase,
- 11.19 but suddenly Jenny makes some high-pitched sounds,
- 11.21 and gets up from her chair pushing it backwards

noisily. She then bends over the xylophone and, while looking at Pamina, she throws Pamina's beater from the xylophone onto the floor.

Pamina starts hyperventilating.

Ms Kazakaiou gets up and moves towards Pamina's left side and away from Jenny, while playing the tambourine.

11.23 I continue the piano phrases with a theme in the rhythm of Pamina's *typical theme*, in an instinctive reaction to protect her.

Jenny makes some laughter sounds, which again

11.26 I modulate with reflective piano phrases.

While making them Jenny walks towards the window and closes it, for which I thank her.

At the same time Pamina takes the beater with her right hand from Ms Kazakaiou and drops it onto the tambourine.

While Jenny returns with some vocalisations, in order to sit in Ms Demetriou's chair again,

11.38 Pamina receives the beater with her right hand and lifts it up for some seconds. Her left hand almost touches the beater, and it seems that she is about to pass the beater from her right hand to her left hand, but refrains. She was possibly threatened by Jenny, to whom she throws a quick glance.

11.49 Thus Pamina lets the beater drop onto the tambourine from her right hand. She is still hyperventilating.

In the meantime Jenny has been making repeated "tsou" and "nou" vocalisations.

Ms Antouna starts metallophone phrases.

11.54 Jenny puts her fingers, so as to block both of her nostrils, and vocalises.

At the piano I continue modulating Jenny's vocalisations, followed by a reflection of her head-swings.

Pamina still hyperventilates while turning some glances towards Jenny.

12.04 Ms Kazakaiou places a beater over the xylophone keys for Pamina, and then plays for her a xylophone phrase. Jenny has started head-swings, to which I refer musically through following their rhythm and tempo.

12.23 During the music's pause, and with Jenny now more quiet, apart from her head-swings and *soft autistic vocalisations*, Pamina takes with her right hand the beater from Ms Kazakaiou's hands. Again she makes a movement that feels that she is about to pass the beater to her left hand, but refrains.

After Sarah's murmur,

12.28 Pamina drops that beater onto the tambourine. There follows a complaining-sounding vocalisation from Sarah just after Pamina's beater-drop, and a series of "te-te-te" autistic vocalisations from Jenny.

I continue modulating Jenny's sounds, while Ms Antouna plays the metallophone for Sarah.

12.40 Pamina has just received the beater from Ms Kazakaiou's hand again, when Sarah murmurs.

Pamina has taken the beater with her right hand, and

12.44 at last has the courage to pass it to her left hand.

Sarah murmurs at the action.

In a movement that shows her desire to control her left hand - through its slowness and the fact that she follows it with her eyes,

12.48 she drops the beater from her left hand onto the

tambourine.

This is followed by a scream from Sarah, in the direction of her *mock laughter*.

At the piano I try to reflect Pamina's achievement.

12.55 Ms Kazakaiou plays a xylophone phrase, to which I give a response with a piano phrase, while Sarah murmurs, when Pamina takes again the beater from Ms Kazakaiou's hand.

13.00 Pamina takes the beater with her right hand feeling more confident now, as revealed by the strength of her action and the speed with which she clenches her fingers around the beater;

13.06 then she passes the beater to her left hand,

13.10 and then again from her left to her right hand, before lifting it up for some seconds;

13.14 then she lets it drop onto the tambourine. She follows all of the movements she creates with her eyes.

The beater stays on the tambourine after that careful drop.

Ms Kazakaiou offers the beater to Pamina, while it rests on the tambourine, just as she had dropped there. She is sensitive regarding Pamina's need for autonomy.

13.20 Pamina's next gesture is to pick up the beater from the tambourine.

Jenny has been quiet for some seconds.

B. 28 THE SESSION OF DECEMBER 9, 1996

This excerpt is not discussed in the main text, due to the limitations of the work. It is, however, given here and in Supplementary Video-tape 4, should it be of interest to the reader.

Ms Antouna was absent. The video-recording was taken by a carer member of another group, Ms Koula. The placement of the instruments and position of the members from the 19.51 until the 22.27 minute of this excerpt were the following:

Jenny's chair Ms Demetriou	
Cymbal Xylophone Bongo-drums Cymbal	
Ms Lovari Tambourine	Temple-blocks Ms Kazakaiou
Sarah's chair Metallophone	Pamina Tambourine Bells
Door	Window
	Synthesiser
Jenny	Base-drum
Sarah Piano Anthi Agrotou	Gong-tambourine Ms Koula - Camera

Transcripts of the excerpt from the session:

Background to the excerpt Upon her entry into the room, Sarah walked to the piano and remained around the piano until the end of the session. Throughout the whole session, she has been rather quiet, with a serious expression on her face, and looking at others from her position near the piano. Jenny had been sitting in her usual posture with her legs wide-open on her chair and holding her beater. At

the very beginning of the session she leant her body onto Ms Demetriou and made some vocalisations that sounded clearly like "na-na, ma-ma". These vocalisations were produced from her closed vocal cords. After that she has made a lot of *soft autistic vocalisations*. From the 5th until the 17th minute she chose to crouch near the door.

Just before the beginning of the excerpt, Jenny walked close to the camera, touched Ms Koula and then walked to the piano for a phrase of fast clusters played with her left hand. Then she walked towards Ms Koula again. , Pamina seemed sleepy from the very beginning of the session. She has stayed without making any movements in the same position near Ms Kazakaiou, at most times sleeping.

19.20 Jenny tries to pull Ms Koula away. All along she has a smiling face.

19.24 Then she smells her jumper as she walks towards the door, emitting some vocalisations.

Sarah murmurs in bursts and pauses, as she watches Jenny, while leaning now on the back side of the piano.

19.41 Jenny makes one turn in front of the camera, and then walks towards the door with loud steps.

I play a soft piano note and Ms Lovari a metallophone glissandi.

Then Jenny turns and walks to the piano, while swinging her beater.

I play one more soft note.

19.59 As Jenny sits on the piano stool, she vocalises "nou-nou".

Sarah is turned towards the group, and turns for a quick glance towards Jenny as soon as she sits on the

piano stool. Then she turns towards the group again and avoids looking at her, until she leaves the piano stool.

20.02

Jenny takes my right hand and plays through it. Her total playing includes some three hundred and fifty clusters, which she plays though directing my right hand. This is her longest and most coherent playing, maintaining at most times a tempo of 144 beats per crotchet and a Simple Quadruple time. She plays most of her clusters in crotchets, in the middle register of the piano and in loud volume, which she creates through the pressure she exerts onto my right hand. While playing she makes very few head-swings, and those that she does make seem to be rhythmical accompaniments to the music she creates.

Jenny's first long phrase includes some one hundred and ten clusters in crotchets. At some points she makes a *ritardando* - through which she seems to be subdividing this big phrase into smaller ones - but on the whole she keeps the steady tempo and Simple Quadruple time, as described above.

The supporting melody that I play on the base is intended also to give a melodic direction to Jenny's clusters and facilitate her to maintain her engagement. The accents in my melody are a way of expressing her force and determination.

Ms Kazakaiou accompanies by following the rhythm on the temple-blocks.

Ms Demetriou also accompanies with xylophone phrases that follow the piano's rhythm.

20.48

With a *ritardando* Jenny brings her first phrase to an end.

Sarah gradually assumes her formulaic smile, while watching the carers playing - and not Jenny.

20.50 At this point Jenny signifies further the ending of her first long phrase and an introduction into another one: through playing an "interlude" phrase in slightly slower tempo and also in softer volume - through lessening the pressure onto my right hand - at the same time moving my hand at a different pitch of the piano. This phrase includes some nineteen clusters.

20.57 Now Jenny begins her third phrase - her second long phrase - by bringing my right hand to the same pitch as her first phrase and pressing it for an equally loud volume. She plays through my right hand again some one hundred and ten clusters in crotchets. The absolute symmetry with her first long phrase is astounding.

Sarah makes a few steps forward and puts her right hand over the top of the piano, while she momentarily passes a few times the fingers of her left hand over her nostrils.

My supporting melody includes accented clusters or notes on the upper register, thus creating piano notes that "embrace" Jenny.

21.40 Jenny's third phrase comes to an end by her playing through my hand four clusters in minims, the last one after a pause.

21.46 Jenny vocalises before bending her head over the piano keys for her next phrase: it is similar in character to her first and third phrase and includes some fifty clusters in crotchets.

22.06 Jenny rises from the piano keys and there is a clear *ritardando*, which brings that phrase to an end.

- 22.07 Upon her upright posture, Jenny turns her head away from me, as she begins her fifth phrase, similar in character to her long phrases described above and including some forty-eight clusters. This phrase comes to an end by making a *ritardando*; this *ritardando* begins just after Sarah's first belch, which she directs towards the carers [22.15]. A formulaic smile follows every belch that comes from Sarah's mouth.
- 22.19 After Sarah's second belch,
Jenny plays another seven clusters that are waning in volume and slowing in tempo;
then Jenny makes some *soft autistic vocalisations* [tsou-tsou] and
- 22.27 she rises from the piano stool.
Jenny laughs, while pulling my hand.
I ask her not to pull me and she makes a high-pitched sound and walks towards Ms Koula.
Sarah follows her with her glance.
Jenny pulls Ms Koula's hand and I tell her that we still have until the end of the session.
- 22.41-22.51 Jenny walks in front of the camera and makes "ta-ta" sounds, followed by these staccato and accented sounds: E - E- A - E - E - A - E - E - A`E - A`E - A`E. As she puts an accent on the E of her last three syllables, it feels possible that she is here trying to pronounce my name, transliterated from Greek as "Anth`e": in Greek it takes an accent on the "e", and both vowels, A and E, are long. Feeling surprised, I turn to the carers for confirmation and they give this then through their glances and also later in the *free-discussion group meeting*.

B. 29 THE SESSION OF JANUARY 7, 1997

The session took place on a Tuesday, because Monday, January 6, 1997 was a public holiday. This was the third before the last session of our weekly music therapy meetings, spanning a period of three years less than two months. After January 20, 1997, we would continue meeting on the first Monday of each month, an arrangement that was offered for a period of one-and-a-half years.

Ms Demetriou was absent. The video-recording was taken by a carer member of another group, Ms Stylianou.

There were new instruments in the room as from this session: the chime-bells and another set of bongo-drums with their stand. There were also stands with wheels for the xylophone and the metallophone, making their movement in the room much easier. All these were introduced at the beginning of the session. The placement of the instruments was somewhat different: with more instruments in the room, and therefore with more possibilities of musical expression, the carers felt that they could alter the position of instruments for a part of the session, so as to facilitate different patients. This was verbalised to the patients. Thus the placement of the instruments and position of the members at the beginning of the first excerpt to be transcribed were the following:

	Cymbal	Jenny	Ms Lovari	
	Bongo-drums	Temple-blocks	Bongo-drums	Cymbal
Ms Antouna's chair	Tambourine			
Sarah's chair	Metallophone	Xylophone	Ms Kazakaiou	Chime-bells
			Pamina	
Door				Window
	Bells			Synthesiser
	Sarah	Ms Antouna	Base-drum	
	Piano Anthi Agrotou	Gong-tambourine	Ms Stylianou	- Camera

Transcripts of the excerpt from the session:

12.23 - First excerpt

16.08

Background to the excerpt Sarah walked to the piano, as soon as she entered the room and remained there until the end of the session. Her vocalisations were more clearly and poignantly of a complaining character. She belched very few times, but very intensely. Throughout the whole session her posture, as she leans on the piano is more upright and her body and hands' fingers far less fidgety than before. Jenny has been sitting in her usual posture with legs wide-open on her chair and holding her beater. Her facial expression seemed one of angry withdrawal. She has made almost no loud sounds and no movement either in the room, or with her face and body. Pamina has been sitting motionless in her wheelchair; throughout the session, she is at times sleepy, at times alert.

- 12.23 Ms Antouna plays the bells and I play a soft phrase in the piano's upper register.
Sarah has both hands on top of the piano, and turns to look at me and smile; then she bends her head down momentarily, while Ms Antouna plays the bells again; then she turns to look at me, as soon as I continue with another phrase and she vocalises; then she turns to look at Ms Kazakaiou who is moving to the synthesiser, while I continue the piano phrases.
Sarah's glance travels between Ms Kazakaiou and myself.
- 12.40 As I continue very soft phrases of ascending melodic lines, towards the piano's upper register, Sarah stretches her body and makes a series of vocalisations towards the camera; both of her hands are bent over the top of the piano.
I reflect Sarah's vocalisation on the piano.
Sarah turns to look at Ms Kazakaiou and then at me, still in the same position. Her smile seems not positioned exactly in the formulaic position: her lips are not as tensed and wide-open as when she wears her formulaic smile. Perhaps she is on the verge of allowing her lips for another expression, that of her vocalisations in this session, vocalisations of complaint.
- 12.57 Ms Kazakaiou starts a theme on the synthesiser. She chose the mode of the church organ. She creates a very clear and simple theme, which she retains throughout this piece. This theme acts as a *sound canvas*. In this case, then, Ms Kazakaiou is the initiator of the *sound canvas*, holding the patients' passivity, within which they possibly hide their anger caused by the ending of this cycle of weekly meetings between us.

Jenny has her glance turned towards the window.

Pamina sits with her head slightly bent down, seeming to listen to the music.

13.14 Jenny turns her glance for some seconds towards Ms Kazakaiou, before dropping it down and then up and sideways again, so as to look towards the window.

13.17 Sarah vocalises at the end of Ms Kazakaiou's phrase.
In the piano, I try to create a part that supplements Ms Kazakaiou's themes: either chords that are formed as a harmonic base to her melodies, or melodies that respond - through reflection, variation or expansion - her own melodies.

Ms Lovari touches softly the bongo-drums throughout this musical piece.

Ms Antouna enters the music with the bells.

13.33 Sarah vocalises during the music's sustained notes.

13.53 Ms Antouna enters the music with a cluster in the piano's upper register.

Sarah vocalises.

Jenny turns briefly towards her right, before resuming the same position with her head.

14.07 Sarah vocalises as the music's phrase approaches an end. The *sound canvas* is like a soft cloth over her sounds.

Ms Antouna sits in Sarah's chair, in order to accompany the music with the metallophone.

14.13 Sarah vocalises and smiles,

14.16 but instantly makes a grimace of tension, which ends up in a belch and a glance at the camera.

There is another vocalisation coming from Sarah together with a smile.

From then onwards, her vocalisations and smiles give

way to soft belches and all of them merge with the *sound canvas*.

15.22-16.08 Apart from some bell notes, played by Ms Antouna, the music stops and there is stillness and quietness in the room; the only exception are Sarah's sounds that continue, the weight of their complaining colour now being clearer, without the music's support. They feel like the complaints of a person, who is near to talking about them; for her voice's pitch is that of the spoken word, and her sounds are no longer emitted as bursts of bodily tension, but rather as voices carrying some psychological bulk. It seems that the psychological containment, experienced in music therapy, allows her to belch and vocalise without stooping and tensing her body. The voice then, that is no longer experienced so much as a bodily tension, becomes more of a carrier of feeling states, of psychic content. Indeed, throughout the excerpt, Sarah stands more like a normal adult, than we had ever seen her until that day.

28.45 - Second excerpt

30.39

Background to the excerpt This excerpt includes the goodbye song and music. The instruments are placed somewhat differently than in the first excerpt: the xylophone is in front of Jenny and the temple-blocks in front of Ms Kazakaiou - their usual position.

28.45 The carers and I start singing the goodbye song. Sarah is in the same position and posture as described in the first excerpt. She vocalises after we sing her

name and after we sing Ms Antouna's name.

25.00 Jenny gets up to come to the piano at the same time as we are about ready to sing her name in the goodbye song. She firstly stands next to the xylophone and swings her head, while stroking her breast with her left hand.

29.18 Jenny comes to the piano and stands to my right. She gets hold of my right hand, as I play the goodbye music, so that it is difficult for me to play the notes.

Sarah starts vocalising and turns towards Ms Lovari, as soon as Jenny arrives at the piano.

29.47 Then Jenny tries to sit on my lap, thus forcing me to stop playing the goodbye music. She kisses my head and, when I try to move her away from my lap she resists.

29.56 Sarah turns a quick glance towards Jenny and turns again to look towards Ms Lovari, continuing her vocalisations of complaint.

I play a few more chords and succeed to remove Jenny away from my lap, so as to sit next to me.

30.12 Then Jenny pulls my head close to her, while grinding her teeth.

Sarah continues her vocalisations of complaint.

30.27-30.39 After the end of the goodbye music, I tell Jenny that this was her way of telling us that she had not been absent all along.

Jenny touches the piano keys and I pad her at the back and say that our time has finished for that day and that we would continue the following Monday.

Jenny continues to play a few phrases of clusters with her right hand. This is the first time that she has ever played after the goodbye song.

B. 30 THE SESSION OF JANUARY 13, 1997

This was the second before the last session of our weekly music therapy meetings. Pamina was absent due to illness. Among the carers, Ms Antouna, Ms Demetriou and Ms Lovari were absent. The video-recording was taken by a carer member of another group, Ms Stylianou. The placement of instruments and position of the members during the excerpt to be transcribed were the following:

Cymbal	Jenny	Ms Demetriou's chair	[Ms Kazakaiou]
Bongo-drums	Xylophone	Cymbal	Bongo-drums
Ms Antouna's chair	Tambourine	Temple-blocks	Ms Kazakaiou's chair
Sarah	Metallophone		
Chime-bells			
Door			Window
			Synthesiser
Bells	Base-drum		
Piano	Anthi Agrotou	Gong-tambourine	Ms Stylianou - Camera

Transcripts of the excerpt from the session:

Background to the excerpt which begins at 9.40 Sarah has been sitting on her chair from the beginning of the session. She has one leg crossing another and both of her hands leaning on her chair, with her body slightly bent forward. She has been making very little sounds, but observing intensely. She retains a facial expression of seriousness - like in the session of January 7, 1997 - with her lips not as tensed and wide-open as when she wears her formulaic smile.

Jenny sat on her chair in her usual posture with legs wide-open and holding her beater. She has been making *soft autistic vocalisations* and some squeaking noises. On the 6th minute she got up and took Sarah's beater from the metallophone, threw it to the floor and stepped on it. Then she walked to the camera making hissing sounds, before returning to her seat.

9.44 Sarah vocalises, while looking at me and

9.47 I play a responding sustained chord.

Sarah keeps turning her glance towards the direction of Ms Kazakaiou and Jenny and towards me, but always turns to me when she vocalises.

9.52 Thus she vocalises now, while turning to look at me, and

9.55 I play another responding sustained chord to her sound. I play two more sustained chords, and

10.11 Sarah gives a more high-pitched vocalisation.

I play a sustained chord that gently translates her tension, with notes that include her voice's pitch.

Ms Kazakaiou accompanies with soft xylophone phrases.

10.22 There follows a kind of a dialogue between Sarah's soft vocalisations and the piano music to the accompaniment of xylophone phrases. The music is characterised of brief phrases and sustained chords all played in soft volume. The chords contain gentle dissonance, so as to translate the hidden tension and anger in the room.

Jenny, while sitting in her usual posture and in stillness, keeps her glance turned away from Ms Kazakaiou.

- 10.46 While I create expansions to the music, by playing somewhat louder and in somewhat longer phrases, Ms Kazakaiou follows with xylophone phrases that supplement the piano phrases in a very musical way. Sarah vocalises even less, and when her voice appears, it merges with the music.
- 11.34 I gradually start breaking the pattern of sustained chords with open melodic lines. Ms Kazakaiou forms responding phrases on the xylophone.
- 12.20 Ms Kazakaiou plays black key glissandi on the xylophone - another form of music that translates the underlying tension. She also plays these as a response to the piano arpeggios on the upper register. I reflect Ms Kazakaiou's glissandi with glissandi in the piano's upper register.
- 12.29 I accompany Ms Kazakaiou's continuing soft and fast glissandi - which she now plays on the xylophone's white keys - with soft arpeggio chords.
- 12.54 On the upper register I play loud, fast glissandi - now thinking it appropriate to make a more direct reference to the group's silent anger.
- 13.07 I return to the sustained chords, which contain gentle dissonance, while Ms Kazakaiou still plays fast and soft xylophone glissandi.
- 13.23 I break the sustained chords with atonal melodic lines that travel through the piano's span.
- 13.53 I create one long phrase of chord progressions that reaches a climax of tension and volume, before it wanes gently. The chords again include gentle dissonance. Ms Kazakaiou accompanies with some soft xylophone phrases consisting of note-reiterations.

- 14.37 There is a pause in the music and an absolute stillness and quietness from Jenny and Sarah.
- 15.01 Out of a sudden, Sarah makes a very loud belch out of her now tensed up face. While making it her glance travels from Ms Kazakaiou towards me.
- 15.09 I ask the group the following: "Is it that there is anger lurking underneath?" [the actual words in Greek for "lurking underneath" can be translated literally with the words: "boiling deaf".
- 15.12 Sarah makes instantly a series of vocalisations, while looking at me.
- 15.18 Sarah's third vocalisation is clearly the word "n`e", the Greek word for "yes".
- 15.20 I play another phrase of chord progressions that respond to Sarah's vocalisations.
- 16.03 Ms Kazakaiou plays xylophone phrases before offering the beater to Jenny.
Jenny pushes Ms Kazakaiou's hand away.
- 16.12-16.24 Ms Kazakaiou repeats a similar offer and Jenny pushes her hand away yet again.
Sarah continues her vocalisations in bursts and pauses.

B. 31 THE SESSION OF JANUARY 20, 1997

All members were present. The video-recording was taken by Ms Lovari. The placement of instruments and position of members during the first excerpt to be transcribed were the following:

	Cymbal	Jenny	Ms Demetriou	
		Xylophone	Bongo-drums	
Ms Antouna			Cymbal	Temple-blocks
Sarah's chair	Metallophone		Bongo-drums	Pamina Chime-bells
				Ms Kazakaiou
Door				Window
Bells				Synthesiser
	Sarah	Base-drum		
	Piano	Anthi Agrotou	Gong-tambourine	Ms Lovari - Camera

Transcripts of the excerpts from the session:

11.10 - **First excerpt**

17.01

Background to the excerpt which begins at 11.10 Sarah has been standing by the side of the piano from the beginning until the end of the excerpt. She has belched a few times from a face that keeps an expression of seriousness all along; she does not even have the smile of the previous two sessions. She keeps an upright posture, both of her hands helping her to gain support on the side of the piano; Jenny has been sitting in her usual posture with her

legs wide-open on her chair and holding her beater. On the 4th minute she walked around the room, staying for seven minutes underneath the camera and on the piano stool. She has made some hissing sounds and *soft autistic vocalisations* with very few *loud autistic vocalisations*. She returned to her seat and usual posture on the 11th minute.

Pamina has been interested in the sounds played for her by Ms Kazakaiou from the very beginning of the session. She was particularly interested in the chime-bells. When the excerpt begins, Ms Kazakaiou had just moved from the synthesiser to the Chime-bells.

11.12 I play a slow piece on the piano, consisting of sustained chords, which is a continuation of the music we had just been playing, while following Ms Kazakaiou on the synthesiser - a piece particularly attended to by Pamina. Ms Antouna accompanies with soft metallophone phrases and Ms Demetriou with soft xylophone phrases. Sarah looks around with an expression of sadness and seriousness.

11.28 Sarah bends her body slowly and stretches her left hand, so as to touch mine. When I stretch my right hand towards her, she withdraws and I play a few glissandi, sounds very much liked by Jenny.

11.43 Ms Kazakaiou starts playing on the Chime-bells a tune she had played earlier in the session. The other carers and I pause, so as to give solo space for the Chime-bells.

Sarah, who had been looking around all members, turns towards Ms Kazakaiou's sounds.

Jenny has been sitting in her usual posture of

withdrawal and making *soft autistic vocalisations*.

Pamina observes and listens with an engaged interest.

12.04

Sarah belches.

Pamina observes and listens to the Chime-bells with an engaged interest, while Ms Kazakaiou repeats her tune more softly and in slower tempo.

There are some seconds of quietness, leaving Pamina the time to digest the Chime-bell sounds,

12.09

before I play some soft upper register notes, in an effort to invite Sarah.

12.14

Sarah belches again and I play a glissandi on the piano, followed by a xylophone glissandi played by Ms Demetriou.

Pamina has her eyes onto the Chime-bells, not moving them away from there a second, and so

12.22

Ms Kazakaiou repeats her tune on the Chime-bells.

12.28

I play a responding phrase on the piano

12.32

and Ms Antouna adds another responding phrase on the metallophone.

While I continue the piano phrases that are formed as a second melodic part in harmony with Ms Kazakaiou's melodies on the Chime-bells,

12.45

Jenny enters a phrase of *loud autistic vocalisations* [te-te-te].

Ms Demetriou then adds another melodic part to the music by playing xylophone phrases and Ms Antouna soon re-enters with her part on the metallophone.

By this point, there are four melodic parts played by the carers and myself, all in harmony with each other and in shared tempo, rhythm, timbre and dynamics.

The music is about its "magic" qualities.

Sarah still looks with an expression of seriousness and

sadness, her eyes being particularly focused on the Chime-bells. Her complaining-sounding vocalisations come in bursts and pauses, but are very few.

13.30 The other carers and myself pause our part, so as to leave some spaces for the Chime-bells to be heard as solo.

Pamina still observes the Chime-bells with alertness and engaged interest.

13.28 Sarah belches twice.

13.30 I play a contrasting melody to Ms Kazakaiou's in octaves.

13.50 Ms Kazakaiou decides to leave the Chime-bells and puts the beater on the instrument in a way that allows Pamina the thought that she can pick it up from there herself.

14.03 Sarah belches.

Then Ms Kazakaiou goes to her seat and

14.11 stretches to play some Chime-bell notes with another beater.

Sarah belches.

Then she makes some more complaining-sounding vocalisations, turning her glance towards me, the camera and Ms Kazakaiou.

There is a general silence in the room.

14.38 I go to the Chime-bells and indicate to Ms Kazakaiou how to play the instrument with her hands, instead of a beater, thus making it easier for Pamina to imitate her action; for Pamina had not moved at all from the instrument and we all felt that she desired to play it.

15.00 Ms Kazakaiou plays the Chime-bells with her hands and Pamina observes.

15.12 Then Ms Kazakaiou takes Pamina's left hand and places

it on the Chime-bells;

Pamina allows Ms Kazakaiou to manipulate her hands so that she can create the sound - something that had never happened in the past, as she would always withdraw her hand if it was taken by anyone. She turns her head away from the instrument, however, and hyperventilates.

15.21 I start playing supporting chords and melodies and Ms Antouna follows with metallophone phrases.

Ms Kazakaiou pads Pamina's left hand and then strokes her head, before replacing it on the Chime-bells.

15.31 Sarah belches.

Pamina turns her head towards the Chime-bells for the following notes that she plays through Ms Kazakaiou's hand.

15.37 Ms Kazakaiou says: "Graciousness!", while Pamina turns her head away from the instrument.

Then Ms Kazakaiou takes Pamina's right hand and brings both of her hands forward and strokes them.

Sarah vocalises.

Ms Antouna's metallophone phrases and the piano melodies and sustained chords are "holding" Pamina's efforts and her newly-experienced trust. Soon Ms Demetriou joins with xylophone phrases.

15.51 Then Pamina allows Ms Kazakaiou to place her right hand and then her left hand onto the Chime-bells and she thus creates a series of sounds.

Ms Kazakaiou strokes Pamina's head tenderly during this process, seeming to desire to encourage Pamina to look at what she is creating; for Pamina has now the courage to turn her head forward, but keeps it bent, as if not daring to look at the instrument that resounds

her creations.

16.04 Ms Kazakaiou tells her: "Look!", while encouraging her head to turn upwards. She then whispers to her: "You can play!" Ms Kazakaiou has already kneeled down by the side of Pamina's wheelchair and embraces her.

But Pamina's head is still bent down.

16.23 Ms Kazakaiou then lets go of Pamina and tells her: "You can put your hand." Then she brings forward one Chime-bell, so that it touches Pamina's hand.

16.36 Ms Kazakaiou then turns Pamina towards the group and the other instruments there.

Sarah observes what is happening near the Chime-bells, while emitting some of her complaining-sounding vocalisations.

The carers and I bring the music to an end.

16.58-17.01 Sarah belches, while looking towards me and then towards Ms Kazakaiou from tensed eyes.

21.49 - Second excerpt

32.55

Background to the second excerpt Pamina is wheeling herself around the room in a fast tempo and hyperventilating, but not to a severe degree. She has one leg on her chair. Her face seems very alert. Sarah is at the same position and state as described in the first excerpt.

Jenny is sitting in her chair and in her usual position of withdrawal. Just before the excerpt begins, the carers and I had just played music that referred to Jenny's known tune.

- 21.49 Pamina wheels herself close to the instruments and the carers play for her, when she passes by the instruments in front of them.
Otherwise, there is silence.
- 21.57 Pamina wheels straight towards the piano stool.
I push the stool backwards so as to make a space for her, but she wheels away.
Sarah vocalises sounds of complaint, while looking particularly intensely towards me. Her posture is upright.
Pamina has wheeled quickly near Ms Demetriou who plays the xylophone for her.
- 22.27 Pamina wheels again very close to the piano stool, but moves away yet again.
Sarah has a very sad expression, while looking around, particularly towards me.
- 22.45 Sarah belches, without assuming her formulaic smile after her belch, but rather an expression of sadness and complaint.
Pamina does not make a circle but turns from the Chime-bells towards the piano.
- 23.08 Sarah vocalises, while Pamina stations herself next to me on the piano.
- 23.14 I play sustained soft chords, followed by simple melodies.
- 23.34 I play the melody that I always use on the piano to accompany Pamina's *mouth repertoire*, or remind her of it.
Sarah has now almost assumed her formulaic smile, while making her complaining-sounding vocalisations in a higher pitch than just before, when they were on the pitch of the spoken word.

- 23.44 I play at the piano a piece that intends to welcome Pamina and give encouragement. This is accompanied by Ms Demetriou, who plays the bongo-drums.
Pamina is observing my fingers, while I play.
Sarah continues her vocalisations as described above; she turns her glance particularly towards me, the camera and Ms Demetriou.
- 24.33 I take Pamina's left hand, to feel whether she would like me to place it on the piano keys.
She pulls her hand backwards and I feel that she is not ready yet, or that I have pulled the wrong hand, her left hand being weaker than her right hand.
So I continue the music, while Pamina's head is turned to her left, almost facing me.
In the meantime, Sarah has observed the gesture; this shows the intensity and alertness of her observations.
- 24.47 Pamina turns to me for a brief eye-contact. Then she
24.50 turns her eyes towards my fingers and
24.57 returns for another eye-contact. Then she moves her
25.00 eyes slightly away from me.
In the meantime, Sarah's face becomes again serious and sad.
- 24.58 I decide to add a vocal part to the music, feeling that in this way Pamina would experience a greater intimacy with the music and its connection to the human relationships which she entrusted there.
- 25.06 Pamina turns her eyes towards the piano keys.
Ms Demetriou continues to accompany me with the bongo-drums.
By now Sarah avoids looking at me and she directs her sad-looking eyes mainly towards the camera, with brief turns towards the direction of Ms Demetriou. She still

- emits sporadic complaining-sounding vocalisations.
- 25.41 Ms Kazakaiou enters the music with temple-block phrases.
- 25.45 I look at Sarah while singing;
- 25.46 she turns to look at me and
- 25.48 then turns away,
- 25.50 before returning to belch towards me and Ms Demetriou, while stooping her body.
- 26.08 Then Sarah coughs from frightened eyes that look around,
- 26.13 and half belches again, her face looking very sad.
- 26.15 I repeat the vocal phrases in a higher pitch, desiring to create something more "holding" for Sarah, as well.
- By this point all the carers accompany the music: Ms Kazakaiou with the temple-blocks, Ms Demetriou with the bongo-drums and Ms Antouna with the metallophone and the cymbal.
- 26.25 Sarah half belches again.
- 26.52 Pamina moves her right hand towards the piano keys.
- 26.54 Sarah makes another belch towards me, having just seen Pamina moving her right hand.
- At the same time, I bring the phrases to a pause.
- Ms Antouna pats Sarah's back.
- Pamina wheels towards me, as if in this way she also moves away from Sarah.
- I continue the music, while Sarah looks around, as well as towards my fingers on the piano.
- 28.03 Pamina turns her head towards her left and slowly away from the piano keys, while I bring the piano phrases to an end.
- 28.14 Sarah belches, having stooped her body at the same time as I was bringing the piano phrases to an end.

I continue the music in a slower tempo, creating brief phrases, so as to invite Pamina.

Sarah vocalises, while her lips are in the position of her formulaic smile.

Pamina turns her head slowly towards me, though looking downward.

28.30 Ms Demetriou plays some cymbal phrases for Jenny.

28.40 Sarah now keeps a serious face, when she vocalises and looks at me.

28.47 Pamina turns her head again slightly away from me.

I continue the slow vocal piece to the accompaniment of the piano.

28.57 I take Pamina's right hand and place it on the piano keys. She puts no resistance whatsoever, unlike such attempts in the past at the synthesiser. Her hand is relaxed, so that I can place it on the piano keys, just as it was relaxed when Ms Kazakaïou placed it on the Chime-bells earlier in the session [see the first excerpt]. However, she does not dare to look at the piano and what her fingers can be allowed to create: she still keeps her head turned towards her left.

Ms Kazakaïou responds with a bongo-drum phrase to every note created through my hand by Pamina.

Sarah looks away from the piano.

29.09 It is after Pamina's second note and Sarah belches towards the camera, before turning to look towards Pamina.

After her third note, Pamina turns her head slightly towards the piano and then away again.

She repeats the same after her fourth note.

29.25 Then Pamina turns completely forward, when she plays her next note.

But after she plays it, she again turns to her left.

29.35

Ms Kazakaiou starts playing the synthesiser, desiring to respond to Pamina musically: though Ms Kazakaiou is a person who has never had a musical education of any kind, she plays here, at most times, exactly the same notes which Pamina plays through my hand at the piano, as if Ms Kazakaiou has knowledge of absolute pitch.

Ms Antouna accompanies on the metallophone.

Jenny has a very angry look and her leg is on the cymbal.

Sarah gradually relaxes the intensity of her face, though still looking sad.

29.42

Pamina turns towards the piano keys.

30.20

Pamina's turn of her head to her left now, feels as a way of communicating with Ms Kazakaiou's responses to her on the synthesiser.

Ms Demetriou very sensitively does not play any rhythmical instrument. Pamina's first notes on the piano require a very gentle and carefully-created *sound canvas/contextualisation*; this is here mostly created by Ms Kazakaiou's sustained notes on the synthesiser [in the mode of the church organ], with which she creates melodies that follow Pamina's notes very closely.

Sarah looks sad and still emits some of her complaining sounds, uttered in the pitch of the spoken word. She throws an alert eye towards the piano keys and keeps an upright posture.

31.11

Jenny makes some *soft autistic vocalisations*.

32.01

The piece comes to an end, with my initiative, as I feel that it is appropriate to end there, not prolonging that session even further.

There are some seconds of silence, apart from Sarah's vocalisations.

32.18-32.55 I say to the group the following: "Pamina has told us of how many things we can all do, whatever the difficulties. Let's keep that inside us, until we meet again on the 3rd of March."

Pamina's face is turned towards my side, but bent downward.

Sarah continues to vocalise as described above.

Note: The ending date of the weekly meetings was set for January 20, 1997. For the last six sessions before that date, I used a light-yellow rectangular carton paper to facilitate the patients' reception of the message: I divided this carton paper into six smaller rectangular boxes, each one corresponding to every session that was left. At the end of every session I covered one box with a blue carton paper of equal size to that box. At the same time, I would show them the paper and explain that covering the box with the blue paper meant that that session had finished; and that the number of yellow boxes represented the number of sessions that were left until the end of this cycle. After saying this, I always repeated to them my offer for the future, and that I would still continue to be available for the group on the first Monday of every month.

B. 32 THE SESSION OF MAY 5, 1997

Pamina was absent, and among the carers, Ms Kazakaiou was absent. The video-recording was taken by Ms Lovari. The placement of instruments and position of the members at the beginning of the excerpt to be transcribed were the following:

	Jenny's chair	Ms Demetriou		
		Cymbal	Xylophone	Bongo-drums
Ms Antouna		Cymbal	Temple-blocks	Ms Kazakaiou's chair
Sarah's chair	Metallophone		Bongo-drums	Chime-bells
Door				Window
Bells				Synthesiser
	Sarah		Base-drum	
	Piano Anthi Agrotou	Jenny	Gong-tambourine	Ms Lovari - Camera

Transcripts of the excerpt from the session:

Background to the excerpt Sarah walked to the piano, as soon as she entered the room. She had been looking very anxious, her body and fingers being fidgety. She walked to her seat and back to the piano, her movements seeming to be the result of Jenny's attacks. When Sarah was at the piano, Jenny came and sat at the piano stool, emitting a lot of her *loud autistic vocalisations*, felt there as attacks on Sarah's desire to be at the piano.

In fact, from the beginning, there was a series of actions and ways of being from Jenny's part that were felt as

aggressive attacks on Sarah. For example, when Jenny left the piano, leaving the space for Sarah to return, she sat at Sarah's chair, but pulled it extremely close to Ms Antouna. Also, Sarah seemed to be looking intensely from the beginning towards Ms Lovari, the only carer in the room that day, with whom they had parted when they moved to their group home - Ms Antouna and Ms Demetriou being with them in their new life. Thus it may have been on purpose, so as to attack Sarah, that Jenny kept approaching Ms Lovari with her *loud autistic vocalisations* on that day.

It also seemed that whenever Sarah was making a more definite step to come closer to the piano keys, Jenny would return to the piano stool with her *loud autistic vocalisations*, and in this way thwart Sarah from there.

11.06 Sarah smiles and vocalises to Ms Lovari, while she looks anxious, her right hand's fingers fidgeting over each other.

11.10 Ms Antouna comes close to her and Sarah turns to look towards her.

Jenny, who had been sitting by the gong, makes loud autistic vocalisations.

As soon as Ms Antouna touches the piano keys, Sarah assumes an expression of distress and Jenny makes again *loud autistic vocalisations*.

Sarah tries to belch, but is distracted by Jenny's sounds.

11.25 As she rises from her chair, Jenny makes squeaking noises and walks close to Ms Antouna, who has already walked behind the piano.

Jenny stands in-between Sarah and Ms Antouna and makes again squeaking noises.

- Sarah looks around, making an effort to form her formulaic smile, as it keeps evading her. Her left hand is leaning on the top of the piano, while the fingers of her right hand keep fidgeting over each other.
- 11.45 Sarah turns her glance to her right, the direction of Jenny's doings, as she walks to the door; it seems that Jenny wanted to pull Ms Antouna to the door.
- Jenny walks to the middle of the room and stands in front of Sarah, but with her back turned against Sarah.
- 11.59 While from that position, Jenny swings her head, and Sarah makes a series of intense vocalisations.
- As Jenny walks close to Ms Lovari again, Sarah emits even more intense and painful vocalisations from a body that is slightly stooped. Her lips appear smiling,
- 12.14 when suddenly she opens her mouth even wider for loud cries, soon to become an excruciating painful wailing. Her eyes focus onto Ms Lovari, with brief turns towards Ms Demetriou. Sarah's crying seems to have been precipitated by Jenny's aggressive attacks.
- From now until the end of the session her eyes keep Ms Lovari as their focal point of reference.
- 12.44 Jenny leaves Ms Lovari and bends over my head, so as to kiss me.
- Sarah's cries continue.
- 12.51 From this point there are tears in Sarah's eyes, the first time she has ever cried with tears in her life.
- 13.05 Ms Lovari asks: "what is it, Sarah?"
- Ms Lovari goes near Sarah and strokes her face.
- I tell Sarah that she is perhaps missing Ms Lovari and other people, whom she left behind in the institution.
- Sarah looks at me with a serious and distressed

expression, pausing her cries momentarily.

Jenny makes an open vocalisation, while walking to sit on Ms Kazakaiou's chair.

Then Sarah looks around, her painful crying continuing; again she focuses her eyes on Ms Lovari, who has returned to the camera.

I tell Sarah that it is okay to cry.

There is some movement around her and behind her, as Ms Antouna is looking for tissues in the cupboard and Ms Demetriou gets up to come close to her.

Sarah looks around frightened, as if those sounds and movements were threatening to her.

13.47 Ms Demetriou strokes Sarah and asks her to stop crying.

13.56 I say that we can let Sarah express her pain.

Ms Demetriou says "okay" and returns to her seat, while Ms Antouna wipes Sarah's face.

From that point, Sarah continues with an even more intense and painful wailing; she is looking towards Ms Lovari and keeps turning towards Ms Demetriou and Ms Antouna, as if anxious whether Ms Antouna will return to her.

14.34 Ms Antouna comes close to Sarah and touches her back.

14.46 I start a piano piece, beginning with the left hand accompaniment. With this piece I try to create a comforting base for Sarah's cries. Forming the music in a minor key, I also wish to share with her some of her pain. The rhythm and tempo of the music follows the rhythm and tempo of Sarah's bursts. There is a repetitive theme in the music, with this wishing to offer Sarah a comforting, predictable sound - a melody whose

waves keep returning.

As Sarah's cries become even more intense, she stoops her body with every tension created by her outlets of pain. Her fingers keep fidgeting over each other.

During the second or two that Sarah pauses her cries, she opens her eyes wide, as if desiring to check our response to her - or, rather, whether we can tolerate her pain.

Indeed there are no words to describe Sarah's lamentation, or the experience in the room, and it feels awkward to write transcripts. From here onwards I shall keep words to a minimum; the video-recording is the closest one can get to the experience inside the room, and still that is far removed from the despair and distress we shared with her on that day; the feeling that her deprivation was so severe, that there was so little one could do to heal her wounds; the helplessness.

- 15.45 Ms Antouna walks behind the piano.
- 16.27 I touch Sarah's hand that leans close to the piano keys, but she pulls it away instantly.
- 16.52 Jenny inserts some *loud autistic vocalisations* [te-te-te-te].
- 17.00 Ms Antouna touches Sarah's right hand, and she pulls it away from her.
- 17.05 Sarah tries to wipe her tears.
Jenny inserts some *soft autistic vocalisations* [tsou-tsou-tsou].
- 17.42 Sarah somehow pauses her crying for a few seconds, and looks around,
- 17.57 but then resumes and passes her right hand from the genital area of her clothes.
- 18.42 Sarah's crying wanes a bit and I feel that she may be

feeling soothed by the music,
18.57 but she resumes with the same intensity and
19.38 I decide to bring the piece to an end, thinking that she
may be desiring to only cry, undisturbed; I also thought
that such an intense affective state needed to be
addressed in words.
20.06 I say to Sarah: "for so many years you've been in so much
pain...", but Sarah cries over my voice, and I feel that I
cannot yet talk to her.
I was feeling terrible that such private pain was exposed
to the camera's eye and
20.41 decided to turn the camera away.
After some minutes of leaving Sarah to cry undisturbed,
and when the intensity wanes and she becomes more
quiet,
22.20 I try to speak again, and tell her that it was time that
she had a good cry, but again Sarah cries over my voice.
22.50 Gradually Sarah calms down and quietens her cries.
23.06 I then say that it was time that she cried; that her pain
was piled up for so many years; and perhaps now that
she was feeling safer where she lived, she could let out
her pain, caused by so many years of abandonment and
separations.
23.44 Sarah begins to cry again, just after I finish saying the
above words.
24.01 Jenny gets up and walks to the door, in order to leave.
I tell her that it is not yet time to go.
Jenny takes the tissue from Ms Antouna's hand and I
ask her to give it back.
24.20 Jenny stands in-between Sarah and Ms Antouna,
behind the piano.
24.28 Sarah is more quiet and I touch the piano keys close to

- her hands, while forming some new soft phrases.
- 24.35 Sarah vocalises and turns to her right,
where Jenny is pulling Ms Antouna to the door, and
then walks towards the camera.
- 24.59 Jenny gives me a beater she had picked from the base-
drum.
I continue a new piece at the piano, adding with the
beater given to me by Jenny some base-drum and gong
phrases.
Sarah is more quiet and seems somehow relieved.
- 25.16 Jenny walks to the Chime-bells and creates some
sounds.
Jenny walks behind Ms Demetriou and kisses her head,
as she embraces her.
Sarah turns to look at them, making continuous
murmurs.
- 26.02 I add a vocal part to the music which I create then,
thinking of forming a musical piece that translates "a
calm spell after the big storm."
Jenny sits in her chair.
Sarah murmurs to the music I create, her murmurs
merging with the music in some moments of relief for all
of us.
Jenny swings her head.
- 26.57 Jenny makes some *loud autistic vocalisations* [te-te-te],
while pulling Ms Demetriou's head close to her.
Sarah's face is quiet, with a bit of a smile on her face,
and turns to look at Jenny and Ms Demetriou.
- 27.24 Jenny repeats the same vocalisations as above.
By now Sarah's body is tuned towards me and against
Jenny and Ms Demetriou. She looks quiet, serious and
sad.

- 27.41 Sarah turns to look at Jenny and vocalises and turns towards me again.
Jenny makes some soft sounds and Sarah turns again briefly towards her.
Sarah seems calm, while turning to look at all members.
- 28.28 Sarah almost touches the piano keys, having stooped her body in a moment of tension.
- 28.47 Sarah plays a note on the piano's upper register.
- 28.56 Jenny makes some *loud autistic vocalisations*. By now she is leaning on her chair with one of her legs on the cymbal.
- 29.10 I indicate to Ms Demetriou to ask Jenny to remove her leg from the cymbal.
After some seconds of pause, I continue with a slow piece.
- 29.24 Sarah touches Ms Antouna's hand.
- 29.32 Sarah again touches Ms Antouna's hand. She looks around from a stooped body.
Ms Antouna walks closer to her and touches her right hand, which was leaning on the piano, but Sarah pulls her own hand away.
- 29.50 Sarah's vocalisation, as she looks towards Ms Lovari and me, turns again into wailing. Her wailing takes the place of the previously formed formulaic smile.
It is a similar crying to beforehand.
I continue the slow-tempo music, so as to hold her.
Ms Demetriou adds cymbal-note accompaniment.
- 30.37 Sarah's vocalisations come as pauses in her crying, and feel as her responses to the music she hears from us.
During those seconds, again she looks towards us with opened eyes.
There is a pause in her crying; she touches momentarily

- Ms Antouna's hand.
- 31.10 Jenny walks close by us and then again goes to sit in Ms Kazakaiou's chair, holding her beater and putting it inside her mouth.
- 31.26 Sarah resumes her crying.
- 32.04 Ms Antouna goes to her chair and I ask all the carers to join in the music.
- 32.30 I also add a vocal part.
- Sarah feels relieved as she looks around and her vocalisations that follow from smiling lips feel as her way of expressing relief at the support she is getting. These merge into the music.
- At moments she assumes an upright posture; at moments she stoops her body; and at moments her vocalisations feel as the beginnings of a new crying outburst, which then recedes.
- 35.15 Her vocalisations turns into crying again.
- 35.46 Gradually her crying recedes into murmurs that merge with the music once again.
- 36.23 Sarah's vocalisations again turn into crying. Her crying is not so intense any more.
- 37.25 Gradually her cries recede into murmurs again.
- 38.08 The carers and I end the piece. There is quietness for fifty-two seconds.
- 39.02 I say that it is good that she can cry now and she now lives in a place, where she has people who can listen to her.
- 39.07-39.13 She vocalises in a way that feels like her expressing the reception of what I had said to her. As she does so, she looks around towards all the carers.

B. 33 THE SESSION OF JULY 7, 1997

All members were present. Ms Kazakaïou was not feeling very well and she preferred to do the video-recording, giving her place next to Pamina to Ms Lovari. The placement of instruments and position of the members during the excerpt to be transcribed were the following:

	Jenny	Ms Demetriou	
	Cymbal	Xylophone	Bongo-drums
Ms Antouna	Cymbal	Temple-blocks	Ms Kazakaïou's chair
Sarah's chair	Metallophone		Chime-bells
	Bongo-drums	Bells	
Door		Pamina	Window
		Ms Lovari	Synthesiser
	Sarah	Base-drum	Tambourine
	Piano Anthi Agrotou	Gong-tambourine	Ms Kazakaïou - Camera

Transcripts of the excerpt from the session:

Background Sarah has been walking or standing in the area between the piano and the metallophone, vocalising a lot towards the group from smiling lips.

Jenny has been sitting in her usual way and making a lot of *loud autistic vocalisations*, but also singing some phrases.

Pamina wheeled in front of the synthesiser and stayed there, thus having her back turned against the group. At times she was hyperventilating, and also turning towards the sounds behind her.

8.10

Ms Lovari has gone to the synthesiser, as she felt that Pamina's insistence to stay there may have been related to her desire to listen to the synthesiser.

Ms Lovari starts playing some phrases on the synthesiser.

Sarah, who has been standing by the side of the piano and leaning on it, instantly starts to vocalise, and her vocalisations turn into screams in no time.

Ms Antouna and Ms Demetriou play some bongo-drum and metallophone phrases for Sarah.

Pamina turns her head towards Sarah, while hyperventilating, seeming to be disturbed by Sarah's screams - probably an intrusion to her desires.

When Sarah's screams wane, she assumes a serious facial expression, often passing her fingers from her nose very rapidly; or she retains her stereotype smile.

Her screams, however, are a blend of her repertoire so far: they are partly louder complaining-sounding vocalisations, partly *mock laughter* and partly wailing cries; in fact, she seems to be shifting from the one to the other, this shift being determined by the amount of force she exercises on her vocal outlet. And the latter seems determined, in this case, by the amount of involvement expressed by Ms Lovari towards Pamina.

Thus when Ms Lovari plays very little or pauses, the force of Sarah's vocal outlets wanes, receding to complaining-sounding vocalisations; when Ms Lovari plays more for Pamina, Sarah's vocalisations become wailing cries. Later in the excerpt her wailing cries will also be her reactions to Pamina's beater-drops.

9.10

Pamina's face looks angry now, when she retains for some seconds her glance turned towards Sarah. She

still hyperventilates. Then she turns towards the synthesiser.

Jenny has been swinging her head and makes some vocalisations that could be a kind of *mock laughter* on her behalf.

9.28 Ms Lovari starts playing the tambourine, also offering the beater to Pamina, who throws it onto the tambourine.

There are some brief, soft xylophone phrases played by Ms Demetriou.

Sarah's vocalisations become a wailing cry of even greater intensity, reminding us of her crying in the session of May 5, 1997. Her fingers are fidgety, and she sometimes passes them from her ear-lope. There are moments, however, when these wailing cries remind us of her *mock laughter* during the beater-drop, caused either by herself or by another patient, who was often Pamina.

Sarah turns her glance from me

10.32 towards Jenny, who is now making *loud autistic vocalisations* from her closed vocal chords, and towards Ms Lovari who keeps offering the beater for Pamina.

10.52 Sarah's cries become even more intense, as she sees Ms Antouna walking close to her.

Then she turns to see Pamina dropping the beater and her cries become excruciating.

Jenny continues her *loud autistic vocalisations* from her closed vocal cords.

Ms Kazakaiou whispers to Ms Lovari to kneel close to Pamina, but she does not receive the message.

11.32 Pamina plays a cluster on the synthesiser through placing there her elbow.

- 11.54 Then she receives the beater from Ms Lovari and places it carefully onto the tambourine, thus showing us how much control she can have.
The beater rolls on the tambourine and drops on the floor and Sarah screams intensely.
- 12.06 Pamina's next entry seems to be a carefully on-purpose drop of the beater onto the floor, as she turns her glance towards Sarah and holds it so as to avoid dropping it onto the tambourine.
Sarah continues her excruciating cries.
- 12.17 Pamina's next entry is a careful placing of the beater onto the tambourine - again showing us how much control she has of the beater's direction and so, when she does throw it to the floor, it is intended to go there.
- 12.26 Pamina lifts up the beater from the tambourine, turns her glance towards Sarah and drops it on the floor, carefully avoiding the tambourine. It seems quite clear that her drops on the floor are her aggressive response to Sarah's screams, felt as attacks on her. All her drops on the floor are also facing Sarah.
Jenny continues her *loud autistic vocalisations* from closed vocal chords, while swinging her head.
- 12.43 Pamina repeats the same as above. She picks up the beater from the tambourine, turns her head and glance so as to face Sarah and
- 12.47-12.55 drops the beater onto the floor in a position that faces Sarah. The same will be repeated a number of times.
Sarah's cries again become intense.

B. 34 THE SESSION OF OCTOBER 6, 1997

Ms Antouna was absent. The video-recording was taken by a carer member of another group, Ms Olympiou. The placement of instruments and position of the members during the first excerpt to be transcribed were the following:

	Jenny's chair Ms Demetriou	
	Cymbal Xylophone Bongo-drums	
Ms Lovari		Temple-blocks Ms Kazakaiou
Sarah's chair	Metallophone	Bells Chime-bells
	Bongo-drums	
Door		Window
		Pamina Synthesiser
	Sarah Cymbal	Base-drum
	Piano Anthi Agrotou	Gong-tambourine Jenny Ms Olympiou - Camera

Transcripts of the excerpts from the session:

3.15-6.07 *First excerpt*

Background Pamina has wheeled herself to the synthesiser, and
to the placed her wheelchair sideways to the keyboard, so as
excerpt to play with her right hand with more ease. She
which instantly starts playing the synthesiser, pressing its
begins at keys with any means she has [elbow, fingers], even
3.15 before we are all in the room to start the session. She
seems to have been ready for it for a long time; so her
thoughts were clear and organised and her

determination to play the synthesiser must have been preconceived and worked through.

Sarah has walked near the piano and soon stands behind it, from where she observes all members with her stereotype smile and making some vocalisations.

Jenny has sat next to the camera, in the chair reserved for the person taking the video-recording. She is holding her beater and is generally quiet, apart from some *soft autistic vocalisations*.

3.18 Pamina plays the synthesiser with the elbow of her right hand.

Ms Lovari plays a metallophone glissandi.

3.24 Pamina stretches her left hand over the synthesiser buttons, having first pressed the keys with the elbow of her right hand.

I enter a soft piano phrase.

Soon the piano's, the metallophone's and the xylophone's open and soft phrases give a soft support-base for Pamina's synthesiser clusters, clusters that she sustains between one entry and her next one.

At the same time the phrases of the carers and myself are non-directive and do not keep a theme; in this way they leave her a larger span of musical space, in which to explore her own sounds. Thus our phrases are a *sound canvas* onto which she can enter anything she likes. At the same time they provide a context for her clusters, so that her clusters fall into a meaningful musical whole.

Thus we use a combination of the *sound canvas/contextualisation* techniques: the open, soft phrases are both the *sound canvass* and the *binding text*. They are the *binding text* in one further specific

sense: they are formed on a pulse that follows Pamina's pulse, transmitted through the timing with which she re-enters her phrases. In fact, this pulse is the *leitmotiv* of the music's *binding text*, i.e. in this case it is not a *rhythmical leitmotiv* but a *temporal leitmotiv*.

3.39 Pamina tries to press the synthesiser buttons with her right hand's fingers, before playing again a sustained cluster with the elbow of her right hand.

By now there is a fairly constant tempo in the timing of the entry of her clusters.

Ms Kazakaiou adds to our support-base with the bells.

3.54 Pamina continues to play with her right hand's elbow, when she stretches her left hand over the synthesiser keys, seeming to wish to play with both hands.

4.01 She repeats the same as above, succeeding in touching the keys with her left hand's fingers.

4.29 She succeeds in putting her right hand's fingers onto the keys and press them with her fingers.

4.33 Then she plays with the elbow of her right hand, so as to have the ability to move her left hand's fingers onto the synthesiser button. She presses with her left hand's fingers the "scream" button.

4.49 She succeeds in playing a single note with the fingers of her right hand.

She continues to play mostly with the elbow of her right hand.

Ms Demetriou adds some soft bongo-drum phrases.

5.18 Sarah, who has been observing from behind the piano, starts a series of belches.

5.53 While the same music continues in the way described above, Pamina makes repeated attempts to bring her left hand onto the keys.

6.04-6.07 Pamina stretches her right hand, so as to touch other synthesiser buttons [the volume buttons].

14.30 - Second excerpt

17.36

14.30 The carers and I continue to provide a *sound canvas/contextualisation* of Pamina's synthesiser phrases, which are still continuing without interruptions as in the first excerpt. There is a rhythmical liveliness now added through temple-block phrases, played by Ms Kazakaiou.

Sarah and Jenny are in the same position as before. Jenny has a rather sad facial expression.

Sarah's vocalisations, as she looks around and fiddling her fingers, seem to me as complaints for not getting the larger dose of attention herself, as well as expressions of jealousy for Pamina' skills.

14.35 Pamina re-enters a sustained cluster on the synthesiser.

14.51 Pamina plays a sustained cluster with the elbow of her right hand.

Then I see her bringing her left hand's palm near her mouth, seeming ready to play a combination of repertoires: synthesiser phrases and her *mouth repertoire* at one and the same time, the first with her right hand and the second with her left hand.

15.01 So I continue the piano phrases with the theme that I often play to accompany or remind Pamina of her *mouth repertoire*.

- 15.05 Indeed Pamina does create a phrase of her *mouth repertoire* over her left hand's palm.
- 15.14 Sarah belches turning her glance towards Ms Demetriou and Ms Lovari.
Pamina plays a cluster on the synthesiser with the elbow of her right hand.
- 15.32 Then Pamina lifts her right hand from the synthesiser and continues only with her *mouth repertoire*.
Sarah continues with some more vocalisations, before belching again, while looking at the camera. Her belch may have been precipitated by Jenny's noise, as
- 16.01 Jenny gets up and walks in the room.
While Pamina still continues her *mouth repertoire*,
Jenny gets a beater from the xylophone and gives it to Ms Lovari. Then she tries to take Ms Demetriou's beater, but Ms Demetriou holds fast to her own beater.
- 16.35 Jenny then sits on her own chair and
- 16.37 Sarah belches.
- 16.49 The carers and I bring the music to a pause.
- 16.53 Sarah belches again.
- 16.55 There is a pause from Pamina and the carers and I restate some of our support phrases as before.
Then Pamina faces Ms Kazakaiou, having placed the palm of her right hand over her mouth and seeming to be desiring a clear dialogue communication through her *mouth repertoire*.
- 17.13 The carers and I reduce our phrases, so as to highlight the dialogue between Pamina and Ms Kazakaiou.
This will continue until the 21.43 minute, when Pamina starts her synthesiser phrases again. It is important to note that in this dialogue no-one of the interlocutors gives an accurate reflection of the other's phrases.

Being now in a more developed state, Pamina functions as a communicative partner while her carer's responses are formed as a separate part; and Ms Kazakaiou, as a good-enough parent, feels that it is now appropriate for Pamina to experience her as a separate person.

17.17 For example, Pamina creates two quavers, followed by one crotchet and the *accentuated crotchet*, and

17.21 Ms Kazakaiou reflects Pamina's *typical theme* on the temple-blocks.

17.27 Then Pamina creates two quavers, followed by one crotchet, and

17.31-17.36 Ms Kazakaiou again reflects Pamina's *typical theme* on the temple-blocks.

Sarah belches.

23.20 - Third excerpt

30.26

Background to the excerpt Jenny could not tolerate to stay longer in the room, and she pulled Ms Demetriou to leave on the 21st minute. It seems that part of her frustration was the fact that Ms Demetriou was playing for Pamina's phrases; for she first wanted to get rid of Ms Demetriou's beater.

23.20 Ms Kazakaiou has gone to the Chime-bells and started soft phrases.

Sarah vocalises and then belches.

I add some soft vocal parts to the music.

Pamina hyperventilates.

23.43 Then she succeeds to touch the synthesiser keys with her right hand's fingers by lifting up her elbow.

23.49 Ms Kazakaiou repeats a falling phrase on the Chime bells, in an effort to invite Pamina's encouragement,

- 23.57 Pamina makes a hiccup.
- 24.10 Pamina makes a clear effort to play with the fingers of her right hand, and succeeds to do so by lifting up her elbow. She tries to play precise phrases that include single notes; by "precise phrases" it is meant that she is not interested in scattered notes and clusters, but in coherent phrases which consist of a meaningful array of notes.
- She repeats playing brief phrases in this way throughout the excerpt that follows. Furthermore, by now, one phrase of hers is followed immediately by another; it seems that she has felt confident enough by now, so as to collect all her energy and concentration on what she is doing.
- 24.47 After reflecting on the piano one of her longest phrases, Pamina hyperventilates and I try to soothe her with soft melodies and a base tempo that follows her "breathings in and out". The music includes pauses.
- 25.10 We share the same tempo - the tempo of her breathings in and out - and with her elbow she plays two crotchets during the sustained notes in the piano, that fall exactly within the music's tempo.
- 25.19 Pamina repeats the same as above.
- 25.37 Pamina continues her playing, pressing the keys with her fingers, in the manner described previously.
- 26.14 Pamina embraces the synthesiser and then hyperventilates.
- By now I feel that I can create a theme, without interfering with Pamina's musical thoughts; I feel that a theme by this time in the session, may stimulate Pamina's gigantic efforts even more, and support her, when she suffers anxieties expressed by her

hyperventilation.

The carers are contributing their own separate phrases to this theme very musically. They are all forming separate, but harmonic parts.

26.54 Jenny returns into the room, and Sarah vocalises.

In the meantime Pamina makes even greater efforts to play single notes or include single notes in her phrases, and she mostly succeeds.

Jenny makes some *loud autistic vocalisations* [te-te-te], which get included in the music.

Sarah starts vocalising in bursts and pauses.

27.14 Pamina swings her body backwards and forwards before
27.26 re-entering her following phrases in the same way as before.

27.40 Jenny enters softly some of her vocalisations [te-te-te] and these are included in the phrases shared by the carers and myself.

28.13 The same happens as described above.

28.29 The same happens as described above.

28.39 Sarah belches.

28.47 Jenny enters softly some of her vocalisations [te-te-te] and these are included in the phrases shared by the carers and myself.

After making some vocalisations,

29.29-30.26 Sarah belches.

Then she makes some complaining-sounding vocalisations.

We end the piece when Pamina stretches her hand to get the Chime-bell beater from Ms Kazakaïou's hands. She drops it once and stretches to take it again. Until this moment, her concentration onto her synthesiser playing has been continuous and uninterrupted since

the 21.43 minute. In fact, it has been continuous since the very beginning of the session, and only interrupted it once, so as to create her *mouth repertoire*.

APPENDIX C

TRANSCRIPTS TAKEN FROM THE FREE-DISCUSSION GROUP MEETINGS WITH THE CARERS

*Submitted by Anthi Agrotou
as part of a thesis for the degree
of Doctor of Philosophy*

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**The University of Sheffield
Department of Music**

Submission date: May 1998

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TABLE OF CONTENTS

Title of thesis	ii
Introduction to Appendix C	iii
C. 1 The session of September 18, 1995	1
C. 2 The session of October 2, 1995	7
C. 3 The session of October 9, 1995	21
C. 4 The session of October 16, 1995	46
C. 5 The session of November 13, 1995	54
C. 6 The session of December 4, 1995	84

Title of thesis:

**PSYCHODYNAMIC GROUP MUSIC THERAPY WITH
PROFOUNDLY LEARNING DISABLED RESIDENTS
AND THEIR CARERS:
DEVELOPING A THEORY AND PRACTICE FOR
THE REALISATION OF THERAPEUTIC AIMS FOR
RESIDENTS AND THE ACQUIREMENT OF
THERAPIST'S SKILLS BY CARERS**

INTRODUCTION TO APPENDIX C

Appendix C consists of transcripts of some of the *free-discussion group meetings* between the carers and myself. As an example, it includes transcripts from six such sessions, which took place between September and December 1995. The choice was limited to the period when I decided to tape-record the discussions, so that I could give an accurate record of the conversations that took place. Also, the months September to December 1995 constitute a middle period in the group's life: The carers are at a stage when they are struggling to give up some of their older notions concerning the residents. In this way, this sample is characteristic of the way their changing attitudes were facilitated to be born. It gives a flavour of their process that started with them defending themselves against the meaning of the patients' signals towards developing greater insight and understanding.

The transcripts are a translation of the selected dialogues and include a column in bold letters that forms a commentary on the content of the corresponding dialogue of the other columns. A dotted line refers to material that is omitted for the sake of clarity, because of not being directly related to the themes of the corresponding discussions. Three dots at the end of a member's entry mean that s/he is interrupted by the next interlocutor. Three dots within a member's entry mean that s/he falls into silence for some seconds.

C. 1 THE SESSION OF SEPTEMBER 18, 1995

Ms Antouna, Ms Demetriou, Ms Kazakaiou and Ms Koula, the carer who took the film, were present.

Ms Antouna	Sarah remained a bit...	<i>Ms Antouna is</i>
Ms Demetriou	Pensive...	<i>concerned</i>
Ms Antouna	Not pensive.	<i>with the fact</i>
Ms Kazakaiou	Sarah was initially communicating with Anthi.	<i>that she feels Sarah</i>
Ms Antouna	It was as if she was rejecting us today. You see, as soon as we said that it's time for the goodbye song, she instantly got up.	<i>rejecting her.</i>
Ms Kazakaiou	As soon as we came in, Sarah was making some sounds and when Anthi was playing them, Sarah was repeating her sounds.	
Ms Antouna	Yes, but not one movement ... she made no movement, all along she stayed in the same position. Only once or twice she stretched her hand towards mine and I gave her my hand, but she didn't move to take it, she didn't move to take a beater [from my hand] and play ... she was just observing. I don't know whether it was because Jenny was sitting there [at the piano].	
Ms Kazakaiou	Jenny didn't take much part either, so there was no reason [for Sarah to participate].	<i>The carers point out Jenny's</i>

Ms Antouna Yes, but Jenny was taking Sarah's space all the time, because she stayed all the time [at the piano]; it's the place that Sarah likes to go to... to the piano. Jenny didn't come once near Ms Demetriou. ***withdrawal and non-participation.***

Ms Demetriou She didn't come near me last time either.

Ms Kazakaiou How could you expect her to come close to you, having put on her that track-suit! ***The carers are aware of the impact of putting on Jenny a tight and small outfit.***

Ms Antouna The track-suit was very small, because they had to find something very quickly. It was so tight, she couldn't walk.

Anthi Agrotou She must have felt angry about that.

Ms Demetriou Yes, certainly. That's why, you see, she didn't come close to me once.

Anthi Agrotou I felt something being passed from one patient to another. At the very beginning Jenny urinated here in the room; perhaps that was a way of communicating to us that she was rejecting us; this is a possible hypothesis... ***Ms Antouna reacts against my interpretation that Jenny's micturition in the room can be a communication of rejection.***

Ms Antouna I believe that it was her time to go to the toilet.

Anthi Agrotou It was her time for the toilet!

Ms Antouna Yes, and it was, perhaps, our mistake that we didn't take her to the toilet before coming here; because the children had just had

their drink, and perhaps we should have taken her to the toilet.

Anthi Agrotou Yes. Sarah showed perhaps some ***I bring back rejection to what you were doing; I think that she didn't turn much to you [to Ms Antouna].***

Ms Antouna No, only once or twice.

Anthi Agrotou Jenny communicates a rejection by not going close to Isabella [Demetriou] and towards me: she pushes me away from my chair at a certain point - she basically wanted to get me out of my position...

Ms Demetriou Yes, yes!

Anthi Agrotou So perhaps it was a general ...

Ms Demetriou They were against us.

Anthi Agrotou It was a general experience of rejection.

Ms Antouna Pamina found a space to move with comfort, she went near everyone; she may not have responded to the invitations, but she was present. ***The carers defend themselves against***

Ms Demetriou At the beginning she responded: when Despo [Kazakaiou] made some sounds at the beginning ... ***Pamina's anxiety and interrupt the***

Ms Antouna She turned and looked at her... ***discussion***

Ms Demetriou Yes, she turned and looked at Despo [Kazakaiou]. ***about rejection.***

Ms Antouna She was not hypotonic, she was good today; she simply didn't participate [actively].

All [Few seconds of silence].

- Ms Antouna This stance of Sarah, if it continues in the next session let's say, should we *leave her like that*, until she should come forward on her own? [Her voice inflection indicates a desire to intervene and change Sarah's attitude].
- Ms Antouna *wishes to intervene and change Sarah's rejecting attitude.*
- Anthi Agrotou She will come forward on her own. Already today we did so many things with her sounds, we all played to her sounds - Isabella [Demetriou], and you and all of us did; most of the session concerned Sarah's sounds in expansion and repetition - which is the way we tell her "I'm accepting you"; until she herself returns by her own initiative. It's natural that they regress; it's natural that they go through phases of rejection and regression. But we need to think that a holiday period has just preceded.
- Ms Antouna *I try to appease Ms Antouna's fears and remind the carers of the impact of the preceding holiday period.*
- Ms Antouna We have to say that Sarah suffered epileptic fits these days - last week, to be precise; and her fits are very strong.
- Anthi Agrotou Yes... What I wanted to say before is that a holiday period has just preceded, and in the last session Sarah came in and found her chair occupied by Jenny; these are issues that may have prompted ...

Ms Kazakaiou That justify...

Anthi Agrotou Yes, that justify her attitude; particularly as she's a person so fragile. But she will return, I'm sure.

All [Few seconds of silence].

Anthi Agrotou How often does she have epileptic fits?

Ms Antouna Very rarely, but they are very strong. **The carers bring in**

Ms Kazakaiou Her whole body becomes curved. **information**

Anthi Agrotou Is that so? **about Sarah's**

Ms Kazakaiou At other times they used to take her **epileptic fits.**

to the hospital and give her intravenous injections. She had a fit and her body remained curved for five-six days; it was bent when she was walking, it was bent all the time. This happened three weeks ago.
.....

Excerpt of some comments made while watching the first fifteen minutes of the video-recording of the session. The numbers in italics refer to the parts of the session that are commented on and described in Appendix B. 11

Ms Kazakaiou Why is Pamina breathing like that **The carers**
[10.28 - 11.43]? **are**

Ms Demetriou It's as if she wants to say something, **questioning**
as if she wants to talk. **the meaning**

Ms Antouna Perhaps it's her way of rejecting us. **of Pamina's**
hyper-
ventilation.

C. 2 THE SESSION OF OCTOBER 2, 1995

Ms Antouna, Ms Lovari, Ms Kazakaiou and Mr Loizou were present.

- Anthi Agrotou This was a session that would be better studied through the video. ***The carers are***
- Ms Lovari Why? ***facilitated to***
- Anthi Agrotou I feel that there were a lot of things there. ***feel the emptiness in***
- Ms Antouna Yes, Jenny was angry, there was Pamina's glance, there was Sarah... ***Pamina's circles.***
- I have a query ... Why is it that Pamina always looks sideways? Pamina doesn't look straight... as if she's looking at you with an indirect glance.
-
- Anthi Agrotou This thing that Pamina starts at some stage - she used to do it in the past, and I felt it more intensely today - that she makes circles with her wheelchair...
- Ms Kazakaiou Mm, yes.
- Ms Antouna Her presence was intense today
- Anthi Agrotou This was very intense today. What does it make you feel?
- Ms Kazakaiou That nothing exists?
- Anthi Agrotou Yes, that nothing exists.
- Ms Kazakaiou She was going towards those things [the instruments] and she threw them to the floor ... she was angry today. ***The carers are aware of the patients' anger:***

- Anthi Agrotou Yes, she was angry. **Pamina's**
- Ms Antouna Did she *throw* them to the floor? I **aggression**
 didn't understand - was she **towards the**
 intending to throw them or to play **instruments;**
 them?
- Ms Kazakaiou No, she was very angry today - I
 don't know - that's what I
 understood. She grasped them and
 made that kind of movement that
 caused the instruments to topple;
 and then she repeated *the same*; she
 grasped them very persistently and
 removed them from their place.
- Ms Antouna All three were angry today. Ever **Jenny's**
 since the moment that I sat down **aggression**
 near Jenny, Jenny was seeking for **towards Ms**
 opportunities to bite me, to pinch **Antouna and**
 me. She took my finger and she **Ms Lovari.**
 firstly wanted to put it inside her
 nose, and because I was reacting to
 that and pulling it back, she took
 my hand and bit it and then she
 repeated this...
- Ms Lovari She took *my hand* also at some
 stage, in order to bite it, and then I
 took her hand and stroke it and she
 calmed down.
- Ms Antouna The moment that you were padding
 her, she turned and pinched me.
- Ms Lovari Did she pinch you too?
- Anthi Agrotou She's angry with you [to Ms
 Antouna], because you give your

attention to Sarah.

Ms Lovari Yes, possibly.

Anthi Agrotou Let's think of each patient in turn. Pamina ends up doing these circles, which Despo [Kazakaiou] says: it's as if she has nothing, as if nothing exists ...

I focus the discussion on Pamina's state of desperation and nothingness.

Ms Kazakaiou Yes, that's how I understood them...

Anthi Agrotou The truth is, if you were to see a child walking in never-ending circles, it means that it's very desperate, desperate because there's nothing it can do; this feeling of desolation, of nothingness.

Ms Kazakaiou At some stage she came to the synthesiser, when I was there, and she wheeled over me; and Pamina is someone who's aware of objects around her: when there's something in front of her, she rolls her wheelchair backwards, so as not to hit it. And she came *there in the corner* and wheeled *over me!*

Ms Kazakaiou expands on how she experienced Pamina.

Anthi Agrotou Yes... As if you didn't exist either, as if nothing existed.

Ms Kazakaiou Yes, she was angry with me too.

Anthi Agrotou This was one of the issues today. There were a few connected feeling areas that we lived through today, difficult areas; that's why this session is an important session to study in detail.

I point out that the session contained difficult feeling areas.

Ms Antouna In the meantime, the moment that Pamina threw the instruments to the floor, Sarah was laughing. ***The carers divert away from Pamina's anger and deny Sarah's horror.***

Ms Lovari She liked it...

Ms Antouna Yes she liked it that they fell to the floor. ***deny Sarah's horror.***

Anthi Agrotou Yes... So it was this feeling coming from Pamina, which was very difficult, I think; and that from Jenny which annihilated everything ... and that of Sarah who disclosed what she was going through: this issue of wanting to belch is beginning to make more sense today. ***I bring the discussion back to the difficult areas coming from all three patients. I focus on Sarah's belching.***

Ms Kazakaiou It was as if she wanted to vomit, rather than belch. ***The carers explore Sarah's belching by themselves, but only call it "this thing".***

Ms Antouna And she was looking at Maria [Lovari] from the time she came in until the time she left ... persistently.

Ms Lovari Continuously!

Ms Antouna It was only a few times that she turned to look at others, but towards Maria [Lovari] she was looking persistently, and she was also doing this thing [belching].

Anthi Agrotou In previous sessions was she looking towards Isabella [Demetriou] when she was doing this thing [belching]?

Ms Antouna No, last time it was *towards me* that she was looking, when she was

- doing it.
- Ms Kazakaiou Sometimes I see her looking towards me, but she's smiling, she isn't ... **While exploring**
- Ms Lovari Towards me also, sometimes she was smiling, at other times she was doing this thing... **Sarah's belching, the carers become**
- Ms Antouna The first time that she did it, you remember, we said that it was something negative. **anxious and talk simul-**
- Ms Lovari I can't understand this feeling ... What is it that she's feeling, so to speak? **taneously or quickly one after the other. The**
- Anthi Agrotou It's as if she wants to vomit. **pace of their**
- Ms Lovari Yes, but why, why would she want to vomit? **talk is fast.**
- Ms Antouna But look, she doesn't do this thing [only here] ... she may do this thing in the bathroom, in the playroom ...
- Ms Kazakaiou But Christina [Antouna], she does it in the playroom, when there's something, when someone enters ... except from Yiannakis [the institution's bus driver and a father of a resident] to whom she smiles... Or when you place something ...
- Ms Antouna She *laughs intensely* and then she does this thing... **The carers connect**
- Ms Kazakaiou Yes, or when you place something, like a toy, in front of her... **Sarah's belching with**
- [From this point until my next intervention they almost all talk simultaneously]. **her laughter.**

Ms Lovari	Perhaps it's displeasure...	
Ms Kazakaiou	It most likely is displeasure ...	
Ms Lovari	I can't understand it ...	
Ms Antouna	But the fact that she has no voice to do something, how would you expect her to do it ...	
Ms Kazakaiou	Because she can laugh ...	
Ms Lovari	And she's at the same time laughing to you and doing this thing ... You can't understand if it's pleasure or ...	
Ms Antouna	And her laughter isn't [always] the same. You can't understand if it's pleasure or ...	
Ms Lovari	Rejection ...	
Ms Antouna	Or rejection.	
Anthi Agrotou	I think it's rejection.	My
Ms Lovari	Should it be rejection?	interventions
Ms Kazakaiou	When she laughs, she really laughs ...	are few and only repeat
Ms Lovari	Her laughter is pleasure. There are people she sees and laughs, she gets excited ...	what they themselves had already
Ms Kazakaiou	It's at other times that she does the two things together.	said.
Ms Antouna	But her laughter is not soft.	
Ms Kazakaiou	She sometimes does her laughter [on its own], and at other times her laughter together with this thing... which means that the latter is displeasure, while the former is pleasure...	The carers' discussion

All [Silence before Ms Kazakaiou **ends with a comment on** continues].

Ms Kazakaiou In any case, truly, today was a **disappoint-** disappointing day. **ment.**

Anthi Agrotou What's important is to see what **I relieve their** each one brings along. It's simply **disappoint-** that today they brought along a lot **ment by** of heavy stuff. **focusing on**

Ms Kazakaiou Yes. **the patients'**

Anthi Agrotou It's good that they did bring such **clearer** issues to the session. **communi-**

Ms Antouna The fact that they disclosed such **cation of** issues. **difficult**

Anthi Agrotou The fact that we understand these **areas.** issues better means that they're disclosing them in a clearer form.

Ms Antouna Perhaps it's things that they can't do **The carers** among the multitude, but here, **compare the** because they feel that the space is **patients'** their own, they can do such things **behaviour** more safely. **inside and**

Ms Kazakaiou This is their own space. **outside the**

Ms Lovari But they do these things in the **sessions.** playroom as well. **They are**

Ms Kazakaiou But *we* don't see these things in the **aware of the** playroom. **safety the**

Anthi Agrotou They know that here there exists the **patients feel** space for them to be heard, that **in the music** what they do, is listened to. This is **therapy room.** the difference.

Ms Antouna When Jenny got up to leave, that **The carers** was the moment that Sarah began **talk freely**

to participate more. She was pulling my hand, but I wasn't paying attention. **about their detailed observations.**

Ms Lovari Perhaps that's why she got angry.

Ms Antouna Yes, I think because I didn't listen to her and didn't agree to take her and leave ...

Ms Lovari She displayed ...

Ms Antouna As soon as she came and sat down ...

Ms Lovari She began to pinch and bite, and was pulling our hands to bite them.

Ms Kazakaiou Sarah also showed signs of feeling nervous, she was doing this all the time [fiddling with her fingers].

Anthi Agrotou She frequently does this fiddling with her fingers. For sure, it's something that indicates that she's not feeling comfortable.

Ms Kazakaiou Even when she wanted to scratch her body, she used both fingers and they were fiddling with each other [laughs].

Anthi Agrotou The fact that she belches, that she farts - something that she's been doing during the last two sessions ... **I focus on Sarah's air evacuations from her body.**

Ms Antouna Yes, indeed!

Anthi Agrotou These evacuations from her body outwards, what are they?... They're all aspects of the same issue, they're a part of Sarah's personality... They're an amalgamation of one

thing.

Ms Lovari Is it fear? She's still buttoned up, she hasn't let herself free.

Anthi Agrotou She seems free enough to do such things. There is some space of freedom ... **The carers divert to Sarah's**

Ms Antouna This is exactly why she's doing them, I think, because she feels that she's free. **mannerism of throwing the beaters in the**

Anthi Agrotou I think she lets out more freely ... **music**

Ms Antouna Why ... when you place something in front of her in the playroom, does she pick it up and throw it away? ... Does Sarah throw things away in her playroom? **therapy room and compare it with her behaviour outside that**

Ms Kazakaiou Only her teddy-bear [she picks up] and she holds very tight. **room. They express their**

Ms Antouna But another toy or her plate, or her glass that we place for her to drink water, does she throw any of these things to the floor? **awareness at how little they notice the residents**

Ms Kazakaiou No. **outside that**

Ms Antouna She only does it here, doesn't she? **room.**

Anthi Agrotou It may be part of a feeling of rejection ...

Ms Antouna Is it perhaps that in the playroom we'd reprimand her, say to her, for example, "Sarah, why have you thrown your plate away?"

Ms Kazakaiou Or because we may tell her nothing at all ... it may pass unnoticed by us, with indifference.

Anthi Agrotou She knows that here we'll ***I emphasise***
 concentrate at what she's doing. ***the benefits of***
 Nobody will tell her either to do ***our stance***
 something or not to do something ... ***that doesn't***
 Ms Antouna That's what I wanted to say, it's ***criticise.***
 because she feels free that she's
 doing it, not because she's buttoned
 up... Now she's learned to leave her ***Ms Antouna***
 teddy-bear in the playroom, before ***notices the***
 coming to music therapy. Today, ***progress in***
 she was holding her teddy-bear, ***Sarah***
 when I went to call her for music ***needing less***
 therapy, and I told her: "Sarah, ***her teddy-***
 leave it here and you can pick it up ***bear when***
 again when we finish music ***coming to***
 therapy"; and whilst in the past ***music***
 she'd react to this and keep turning ***therapy than***
 back to see where we had placed it, ***in the past.***
 today she came easily without such
 a worry about her teddy-bear.

Anthi Agrotou All these things go together. The ***I bring back***
 fact that she's belching and farting ***the***
 here are all communications of her ***discussion on***
 rejecting a part of herself; it appears ***Sarah's air***
 that she's rejecting another, but in ***evacuations***
 fact she's rejecting her own self. At ***and clarify***
 the same time, today she was not ***them as***
 simply throwing the beaters ***communi-***
 randomly to the floor; she was ***cations about***
 leaning her body on the ***rejecting a***
 metallophone and saw to it, that ***part of***
 most of them fell on the ***herself. At***

	metallophone keys.	<i>the same time</i>
Ms Antouna	Yes. This went on for a long time... as if she was supporting herself on the metallophone.	<i>I emphasise, and connect it, with her</i>
Anthi Agrotou	She had the confidence to support herself on the metallophone, but also, from that position, when she'd drop the beater, it wouldn't fall to the floor, but would stay on the metallophone and make a sound; and that sound was not very different from her vocal sound. This sound was <i>also</i> a part of Sarah's personality.	<i>choice to support herself on the metallophone, so as to cause the beaters to stay on the metallophone keys and create a</i>
Ms Antouna	This movement, to lean on the metallophone and stay there, she's never done it before.	<i>sound that stays.</i>
Anthi Agrotou	No.	
Ms Antouna	And she didn't need to lean on something, as a support for her to stand up.	
Anthi Agrotou	No. It was a way that she found, so that things would stay here, the sound would stay here. So, on the one hand her feelings of rejection are clearer, but, on the other, her need to keep things for herself is <i>also</i> clearer ... so that things stay, let's put it like that ... so that they don't go away. I often encounter this with patients, that something is clearer as a "negative" feeling - the	

word "negative" being in inverted commas - while at the same time something "positive" happens - I put both words, "negative" and "positive" in inverted commas" because the meaning is not that there're negative and positive feelings.

All [Silence for eight seconds].

Anthi Agrotou Because these issues were very strong, I think that we needed to acknowledge them.

Ms Kazakaiou Mm.

Ms Antouna Yes.

Ms Lovari Mm.

Anthi Agrotou And in such a session as today's we needn't have played much ... just to stay with these feelings... I've lived very strongly these issues coming from Sarah, Jenny's indifference, which was an aggressive indifference about everything here, and Pamina's desperation, as she was driving herself in never-ending circles. I was looking at Despo [Kazakaiou] and wandering how she was *feeling* about this person next to her, who was wheeling herself around continuously, wheeling herself around nothingness. I think it was a very difficult feeling.

I sum up the three difficult areas coming from the three patients and the need to acknowledge them.

Ms Kazakaiou I experienced very much this feeling of nothingness, that nothing exists.

Ms Lovari	That nothing is worth living for.	
Anthi Agrotou	That's why it was a difficult session; because these issues were stronger. We experienced these three areas in full measure and weight; there was nothing to make us escape from them, like a voice or a tune or a movement from Jenny. These are issues that you live through in your work outside this room; but there, we get distracted by other things, whereas here we experienced them in full measure. I wanted us to acknowledge these feelings, so that we don't forget them. They form aspects of our job's anxieties, because we all work with people with such difficult predicaments.	I acknowledge the difficulties in all of us who work with such handicapped people.
Ms Kazakaiou	Among the three of them, who is the most intelligent? ... It's Pamina. [She laughs gently].	The carers divert to "mummy's"
Anthi Agrotou	I don't know whether one can speak in those terms.	light talk and treat the cameraman
Ms Kazakaiou	I find her very intelligent.	
Ms Lovari	I think that Jenny is the most intelligent.	as an independent
Anthi Agrotou	I suppose everyone thinks the same about her allocated patient.	"daddy".
Ms Lovari	What does Christina [Antouna] think?	
Ms Antouna	No, no ... it's Sarah.	
All	[All laugh].	

Ms Antouna Sarah showed more signs of intelligence. She's also played the piano.

Ms Kazakaiou Jenny has also played the piano.

Ms Lovari Hey, Louis [Loizou], you who're independent here, you tell us, who's the most intelligent.

Ms Kazakaiou Louis [Loizou], who's the most intelligent?

Mr Loizou All three of them are the same.

Ms Lovari Come on Louis [Loizou], now you've really informed us!

All [All laugh].

Mr Loizou Why, I see all three of them as being similar.

Ms Kazakaiou The fact that Pamina is so careful and manipulates her wheelchair with such attention, so that she doesn't hit anything, isn't that very intelligent?

C. 3 THE SESSION OF OCTOBER 9, 1995

Ms Antouna, Ms Demetriou, Ms Lovari and Mr Loizou were present. The session and the free-discussion group meeting took place after a multi-disciplinary meeting, convened to discuss Pamina's condition. This meeting was attended by the following professionals from the institution: the director, the psychologist, the physiotherapist, a carer, a nurse, and Ms Demetriou and myself as representing the music therapy department; among the professionals outside the institution, there were two social workers, one of whom had been working with Pamina's family.

- Ms Demetriou They [the social workers] should **The carers**
have come and see what sort of a **talk about the**
person Pamina is. **insensitivity**
- Ms Antouna Did the social worker come [to the **of the social**
multi-disciplinary meeting]? **worker**
- Ms Demetriou Yes. **during the**
- Anthi Agrotou Sometimes they don't have so much **multi-**
sensitivity awareness about people **disciplinary**
with mental handicap. **meeting**
- Ms Antouna They *should* have sensitivity **convened to**
awareness and help us have **discuss**
sensitivity awareness too... If he, **Pamina's**
who's involved in such kinds of **case.**
issues, is *not* sensitive, how *am I*, **They talk**
who's totally ignorant, supposed to **about their**
... **frustration at**
- Ms Lovari Yes, quite right! **other people's**
- Ms Demetriou It seems that the social worker [of **insensitivity**
Pamina's family] *didn't like* the fact **concerning**

that we were saying that Pamina *the patients*.
has skills, he didn't like these
things ... I don't know, of course,
whether I'm mistaken. At some
stage, when you were talking, I
turned and looked at him, and he
had such a facial expression of
contempt, as if saying ...

Ms Antouna [as if saying], "what are you talking
about!" ...

Ms Demetriou [as if saying], "these people are
pulling our leg!"

Ms Lovari [as if saying], "these people are
pulling our leg... is it possible that
this person is attending music
therapy?"

Ms Demetriou Yes, that's how *I* saw it. I may be
mistaken, but, in fact, I think that
I'm not.

Ms Lovari You know, as soon as Isabella came
out of that meeting, she said to me:
"They were laughing at us in there".

Ms Antouna Despo [Kazakaiou] was the person
supposed to have attended the
multi-disciplinary meeting; though
she had the day off, she was
intending to come in her free time;
but then she said to me the other
day: "I am not going to do this; if I
go in there and tell them what I feel
about Pamina, and talk to them
about the way I see her, they're

going to laugh at me". That's what she said.

Anthi Agrotou Now, let's think about all this. For sure, in such a meeting you don't say everything, but there're some things that you *do* communicate. Why? Because some people, among those attending, may be touched by something...

I try to support the carers in dealing with the contempt they might meet, when expressing

Ms Antouna Despo [Kazakaïou] didn't know that you were going to be there; had she known, she'd have felt differently.

some of their thoughts

Anthi Agrotou Despo [Kazakaïou], or anyone among us, is not supposed to say *everything* about Pamina in a multi-disciplinary meeting. No. One should keep some things for oneself, and what happens in the room is between us; but there're some things that one says for the benefit of the few, who can listen and may change attitude; for example, I was feeling today [in the meeting] that the physiotherapist got something out of what we said. If I can influence this person, it's very important! As for the others, even if they laugh at us, they can do no damage to us. Let them experience it like that.

concerning the patients. I also support them in their role of spreading their own sensitivity awareness towards other professionals.

Ms Lovari But, somewhere, one can be influenced.

Anthi Agrotou Why should one be influenced. It 's their own problem... The things **With my intervention, the carers express their own awareness of the need for confidentiality.**

that I don't say, are for the purpose of protecting Pamina, and *not* in order to avoid being laughed at. Because if I say more, an uninitiated carer may try to test Pamina ... whether she'll perform for them what she does here; and Pamina would feel betrayed by us, spreading outside the room what she entrusted to us here.

Ms Lovari [Here she speaks with a loud and angry voice]. That's what happened with Sarah! They heard that here she can stand on her own and walk, and they'd shout at her: "Sarah, come, let's see whether you can walk, come, come."

Anthi Agrotou That's why we need to keep confidentiality: for the patients' protection...

Ms Lovari Because they get shocked in such a case.

Anthi Agrotou That's why we keep most things here, but some things we need to communicate to others.

Ms Antouna Before we came here and started **The carers compare their past attitude towards the residents**

music therapy, when people would talk about entering the music therapy groups, we used to think similarly [to those other people

outside, who are insensitive]. **with their present stance: like the other**

Ms Lovari

We, ourselves, also used to think like that, to wonder: "Does anything happen in that room, or are they just letting time pass?" We used to feel like that, we had that impression, that we'd come here and do nothing, since these children, in reality, do nothing all day long; so what is there for anyone to do? That's why we excuse those people, who have never seen anything and do *not* know.

carers now, they also used to feel that the residents can do nothing and music therapy cannot possibly offer anything.

Anthi Agrotou

Yes.

Ms Antouna

You can distinguish between people who have a ridiculing attitude, or those, for example, who'll even bring memories of Pamina from her early years and give us information. Others might say: "Get off, so many years we're here, and we're bored with waiting for them [the residents] to do anything." We always avoid saying ... what exactly happens here; we never talk about this outside this room.

The carers talk about the difficulties they experience with the other carers not understanding their commitment to music

Ms Lovari

Yes, but sometimes they ask: "But what are you doing for such a long

therapy and their belief in

time in there. Didn't you get bored? Haven't you got tired of it? Do you have to go again to music therapy?" While we take so much pleasure in it, we hear the others talk like that! What can you reply to such people?

Anthi Agrotou Perhaps nothing.

Ms Demetriou When the social workers cannot understand you, how can you expect a carer to understand?

Anthi Agrotou One thing that I was trying to say today in the meeting was that, if Pamina has so many emotional difficulties, what must be the feelings of all those people who work not only with her, but with a whole bunch of residents who have similar difficulties... In any case, it's the same, as when we give a presentation to an audience: even if two people, among an audience, develop some sensitivity after our talk, it's worth it.

the residents' abilities.

I point out the emotional burden of the carers who work with such a community of handicapped people. I also give them courage after their disappointment from the multi-

Ms Antouna I tell you something, Anthi. It may be that the staff have a lot of problems with the director's office, but none among us had any problem with Ms Yiapana [the head director]. Many things may not happen as planned in a day, but she'll certainly see to it that we receive help to leave the playrooms

disciplinary meeting.

The carers talk about the support they receive from

and come here. Even when the *the*
institution is understaffed and the *institution's*
other carers complain, and don't *director for*
want us to leave our other duties *coming to*
and come here, she will not accept *music*
it; she'll find substitutes for us and *therapy and*
say: "No, music therapy has to take *its*
place, as programmed". In this *importance.*
respect, we have her full support
and this is very important for us.

Ms Lovari Yes. This is very important for us,
and such support we don't receive
from anyone else. Often we need to
change our shifts so as to be able to
come. She's the only one to help us
do it.

Anthi Agrotou Yes. Her support is important... I *I bring up the*
was thinking - was it a coincidence *"coincidence"*
that today we were talking about *of the multi-*
Pamina, and some moments later *disciplinary*
she comes in with so much *meeting about*
communication? *Pamina and*

Ms Antouna It may have been because of your *Pamina's*
strong desire. *achievements*

Ms Demetriou It's not a coincidence. Perhaps we *on that day.*
felt that ... I felt angry with the *With this, I*
attitude in the meeting; and when *wish to touch*
Pamina came close to me, I was *their deep*
somehow insisting, I wanted so *desire to help*
much to give her the beater. And *the residents.*
when I saw her reaching out and
saw Christina [Antouna] nodding to

me to continue, I insisted even more. Perhaps I wanted to prove to myself ... I don't know.

Anthi Agrotou To tell you the truth, you've given me a lesson today; because, if we were to follow the way we'd been working so far, we wouldn't have insisted so much...

I stress their skills in taking initiatives that carry

Ms Lovari I actually indicated to Isabella [Demetriou] to stop playing, because we'd just started the vocal piece, and during that piece we don't play anything.

such benefits and that they become my own instructors.

Anthi Agrotou How much this shows, that sometimes you have an instinct that tells you what to do, and how far to go! It's proved that, what Pamina *did* need at the end, was the kind of persistence that you offered her.

Ms Demetriou On the one hand, I saw Maria [Lovari] who indicated to me to stop playing, on the other hand, Christina [Antouna] whispered to me to continue, and I did continue. I felt that I wanted to prove - perhaps to myself, I don't know, I was influenced [by the multi-disciplinary meeting] - I wanted to prove that Pamina can do something. And in the end, something amazing happened, something that no one would

Ms Demetriou talks about her desire to prove Pamina a skilled person and disprove the contempt expressed in the multi-disciplinary meeting.

believe, if we were to talk about it.

Anthi Agrotou Fortunately it's on the video.

Ms Lovari We're not going to talk about it.

Anthi Agrotou The time will come when we shall talk about it.

Ms Lovari Louis [Loizou], have you taken the foot [Pamina's foot, when it was beating to floor, as a way of playing]? Have you filmed it well?

Ms Demetriou Louis [Loizou] is one of the group now.

Ms Lovari Let's talk about Sarah. Sarah again did the same thing [belching] she did to me last time; she did it to Isabella [Demetriou]. It seems she doesn't want another carer to be attending to Jenny.

Ms Antouna Sarah had constantly her back turned against you. She knows that you're there playing the piano. She liked it and came to you, when Pamina began participating. She was enjoying the fall [of Pamina's beater]; she was waiting for Pamina to take it, and when she was going to drop it...

Ms Lovari She was enjoying the fall [of Pamina's beater].

Ms Antouna It was as if she was looking at herself, it seems.

Ms Lovari When we started the goodbye, she again did this belching, that she did

The carers address the cameraman as one of the group.

The carers talk about Sarah's belching and her posture of having her back turned to me.

The carers consider Sarah's laughter after Pamina's beater-drop as pleasure.

At this point, they deny Sarah's horror, but

- to Isabella [Demetriou] the moment she came into the room ... she askss herself: "Why is she attending Jenny?". ***are aware of her jealousy.***
- Anthi Agrotou She's angry ...
- Ms Lovari This thing is anger.
- Ms Antouna The last bit - if you like, see it on the video - was like a lamenting cry [Sarah's last vocalisations during the goodbye song]. I don't think that it was anger, I think that it was crying. ***Ms Antouna is sensitive to the meaning of some of Sarah's sounds.***
- Anthi Agrotou We have to see the video of today's session.
- Ms Demetriou Let's bring our tissues first. ***We all turn our thoughts towards***
- Mr Loizou To tell you the truth, I was in tears. ***towards***
- Ms Lovari We were all touched and in tears. ***Pamina again and express***
- Ms Demetriou We were all in tears, Louis [Loizou]. ***how we were touched, this feeling being more clearly***
- Ms Lovari We were deeply shocked. ***addressed by the cameraman***
- Mr Loizou You know what I believed? I believed what Despo [Kazakaiou] said a long time ago. She said that this girl will walk one day on her own. Did you see, on two or three occasions, that she was trying to get up? ***first of all.***
- Anthi Agrotou Yes. While I was playing the piano to Pamina's foot-beatings, my eyes moistened, and I turned around and saw you all in tears... Many times we're in a session and we don't know what's happening or what ***I remark that the difficult sessions and***

- we're doing; and then something like this happens... ***the slow process of the***
- Ms Antouna Imagine if we didn't have the video! ***patients are***
- Ms Lovari Thank God you brought it [towards me]. ***the ground work of***
- Anthi Agrotou It's for such moments that all the other difficult moments, when it seems that nothing is going to happen, *do* occur. I mean that without all that time of difficulty and slowness, these moments would not have occurred. ***today's session.***
- Ms Demetriou What an amazing session it was!
- Ms Lovari There are some sessions when we feel: "When is this session going to finish?" Today we didn't want the session to finish.
- Ms Antouna Pamina hasn't been strongly present for a few months now; and today it was like she went back a few months. ***The carers remark that Pamina has been***
- Anthi Agrotou We'll continue our discussion, while watching the video-recording of the session in an hour's time. Now we need to go, but let's remind ourselves not to talk about Pamina outside this room, and not to disclose what happened in the session. We have to wait until her progress gets stabilised. ***withdrawn over the last months. I remind them about confidentiality.***
- Ms Antouna Firstly *we* must get stabilised, before we go outside [the music

therapy room].

Ms Demetriou I want to discuss about insistence. Is it worth insisting? Today it was proved that it was worth it. Should we insist with the others as well, or only with Pamina?

Ms Antouna It will show.

Anthi Agrotou Today there was a combination of *I clarify the issues that helped Ms Demetriou respond so well to Pamina's needs.*
your own desire to help Pamina, of the fact that you kept in your memory her history in the sessions - that exact moment when you gave her the beater was very important - and the fact that you believed in her.

Ms Demetriou It was others who made me believe in her, particularly today.

Ms Antouna No, I think the trust was yours.

Anthi Agrotou I think the trust was yours.

Excerpt of the comments made while watching the video-recording of the session. We had decided to invite the institution's director, Ms Yiapana, to participate in this meeting. The numbers in italics refer to the parts of the session that are commented on and described in Appendix B. 13.

- Ms Antouna Pamina was uneasy, but she didn't do the circles, like before [during the whole session]. ***Pamina didn't wheel herself in circles.***
-
- Ms Demetriou She didn't want to take the beaters from me. She wanted to take the beaters herself [15.24 - 16.05]. If there was a camera over the other side, you'd see her eyes: she was looking at the beaters and would then throw them. ***Ms Demetriou notices Pamina's eyes while holding the beater and her need to pick it up herself.***
- Ms Lovari Sarah started on her own and walked on her own, Ms Despo [Yiapana] and went to the piano on her own [16.14 - 16.30]. ***It's still uncharacteristic of Sarah to walk alone outside the sessions.***
- Ms Antouna Is it possible that Pamina is tired of the temple-blocks? Because last time also she chose to throw them down [16.30 - 16.32].
- Anthi Agrotou It's possible, though Pamina moves around the instruments and, therefore, has more choices.
- Ms Demetriou You see *here*, she's observing the beater carefully [16.49 - 17.00].
- Ms Yiapana Jenny doesn't participate.
- Ms Lovari Perhaps because the others are more active here.
- Ms Demetriou At some stage, Jenny gets up and shows her hand, lifting it up. This was like saying: "Look, I'm above all the others". You'll see it later [24.51 - 25.57] ***The carers comment on the manner that Jenny lifted her***

Ms Antouna	She wanted to show her hand to Anthi.	<i>hand towards the end of the excerpt.</i>
Anthi Agrotou	Look here, Pamina aims at dropping the beater on the instrument [17.31 - 17.37]	
Ms Lovari	Sarah gets excited at what Pamina is doing.	<i>The carers interpret</i>
Ms Demetriou	Look at Jenny [17.37 - 17.40].	<i>Sarah's mock</i>
Anthi Agrotou	It's a way of giving space to others.	<i>laughter as</i>
Ms Antouna	Look how Pamina is slowly trying to re-position her body [on her wheelchair], as if she had an intended desire to play with her foot [20.02 - 20.13].	<i>excitement. Comments of detailed observation and emotion about</i>
Ms Lovari	There we were all crying Ms Despo [after Pamina's first "foot-beating" phrase]; because this is the first time that she did something like this; never before [20.43 - 20.57].	<i>Pamina's "foot-beating" repertoire.</i>
Ms Yiapana	I also see this for the first time.	<i>The director</i>
Ms Lovari	And then she would repeat it.	<i>validates that</i>
Ms Yiapana	And then she's asking for the tambourine [20.57 - 21.06].	<i>Pamina's "foot-beating</i>
Anthi Agrotou	Then she returns to the tambourine. She comes back with her foot, and then she moves near Ms Lovari, so as to get hold of the beater [21.06 - 21.16].	<i>repertoire" is new.</i>
Ms Lovari	It would have been good, if we had another camera, so that we could see Sarah's response [facial response to Pamina's playing].	

Ms Antouna	During the time that Pamina was doing her foot-banging, Jenny was doing a similar rhythm with her hands as Pamina with her foot.	
Anthi Agrotou	Pamina is also teasing us, delaying a bit our responses [22.31 - 22.52].	
Ms Antouna	She must also be getting tired, because doing this movement must be tiring for her.	The carers acknowledge the physical effort
Ms Demetriou	Sarah seemed happy that Pamina made such progress [23.16 - 23.35].	required of Pamina, in order to create her "foot-beating repertoire."
Ms Lovari	No, she liked the sound.	
Ms Demetriou	She was trying to get hold of something here [23.57 - 24.44].	
Anthi Agrotou	Perhaps the synthesiser's stand.	
Ms Antouna	As soon as one stops [Pamina], the other one feels it's her turn [Jenny] [24.44 - 24.51].	Comments on the timing and details of Jenny's entry.
Ms Demetriou	Here, why is she doing this? [Jenny lifting her right hand and showing it to the group] [24.51 - 25.11].	
Anthi Agrotou	"Now it's me here. <i>I am playing</i> " ...	The carers interpret the way Jenny lifts her hand and shows it to the group.
Ms Lovari	"I am playing with <i>my hand</i> ."	
Anthi Agrotou	Notice how she's given Pamina the space. Pamina had finished, and then she came in.	
Ms Demetriou	Look here, that she'll get up and lift her hand.	
Ms Lovari	She's playing the piano now. We can't see it on the video, but she is.	
Ms Demetriou	Look here. In a minute she's going to get up and lift up her hand again	

[25.11- 25.57].

- Anthi Agrotou You're such a good cameraman,
Louis [Loizou]; you pick up
everything.
- Ms Lovari Yes, indeed.
- Ms Antouna She's also going close to Pamina. **The carers**
When was the last time that she **observe and**
approached Pamina. **attribute**
- Ms Demetriou She's going to get her helmet. **meaning to**
- Anthi Agrotou Can you tell us again, Christina **Jenny's walk**
[Antouna], what was it that Jenny **near Pamina.**
was doing alongside Pamina's foot-
beating?
- Ms Antouna When Pamina was playing with her **Ms Antouna**
foot, Jenny was following the **observes a**
rhythm with movements of her **detail.**
hands, which were also creating a
sound. She did it at the very
beginning when Pamina started...
The fact that she walked around
Pamina ...
- Ms Demetriou "That I am superior", that's how I
see it, that she wanted to say that
she's superior.
- Anthi Agrotou The fact that Pamina did what she
did with her palm [her mouth
repertoire], may have caused Jenny
now to recognise what her own palm
can do; that is, through Pamina
she's recognising her own skills.

.....

Discussion among the carers, Mr Loizou, the director and myself, following the video observation.

- Anthi Agrotou So, Ms Despo [Yiapana], we thought that, what happened today, was very important and we wanted you to see it. ***The director acknowledges the importance of that session.***
- Ms Yiapana Yes, indeed.
- Anthi Agrotou This is the second time that Pamina dropped a beater, the previous time being approximately three months ago [in the session of 26 June 1995]. ***We all discuss the novelty of Pamina's behaviour in this session.***
- Ms Lovari Pamina was generally indifferent; it's just that sometimes she'd observe what others were doing, and she created a sound [her mouth repertoire]; this was the first time that she had so much engagement and concentration, and she also used her hand and her foot. ***The director and the carers validate the fact that Pamina has never, so far, used her foot in such***
- Ms Antouna She's never used her foot like that in the playroom.
- Ms Yiapana Nor have I ever seen her doing that in the playroom.
- Ms Lovari No, never, and with the rhythm.
- Ms Yiapana Her feet were always up high and curled up.
- Anthi Agrotou Her participation in the past has mainly been through sounds she'd

	create with her tongue.	<i>movements as</i>
Ms Antouna	This [her <i>mouth repertoire</i>] she'd also do when in her bed, on her own.	<i>in this session.</i>
Anthi Agrotou	For us, however, her <i>mouth repertoire</i> was an indication of her memory of what was happening here.	<i>I communicate to the director the way we have been</i>
Ms Lovari	Yes, we were playing it to her and she was repeating it.	<i>experiencing Pamina so far.</i>
Anthi Agrotou	Yes. At most times, however, we were feeling her desperation, her isolation, the emptiness inside her.	<i>The director explores with us reasons that may have hampered Pamina's creative skills.</i>
Ms Yiapana	Is it possible that her foot beating is a substitute for her lack of abilities to use her hand to play with the beater?	
Anthi Agrotou	Yes, of course.	
Ms Demetriou	Her feet are basically stronger than her hands.	
Ms Yiapana	Would it be easier for her to use a thicker object than the beater?	
Ms Lovari	But her hands are strong, she moves her wheelchair.	
Ms Yiapana	Perhaps her grasp is weak.	
Anthi Agrotou	She could always do something here [on the piano], but hasn't chosen to do that so far.	
Ms Antouna	She'd stretch her hand, but she wouldn't press a key.	
Ms Lovari	But she's never focused her attention [so much]!	
Ms Yiapana	Perhaps she was afraid.	

- Anthi Agrotou Yes, I think she was afraid of creating something, and what would be [the nature] of that thing she would create.
- Ms Demetriou She was closed up, withdrawn inside herself.
- Ms Antouna As she often suffers epileptic fits [sometimes she may have a fit here] this makes her hypotonic.
- Anthi Agrotou What was important - and we knew it - was that she was aware that she was communicating. She knew the turn-taking rule very well. This is a developed stage of communication.
- Ms Lovari She knew her position. She left Isabella [Demetriou] and came near me.
- Ms Demetriou She knew her position, all three understand their positions, Sarah, Jenny and Pamina. Particularly at the goodbye song, they'll take their positions... which is important.
- Mr Loizou I believe that Sarah didn't like it at all ... that Pamina got something of hers.
- Ms Lovari No, she liked it.
- Mr Loizou In spite of the fact that she was laughing... the laugh was during the time that the sound [of the fallen beater] was heard...
- Ms Demetriou The cry that she was eliciting during the goodbye song, that different
- I stress the importance of Pamina's conscious communication in this session.***
- Mr Loizou intervenes concerning the carers' view about Sarah's laughter. He indicates the hatred in her eyes when she***

- sound... *laughs.*
- Ms Antouna That's the cry I was talking about before; it was like crying with lamentations. It's as if she was suffering. *The carers partly deny that, though they are sensitive to Sarah's painful cry during the goodbye song.*
- Ms Lovari The cry was probably because we were ending, we had to leave this room, we had such a good time here...
- Ms Yiapana She didn't want to disrupt this relationship.
- Ms Antouna It was painful for her to leave the room.
- Anthi Agrotou I think that, what Isabella [Demetriou] was saying, was that this complaining cry at the end may have been reinforced by the fact that she felt bad while being here... *Having repeated myself the meaning of Mr Loizou's comment, I let them associate about it by themselves.*
- Ms Demetriou Yes, in other words, she didn't feel so good, because someone else took her place, someone else did what Sarah was doing and we liked it.
- Ms Lovari Yes, but she showed that she liked what Pamina was doing, because it's the kind of sound that brings her pleasure. She was laughing, she was excited...
- Mr Loizou But, Maria [Lovari], *does* she take pleasure in it? I think she doesn't take pleasure in it.
- Ms Lovari What do you mean, that her laughter is false?

- Mr Loizou No, simply...
- Ms Lovari Her excitement?
- Mr Loizou If you were to notice her *eyes* while she was doing this [her laughter], they weren't showing anything... [pleasant], they were showing something like hatred; while when the sound was heard, okay, she was laughing with her typical laugh; but I don't think that she liked it.
- Ms Lovari Okay, that there's rivalry between them is true; you see, as soon as Jenny sits at the piano, Sarah leaves the area and gives *her* space to Jenny. She thinks it's Jenny's turn ... there *is* rivalry between them. Jenny waits for Pamina to stop and then she gets up to show what *she* can do.
- Ms Antouna If she hadn't liked it, she had ways of showing this, like she shows it with Jenny. Why did she remain close to you? [meaning close to me, near the piano].
- Anthi Agrotou Whenever Pamina was to do something, they always gave her the space; while between the two of them, Sarah and Jenny, they don't give each other the space, to Pamina they do.
- Ms Antouna When Sarah gets up, Jenny may get up also at the same time ...

Ms Lovari They feel Pamina as being different and themselves as superior to her.

Anthi Agrotou But I think that what Louis [Loizou] is saying may have a basis, in this: "Even Pamina who is so handicapped can do what I do, and I don't do anything more than this." She *may* have felt bad for this. Perhaps it was both feelings together, that is, she was ambivalent; on the one hand, satisfied that someone else is doing the same thing as she is, thus giving value to what *she* is doing; on the other hand: "But who is it that gives value to what I am doing? At the end it's Pamina, who is all day along wearing a helmet and sits on a wheelchair."

Mr Loizou See it with us, who are normal, so to speak. If someone else does what you are doing, okay you may ...

Anthi Agrotou You may feel glad, but...

Mr Loizou Deep down...

Ms Lovari The feelings may be mixed...

Anthi Agrotou The issue of mixed feelings is quite strong...

Ms Antouna In all three of them.

Anthi Agrotou Yes, in all three.

All [Silence of about ten seconds].

Anthi Agrotou Sarah's glance is never just joy, even when she is happy.

I bring back Mr Loizou's comments on Sarah's reaction to Pamina's beater-drops. I explain why she may have felt very bad, in a way that also includes their beliefs.

Having sensed the

- Ms Yiapana As I have seen her, Sarah has probably not clarified what she feels towards each member of the group. The same thing may bring her joy, or it may bring her sadness, and she's somehow waiting to see how the situation is going to develop, so that she may be enabled to differentiate and end up with certain specific feelings and reactions.
- Anthi Agrotou Yes, you are right that she is in waiting.
- Ms Antouna When I'm in a playroom with both Sarah and Jenny, they clearly express their rivalry and jealousy over who I'm attending at the time.
- Anthi Agrotou Sarah has a very special relationship with you. She feels that she can depend on you.
- Ms Antouna Yes, when I am in the same room, even during night shifts, I see that she changes her facial expression, like Pamina with Ms Kazakaiou and Jenny...
- Ms Demetriou Jenny is not so much attached with me. You've seen what she did with me the other day, and she disappointed me.
- Anthi Agrotou No, that was because it was the first meeting after the holidays.
- Ms Demetriou Is this the reason why she was like
- carers' deeper awareness about Sarah, I bring back the discussion to Sarah's glance. The director talks about Sarah's confusion.***
- The carers talk about their special relationships with their allocated patients outside the music therapy room.***
- Ms Demetriou expresses her sadness over Jenny's***

	that?	<i>alienation</i>
Anthi Agrotou	Yes. Even when one of you is missing, the absence is communicated by the patients.	<i>from her, indicating apparently</i>
Ms Demetriou	In the playroom she comes and sits next to me, but during the last sessions she didn't, and I was somehow sad about it, to tell you the truth, as if we had become alienated, because I haven't been working with her recently.	<i>her guilt for leaving her over the holidays.</i>
Anthi Agrotou	Jenny is a difficult person ... she may show acknowledgement, but she'll also show other things.	<i>I appease her guilt and point out that</i>
Ms Demetriou	And she hasn't yet embraced me or kissed me, while before the holidays she'd do that every time!	<i>in this session there was a return</i>
Anthi Agrotou	She held your hand.	<i>of an</i>
Ms Demetriou	For the first time she held my hand today, but nothing else.	<i>attachment behaviour.</i>
	
Anthi Agrotou	If we were to show this video to the multi-disciplinary team, they wouldn't believe it, would they?	<i>I voice again the carers' frustration</i>
Ms Yiapana	The social-workers are so much pressed that they're not interested in what happens in the institution, and have no space to be sensitive about the residents. They don't consider the institution as their field of work or interest. Even in their reports, they often write that	<i>about the multi-disciplinary meeting. The director gives us information about the</i>

contact with the family is satisfactory, when the contact occurs only once a year. They think of the institution only when they have to write their reports once a year. Because these people don't shout or cry, they can relieve themselves of that pressure. I believe that deep down they respect people who do special kind of work with our residents; though sometimes they go away, leaving us with the feeling that they consider the details with which we see the residents as ridiculous.

**system,
speaking of
the absence of
concern from
the social
workers. In
thus verifying
the carers'
views, she
supports
them in their
work in music
therapy, that
aims at
deeper
insight about
the residents.**

Ms Demetriou

This was my feeling today, when I left the meeting.

Ms Yiapana

In reality, I think it's because they are jealous, because in their own work, they can't acquire a deeper insight concerning the people they work with. They just listen to what clients tell them, without inquiring more and desiring to get more insight.

C. 4 THE SESSION OF OCTOBER 16, 1995

Ms Antouna and Ms Lovari were present.

- Ms Lovari There was a lot of rivalry today. The rivalry was very clear today both in Jenny and Sarah ... when you were paying attention to Pamina.
- Ms Antouna When we began, I thought that it would have been a session without a special interest. They didn't show a wish to participate. It was later [that it happened, caused] by Pamina's reaction. Basically at that time Jenny and Sarah were acting out their jealousy, not more, really... I want to ask you something about Pamina. This sound that she makes [her mouth repertoire], she doesn't use her fingers, only her lips; why is it, then, that she always brings her hand in front of her mouth?
- Ms Lovari [She imitates Pamina].
- Ms Antouna If you notice her, she doesn't touch her hand [with her mouth], when she does this. Does it mean something?
- Ms Lovari Does she think that the sound would be heard better?
- Ms Antouna Or can it be that she wants to hide from her own sound?
- Anthi Agrotou Yes, she won't be heard so well. She
- The carers acknowledge the rivalry between the patients.*
- The carers develop an inquisitive attitude about the details of the patients' presence.*
- Thus they question and interpret the manner Pamina creates her mouth repertoire.*

- may not have the courage for that. ***I take their interpretation and expand it with an example from another resident in the institution, so that their awareness may expand to include the needs of other residents.***
- Ms Lovari He does this in the playroom too.
- Anthi Agrotou Why would he do it, since he could just as well let the sound out, without doing this?
- Ms Antouna Yes, the sound *can* come out without this.
- Anthi Agrotou This is one free association, we may come out with more [gradually]. In the same way, I don't think that Pamina is incapable of [open] vocal sounds, because sometimes something [like that] escapes from her.
- Ms Antouna Sarah seemed disturbed. When we were still outside, she walked on her own to the room, so I decided that I would not hold her hand, but rather let her walk wherever she wanted to go. She showed that she was tired at some point and wanted to sit down. But she was all the time letting out that complaining sound. [Ms Antouna's voice is slow and of low volume, as if she is very tired]. ***Ms Antouna begins to disclose indirectly her feelings of disappointment caused by Sarah's passivity.***
- Anthi Agrotou That reminded me of what she was doing towards the end of the last

session, and you said that it was heard like a complaint. I think that it was a continuation of that.

Ms Antouna Why should she express a complaint at the beginning? I understand why she does this towards the end, she doesn't want the session to finish, but why at the beginning?

Ms Lovari I think it's jealousy.

Ms Antouna She didn't even touch anything... though I was offering her the beaters.

Anthi Agrotou One feeling that I had, is that she knew, that all she could do was to throw the beaters with whatever resultant sound; I was feeling it as an awareness on her part that there is not *much* that she can actually do. That her complaint is around this area, that: "I have limited abilities". There was no person I worked with in individual therapy, who didn't go through the excitement that he discovered something, to the complaint that what he actually discovered in the end was limited, towards accepting this: "That is what I can do and it can be beautiful". It's like a curve that gets repeated, but also a curve that gets bigger and bigger; in other words, what he discovers that he

I repeat an interpretation I had already given in our last meeting, that Sarah may be mourning her limited abilities, this awareness being called up in her by Pamina's repertoire. As this is the second time that we talk about this, I expand on it

	can do increases gradually, but also his awareness of his own limitations increases, and so on.	<i>more and give them an example from</i>
Ms Lovari	Mm, that what he can do isn't important.	<i>another resident as</i>
Anthi Agrotou	When Andrikos [a resident who takes part in another group] discovered the vocalisations that he could create, and with which he could play with us, he'd get very excited; then he went through a period of mourning and of not creating many sounds, until he accepted his limitations, and then he went through another period, when he discovered even more sounds.	<i>well; for I felt that the carers' sadness in this meeting made them more open towards assimilating feelings of mourning from the</i>
Ms Lovari	Mm, he discovered more things.	<i>patients.</i>
Anthi Agrotou	That's why we say that therapy is a continuous mourning process for what you don't have, for what you've lost ... for the difficulties you encounter, and you don't know how many of these you're going to overcome - particularly for these people, some difficulties are very real... I think that's what it was today, when I was there [on the piano] opposite Sarah I was feeling: "What can I do now, there's so little that I can do"; I was feeling discontentment...	<i>I stress the real difficulties of handicapped people, and give my counter-transference</i>

Ms Lovari	Yes: "What am I to do"...	<i>reaction to</i>
Anthi Agrotou	[A complaint] which may be associated with the fact that, what she's doing, Pamina can do as well in the end; in other words that Pamina called up in her that feeling.	<i>Sarah; in this way I tried to facilitate them to acknowledge their own counter-transference.</i>
Ms Antouna	Perhaps that's why she made no movement. Not Jenny either. Jenny was as if she were lost.	
Anthi Agrotou	I feel that Jenny's stance is as though she is showing us her indifference. I've been feeling this for some time - this "far away" expression of hers.	<i>We all talk about Jenny's indifference</i>
Ms Lovari	I think that during this period she's lost. She's not obeying her carers' orders like before.	<i>and general state of regression.</i>
Ms Antouna	It's as if she has regressed.	
Ms Lovari	Yes.	
Ms Antouna	The only time that she showed that she was here, was when she got up, when Pamina [was doing her mouth repertoire]...	
	
Ms Lovari	During this period, Jenny seems lost in her playroom as well, not only here.	
	
Ms Antouna	When one wakes up, the others abandon us.	<i>Ms Antouna comes closer</i>
Anthi Agrotou	The relationships are dynamic; one is influencing the other... You seem	<i>towards expressing</i>

	disappointed.	<i>more directly</i>
Ms Antouna	No, it's because I myself feel tired, in pieces.	<i>her feelings of disappointment.</i>
Ms Lovari	She's ill today. We shouldn't become disappointed.	
Ms Antouna	No, why disappointment, since we know that...	
Ms Lovari	There's no need for disappointment, since we know that one day they may be high and another day they may be down.	
Ms Antouna	When Sarah came in, I thought that her presence would be very strong today, with such a desire to come in - while leaning on the wall outside the music therapy room, she walked in to enter on her own.	<i>The carers verify that Sarah and Jenny walk into the music</i>
Ms Lovari	I also let Jenny come in on her own, I let her walk on her own from the beginning of the corridor.	<i>therapy room on their own. I try to clarify</i>
Anthi Agrotou	I think that Sarah had a very strong presence.	<i>that Sarah's presence is a</i>
Ms Antouna	I mean that there was no action, like touching the piano.	<i>powerful one.</i>
Anthi Agrotou	But her sounds and presence were very strong; while with Jenny, there were times when I'd lose my attention, because she'd slip away, with Sarah there was not a moment when she wasn't present.	
Ms Lovari	Yes, she was continually present.	
Anthi Agrotou	It might be a good idea to bring in	

this video in our next improvisation meeting, and do some exercises based on some excerpts; and to bring in an old video, so that you are reminded of how the patients were in the past.

Ms Antouna Yes.

.....

Anthi Agrotou Maria, you were very precise in your responses to Pamina, and that's very important for Pamina now. She'd create three notes, you'd do the same, four notes, you'd do the same, one [note], you'd do the same, and so on. It is as if with her, what we play follows a structure of a basic communication pattern, so that she's aware that what she does, is responded to with precision. It's not like Sarah and Jenny, with whose sounds you can create expansions or reductions; with Pamina you have to remain with the basic communication pattern.

I point out the benefits of Ms Lovari's accurate responses to Pamina and the need to be precise with Pamina's repertoire.

Ms Lovari And she feels that she's herself creating the sounds ... the space she gives for waiting. I understood that.

Ms Lovari grows an awareness of Pamina's communication needs.

Anthi Agrotou So that she becomes aware of the dialogue pattern in its basic form.

Ms Lovari Yes: "You do what I do, I follow you, I pay attention to you."

Anthi Agrotou So you see what a good ear you

I encourage

have! When I was playing the xylophone next to Jenny and my attention to Pamina was distracted through trying to respond to Jenny, I was observing what you were doing and was dependent on your responses, because I knew that your responses would be accurate. This is very important.

Ms Lovari

Mm.

Anthi Agrotou

Also today was a continuation from last time; and you kept a consistent attitude to that of last week's session; Pamina knew that you were together last time. I think she's testing a little bit how much you're listening to her; and the fact that she had her back turned to you, seems to indicate that she was testing how much you were listening to her. This is what I suspect. And she may need to do that many times still in the future.

I stress the importance of consistency in what happens from one session to the next. I indicate that Pamina may be testing how much her carers are listening to her, something that may recur in future sessions.

Ms Lovari

Yes.

C. 5 THE SESSION OF NOVEMBER 13, 1995

Ms Antouna, Ms Demetriou, Ms Lovari and Mr Loizou were present.

Ms Lovari	Let's see the video and talk it over.	<i>The session</i>
Ms Demetriou	Jenny is an angry person.	<i>brought a lot</i>
Ms Lovari	Jenny got angry and Sarah did too.	<i>of emotional</i>
	I don't know why Sarah got angry,	<i>reaction to</i>
	when I was playing [the tambourine	<i>the carers,</i>
	to Pamina]. Should I have stopped	<i>indicated by</i>
	altogether, or do the rhythm that	<i>the way they</i>
	<i>she</i> was doing over there? I think	<i>talk about the</i>
	that she wanted us to follow the	<i>patients'</i>
	rhythm that she was doing.	<i>anger, but</i>
Ms Antouna	It seemed to <i>me</i> that she didn't want	<i>particularly</i>
	you to make disturbances; that <i>that</i>	<i>about Sarah's</i>
	time was her own; that is what she	<i>reactions in</i>
	showed, I think, [otherwise] why	<i>the session to</i>
	would she protest?	<i>the other</i>
Ms Lovari	She protested because I was playing	<i>carers' sounds</i>
	Pamina's rhythm to Pamina. And	<i>[Ms Lovari's</i>
	then, when I realised this and	<i>and Ms</i>
	returned to my seat and did Sarah's	<i>Demetriou's].</i>
	rhythm, she calmed down and	<i>The</i>
	returned [to what she was doing].	<i>discussion</i>
	She turned again and looked at me	<i>focuses on the</i>
	and you told me to stop [playing the	<i>meaning of</i>
	tambourine] and I stopped. Now	<i>Sarah's</i>
	you'll see it on the video... But she	<i>reaction to Ms</i>
	wanted us to <i>continue</i> , otherwise	<i>Lovari's</i>
	why was she looking at us	<i>tambourine</i>
	continuously, after we had stopped?	<i>playing; Ms</i>

	[She talks loudly and intensely].	Lovari sounds
Ms Demetriou	I think that she wanted you [to Ms Lovari] to go close to her. At some point when Sarah was so insistent, I told Maria [Lovari] to go close to her ...	particularly upset and angry.
Ms Antouna	I don't know whether you've noticed it; Sarah did a lot of things today without shouting. [She talks in a calm and soft voice].	Ms Antouna is trying to calm down the other carers
Ms Lovari	Yes, that's true.	by pointing
Ms Antouna	She didn't scream at all!	out the
Ms Demetriou	No.	general
Ms Antouna	Whatever she did, she did it quietly.	absence of
Anthi Agrotou	The only thing I was somehow certain about...	screaming sounds in
Ms Lovari	She was <i>looking</i> at us!	Sarah.
Anthi Agrotou	The only thing I was somehow certain about, was that she wanted everyone...	I try to bring together the
Ms Antouna	To be focused exclusively on her.	points of
Ms Lovari	To be focused <i>exclusively</i> on her!	agreement
Ms Antouna	She was concerned ...	and
Ms Lovari	She didn't want us to do anything!	disagreement
Ms Antouna	[She was concerned] that the other residents wouldn't do anything, nor should you [do anything] on their behalf.	between us, but the discussion is continuously
Anthi Agrotou	That's it, that you shouldn't do anything on their behalf.	interrupted, in particular
Ms Lovari	But she wanted us to follow <i>her!</i> That was my impression, when she	by Ms Lovari.

was looking intensely and repeatedly either at Isabella [Demetriou], or at me. "Look at what *I* am doing, follow me", so to speak, "don' t pay any attention to anyone else".

Anthi Agrotou That was the point when I wasn't sure, whether she wanted you to follow her with your instruments...

Ms Lovari I understood that she wanted us to follow her.

Anthi Agrotou Or whether she wanted complete quietness.

All [They are all excited, interrupt me and each other and speak with intensity. Ms Lovari's voice is particularly loud].

Ms Demetriou I believe that she wanted us to follow the piano, that is, to come to the piano,

Anthi Agrotou You mean physically ...

Ms Demetriou Yes, physically to come to the piano, because she was taking your hand and putting it [on the piano], at a certain phase she was asking for Christina's [Antouna] hand, and she was turning and looking at us as well; and this gave me the impression that she wanted us to leave our children, the other residents, and come close to you.

Ms Lovari That was my impression too, not to pay any attention to the others, but

only to her.

Anthi Agrotou It seems that we're all agreeing with her message, we only disagree with the manner in which she wanted this message implemented. That is, the only thing we are not certain of, is whether she wanted all of you to come here to the piano, whether she wanted you to follow her rhythmically, or whether she wanted you not to do anything else except observe her.

I sum up our points of agreement and disagreement.

Ms Lovari If I understand that this is the message that Sarah gave, that we shouldn't do anything ourselves, is it right and appropriate that we should *leave* her do what *she* wants, or should she learn that she's in a group and the others must follow also and participate as well.

Ms Lovari expresses her desire to prevent Sarah from asking for exclusive attention.

Anthi Agrotou Well, ...

Ms Demetriou Today was the first time that she did this...

Ms Antouna Look, in something which was an outburst, after such a long time of doing nothing, I think that she had the right to do it. [She would] not [have the right to do it] systematically.

Ms Antouna hurries to defend Sarah.

Ms Lovari That's what I am saying, if it happens every time that she comes to the piano and turns and looks at

Ms Lovari is still feeling very angry

us and we have to stay totally **and talks**
inactive, and do nothing else, is it **about making**
right that we leave Sarah *alone there* **Sarah**
[to do what she wants], or [shouldn't **understand**
we] *make her understand* that the **that she is**
others are participating as well, that **not alone in a**
we're in a group here and the others **group.**
have to participate, they need to be
satisfied too.

Anthi Agrotou Yes, if Pamina and Jenny were doing **I bring in the**
something [active], we should have **reality of the**
allowed them to do so. As far as *we* **other**
are concerned, though, we should **patients'**
give her the space; because it's very **general**
difficult for a resident to *do* **passivity**
something, to *create*, very difficult **during**
indeed. And she requires the **Sarah's**
absolute security and absolute **request for**
quiet, as she's showing us. **silence and**

Ms Demetriou She was asking for it. **Sarah's need**

Anthi Agrotou The same was with Pamina, the day **for security**
that she did what she did: we were **and**
absorbed by her, we gave her the **quietness. I**
space to do it; but if the other **also talk**
residents were disturbing her, we'd **about**
have to incorporate their part in it **techniques of**
[in Pamina's part]. **incorporating**

Ms Lovari That' s what I am saying... that we're **the other**
a group. **patients'**

Anthi Agrotou So if Pamina were making her **repertoire,**
sounds, you should talk to her, yes; **while still**
if Jenny was doing something, yes, **respecting**

Isabella [Demetriou] could [respond to her], but she could do it more subtly in terms of sound, so as to give Sarah the space, the moment she's requiring this. Basically, she's requiring this from the group. The group has to respect this. **one patient's need for quietness.**

Ms Antouna It was as though she was asking for the right to speak, at that moment, like saying: "Now I want to talk". **Ms Antouna interprets Sarah's**

Anthi Agrotou Yes, I think that this could happen in a group, and if the other residents allow her, so do we. I think that this clarifies the issue. **behaviour.**

Ms Lovari Yes.

Ms Antouna I think that Jenny didn't allow her, though. She put up with her for a little while, but... **The carers discuss and interpret**

Anthi Agrotou She put up with her for a long time. **Jenny's**

Ms Lovari She put up with her for a long time! But what Jenny did was: "I know something more", so to speak. **reaction to Sarah.**

Ms Demetriou Did you hear her feet? She dropped them with force to the floor and got up ...

Ms Lovari It was anger..

Ms Antouna It was as if she wanted to hit her, I think, and these [beaters] which were her own [Sarah's], she threw them to the floor.

Anthi Agrotou This was not a creative reaction. If, **I differentiate between a**

Jenny had played the cymbal, then we should respond to it. It would have been an expression. To throw them down, we still accept it, we don't deter her from that, but to collect them on behalf of Sarah was showing respect for Sarah.

- Ms Antouna Already Sarah had reacted at that moment. She remained looking and stretching and [was touching] my hand. She showed at that time: "Why?"...
- Ms Demetriou Perhaps Sarah had the feeling that Jenny was going to come to the piano at that moment.
- Anthi Agrotou Jenny could have come to the piano, but she didn't. This means that somehow she's angry...
- Ms Lovari Jenny was angry, and what she did later, the rhythm she did with her mouth, she wanted to say: "She played the piano, but I played it many times"; that she knew how to do something more than Sarah, I think. She showed us, there, that: "I'm better than Sarah".
- Ms Antouna Or, if it's not "better", that "I play too. You know, I know too".
- Anthi Agrotou It was the first time that Jenny didn't come to the piano.
- Ms Demetriou Yes. This time she didn't want to leave; I think she wanted us to

creative and a non-creative attack.

The carers discuss and interpret Sarah's reaction to Jenny's attacks.

Ms Lovari talks about Jenny's superiority towards Sarah and Ms Antouna protects the skills of Sarah, as well as her rights.

continue, because she hadn't come to the piano.

Anthi Agrotou She didn't have enough for herself.

Ms Demetriou Yes. And it's something she likes.

Ms Antouna But she had the time, if she wanted to get up before [Sarah got there].

Ms Demetriou No, because there's rivalry between them. This did not allow her.

Ms Antouna The time before Sarah went there.

Ms Demetriou Yes, there was that kind of deadliness then.

Anthi Agrotou I think that, at the beginning, they're waiting to see who is to begin.

Ms Antouna I saw Sarah looking at Maria [Lovari] and Pamina intensely at the beginning; I have the impression - I don't know [if I am right], I may be wrong - ever since the time that Pamina made her own movement, somewhere Sarah had transferred herself into Pamina, and it's as if she was expecting from Pamina the same things that she was doing before, and she was looking at one time at Maria [Lovari], and at another time at Pamina...

**Ms Antouna
talks of
Sarah's
identification
with Pamina.**

Ms Lovari Yes, very much so.

Ms Demetriou Yes, very persistently.

Anthi Agrotou Yes, you're right. I was feeling that Pamina was on the verge of suffering a fit, but was just withholding it.

**I suggest that
Pamina was
withholding**

Maria [Lovari] and I were playing, so as to bring her back to life, and it was as if Sarah was aware of that and became anxious: "Pamina is going to fall, am I going to fall too?", so to speak.

an epileptic fit and the carers accept that.

Ms Lovari Yes.

Ms Antouna It was very intense, her contempt of me; she turned her back to me, and it was as if I did not exist at all next to her. She's doing this to me systematically; or, she'll do that to you [Anthi], turning her back to the piano and not concerning herself with it; and, somehow, I was telling Anthi that I was feeling annoyed, it was as if she made me a little bit angry.

Ms Antouna and Ms Demetriou reveal their anger at their patients feelings of contempt towards them.

Ms Demetriou Also towards me, Jenny turned very few times; usually her glance was turned away.

Ms Antouna I just got up and came there [to the piano], in order to see her reaction, whether she'd also come to the piano.

Ms Lovari I am very intrigued by this thing of Sarah, who's looking at one time towards me, and at another time towards Isabella [Demetriou]. What is it that she *wants* at that time? What is it that she's *asking for*?

Ms Lovari repeats her amazement at Sarah's behaviour towards her and Ms

Ms Demetriou She's asking for something.

The discussion continues, while we watch the video-recording of the session. The following transcripts are excerpts from that discussion. The numbers in italics refer to the parts of the session that are commented on and described in Appendix B. 15. After we had watched the first five minutes of the session, we stopped the video and had the following discussion:

- Ms Demetriou She belched at us a lot of times today ... **We discuss Sarah's**
- Ms Antouna And she also farted. But I think that this thing was her reaction ... it was anger; during the time that Maria [Lovari] was playing the music for Pamina, she turned there and was farting, but I think later she calmed down and when Maria [Lovari] stopped, she [went and] played the piano; it was as if she was annoyed... **farting and belching. Ms Antouna connects it to Sarah's feelings of anger.**
- Ms Demetriou She was asking for something of her own today, she was asking for exclusivity, but I think that she was also asking something from *us too*.

- Anthi Agrotou I have this feeling that, for Sarah, *I try to draw her belching and her farting and her faeces are parts of herself that carry feelings.* ***connections between Sarah's farting and belching with the way she creates sounds and behaves in the room. All contain aspects of her feelings of rejection.***
- Ms Antouna For certain, I believe this.
- Anthi Agrotou Feelings however, that are bad feelings, feelings of rejection.
- Ms Lovari Like belching.
- Anthi Agrotou Yes. And the things that she's doing, the fact that she's throwing the beaters, or at the piano what she plays... all these have parallelisms with her belching and farting.
- Ms Antouna Here you're spoiling things for me. Can't she differentiate when she desires to show that she's evacuating something, that she doesn't accept it, from [showing us] something from which she takes pleasure; in other words, is it continuous rejection?
- Anthi Agrotou Yes; I'm not saying that the two things are the same. Let me try to clarify what I mean. She feels that her air and her belches carry her own emotional space, which has to do with her feelings of rejection - rejection of her own self and, in consequence...
- Ms Lovari Of us.
- Anthi Agrotou Yes, of others. What she does,

contains aspects of the same element of her personality, what comes out of herself. And it brings her a lot of anxiety, in case this thing is not being accepted, because it has to do with her feelings of rejection. And it may be for this reason, that she evacuates more air now than in the past, and sometimes she evacuates at the same time as she's playing, the two happen simultaneously. Today she tried to play much more than at other times, and she was very anxious, in case you were to reject this [her sounds], you who had been listening to her; and she was turning this way, and that way, she didn't know what to do, to continue...

Ms Antouna She was perplexed.

Anthi Agrotou Yes, [she wanted] that we ourselves would pick up her pieces; in other words she was taking our hands, so that we'd play what she was going to play. Does it make sense?

Ms Demetriou You mean that this was because of her feeling perplexed?

Anthi Agrotou Perplexed in this respect...

Ms Demetriou Towards us, whether I'd accept it, and Maria [Lovari] and Christina [Antouna]?

- Anthi Agrotou Yes, because what she expresses has to do with her feelings of rejection.
- Ms Demetriou Okay.
- Anthi Agrotou It's as if she was letting out the drainage of what is drained out of her. Does this make sense?
- Ms Lovari Yes, it does.
- Ms Antouna I disagree that everything is an extension of this.
- Anthi Agrotou Not that they're an extension, but that they contain this element...
- Ms Lovari That they contain this element.
- Ms Antouna Specifically today, I felt that she knew, when to show elements of rejection, and when she was doing something in which she wanted to express her own stuff.
- Anthi Agrotou Those things that she expresses contain the feeling of rejecting her own self, they express this. And that's why it's very *worrying* for her, how this sound is to be accepted by the others.
- Ms Demetriou She feels rejection for the fact that she doesn't walk, whereas Jenny walks; Jenny eats on her own, while many times Sarah has to be fed; perhaps she's feeling these things, she's aware of them and she feels that she's ...
- Ms Lovari That she's in an inferior position to
- Out of the discussion, Ms Demetriou grows an awareness of Sarah's envy and of her fear of co-***

- others ... **existing the**
- Ms Demetriou Yes, that she's in a much inferior **same**
position both to us and to Jenny, **handicapped**
and somewhere she may be finding **space as**
out that she's co-existing [the same **Pamina.**
space] as Pamina. Perhaps this is
one reason, that she showed Pamina
at some stage that: "I'm doing
something that you did also in the
past". Is it so, can this hypothesis
stand?
- Anthi Agrotou It can stand that she's rejecting
Pamina for being like that, with a
helmet, in a wheelchair, and: "Can it
be that I'm also such a handicapped
person"?
- Ms Demetriou Because in the playroom, Sarah is a **Ms Demetriou**
person with a table always in front **brings**
of her; she's not a person that is **information**
allowed [free] to walk, to move, so **about Sarah's**
[she's feeling that]: "They're rejecting **deprived life**
me", so she's rejecting herself. **in the**
- Ms Antouna The fact that there were no cries **institution,**
today? The fact that she was **where she**
calmer? **must be**
- Anthi Agrotou It may not be clear that I'm talking **feeling that**
about a positive process, in that **the**
she's letting out more of this stuff;, **institution is**
that is, she's belching and farting **rejecting her.**
here lately, because she's beginning
to feel that all this is accepted here; **I clarify that**
the more she's working these issues **the**

here, the more skills are going to be surfaced. Today she let out much more skills [than for a long time].

Ms Demetriou Secret talent!

Anthi Agrotou Yes, she let out more skills, also in her walking.

Ms Antouna Do you mean that she felt that I was annoyed, that somewhere I was feeling annoyed?

Anthi Agrotou I think she may have felt it.

Ms Antouna I tell you something, I was very much influenced by you, when you told me the other day, when I was preparing for the multi-disciplinary meeting - I felt it as a great weight - when you said to me that her fits may have a connection with me. I didn't want to carry that weight and felt, good gracious me, what happens if, by being absent once from music therapy Sarah suffers a fit! I somewhere felt very responsible, and I didn't want to carry that responsibility, I don't know why. So today I thought to myself: "Okay, I'm with her; *why* is she upset with me and has her back turned to me?"

Ms Demetriou I think that Sarah was doing something new and she required that we all accept it and come close to her. Christina [Antouna], it was

discussion is about a positive process in Sarah's therapy. This appeases Ms Antouna, who then brings up her own feelings of anger and guilt towards Sarah.

not rejection, it was an excitement...

Ms Antouna No, I have the impression that if I were *not* to get up and go to the piano, nothing would have happened!...

Ms Demetriou It was something excellent. [She speaks simultaneously with Ms Antouna]. Okay, you gave her the impetus.

Anthi Agrotou To begin with, the "fits", if we call ***I try to*** them such, were not epileptic fits, or ***appease Ms*** a complete loss of conscience. ***Antouna's***

Ms Antouna No, they weren't. It was an ***guilt.*** expression of anger towards our group.

Anthi Agrotou Nothing happened to her and nothing would have happened to her. I feel bad about you having taken onto you this burden. You will not be lost from her memory, neither will Sarah be lost. They have strength and they can keep the memory inside them. She may have done this to you then*, so as to make you feel guilty, but you shouldn't take that guilt on yourself. So that you can stand as a separate person from her. And today you felt angry, and rightly so, I think, because in this way you were differentiated from her.

[*Here we refer to the following

event: on Tuesday, October 31, 1995, Sarah suffered a certain "fit", while Ms Antouna was next to her. This coincided with Ms Antouna's absence from the previous day's session, that of October 30. This "fit" entailed her bending her body, growing pale and sweating, but without losing conscience. This happened then, and also on a day in September, again with Ms Antouna next to her. We, therefore, thought, that this "fit" could be connected with Sarah's feelings towards Ms Antouna and the fact that Ms Antouna was absent from the music therapy session of the previous day.]

- | | | |
|---------------|--|---|
| Ms Antouna | I was ambivalent about saying this or not. This is the truth of how I felt. | <i>The carers talk about revealing</i> |
| Ms Lovari | You <i>must</i> speak about how you felt. | <i>their feelings</i> |
| Anthi Agrotou | Yes. Your anger and your acknowledgement of it, led you to becoming differentiated from her. | <i>in the free-discussion group</i> |
| Ms Lovari | We should keep <i>nothing</i> inside us. For sure, <i>speak</i> of your feelings. How are you going to be helped, if you don't speak about them! | <i>meetings.</i> |
| Ms Antouna | I felt that it wasn't right [meaning to feel angry]. I felt that she was pulling my leg, when I'm not here she has fits, when I'm here she's | |

turning her back to me; well, is she pulling my leg?

Anthi Agrotou Perhaps she is.

Ms Demetriou You *do* get annoyed, indeed you **Ms Demetriou** really *do* get annoyed; that's how I **acknowledges** felt with Jenny, the first days when **her anger** we returned and she was paying no **towards** attention to me; I was feeling **Jenny.** annoyed.

Ms Antouna What I wanted to say, was it right **Ms Antouna** that I didn't manage to control my **questions** own feelings and got up and went **herself, for** near Anthi [to the piano]? **not managing**

Ms Demetriou It was a way of giving her impetus, **to control her** since there was a dead time, when **own feelings** our children did not move. **and Ms**

Ms Antouna Since you don't get up and move, I **Demetriou** feel ashamed to get up. **tries to**

Ms Lovari And when I got up [to play for **appease her.** Pamina], you shouted at me! [She **Ms Antouna** laughs]. **talks about**

Ms Antouna *Sarah* shouted at you. **her shame in**

Ms Demetriou Nothing would have happened in the **moving in the** session, had Christina [Antouna] **room,** not moved; perhaps Jenny would **possibly** have played a little bit at some **taking upon** stage, and nothing else; whereas **herself** what Christina [Antouna] did, is **Sarah's** good sometimes; sometimes our **shame - and** insistence brings forward beautiful **of Sarah's** things. **ability to**

Ms Antouna One reason that I did it, was **walk alone in**

because Sarah, here, is moving on *the music*
her own, she walks on her own ... *therapy room,*
since, in reality, I don't know what *whereas she*
I'm playing there [at the piano]. But *does not walk*
it's a way that she feels comfortable *alone outside*
to walk. Outside here, she still *that room.*
doesn't walk alone, except if
accompanied by a carer from the
group.

.....

Anthi Agrotou

To come back to what I wanted to *I come back*
say to you [to Ms Antouna]. Sarah *to Ms*
experienced with you a relationship *Antouna's*
of total identification and *guilt and tell*
dependence. It's your and her anger *her that the*
that differentiates you, that *feelings of*
separates you as two people. That's *anger and*
why it's positive both for you to feel *disappoint-*
it and act independently and for her *ment help two*
[to feel it and] function *people to*
independently. In other words, the *differentiate*
feeling that helps one to become *from each*
independent of another, is the anger *other.*
with the other for having *I try to*
disappointed one. And you have to *alleviate the*
disappoint her, so that she'll be *burden she is*
enabled to become independent of *feeling.*
you. It's not possible to be perfect
with her, this can *not* happen...
When she had a "fit" next to you on
that day, she was not going to suffer
damage.

- Ms Antouna I was feeling guilty and then amazed that she could have been so attached to me, that she could suffer a "fit" just because I wasn't there on the previous Monday's session, that she'd have suffered so much.
- Anthi Agrotou Sarah is quite a demanding person.
- Ms Antouna She showed it today that she's a demanding person.
- Anthi Agrotou You could feel it today in her eyes; that's why we're wondering about the meaning of her glance. So you've taken onto yourself a big burden from this demand; and what is it, that you can give someone who is so handicapped?
- Ms Antouna And when you don't have the special knowledge.
- Anthi Agrotou No, it's not a matter of special knowledge. We just give something within boundaries, otherwise we won't cope, we'll be lost. You're allowed to be absent, and to have a holiday. You won't save her [if you don't]. On the contrary, you'll harm her because, in reality, you're never always there. Okay, there's an expectation to be present and generally we're reliable and committed to the sessions.
- Ms Antouna She may have made the connection,

that here we're always together.

Anthi Agrotou Yes, because you've been here every session. But if it happens that you're absent one day, there is the frame of the group to hold her. It's not that when you can't be here, nothing happens; the group still functions as a committed whole, and she gets things from the group.

Ms Lovari She'll have to accept it. That's why I was saying beforehand, when Sarah was at the piano and was asking me to stop - should we *allow* her to have what she wants, or should we help her understand that she's in a group?

Ms Lovari brings back her own frustration with Sarah and I suggest that

Anthi Agrotou I think that you can give her the space to have a monologue, let's put it like that; like I'm having a monologue now.

monologues can be allowed in a group.

There followed further discussion, while continuing our observation of the session's video-recording. The following transcripts are excerpts from some of the comments made then.

.....

Ms Antouna The last couple of sessions Sarah wouldn't even give me her hand;

Sarah came forward after

	just after that arousal at the piano, she gave me her hand again.	sessions of being withdrawn.
Ms Demetriou	Look, what silence they leave us with!	The carers accept the silence.
Ms Antouna	Throughout the first fifteen minutes of the session, Sarah didn't make a movement; she was just sitting with her back turned to me; wasn't she tired sitting all the time in that position?	I help Ms Antouna acknowledge that Sarah's anger towards her
Anthi Agrotou	But she shows how close to you she is.	was an indication of
Ms Antouna	The fact that she stayed there?	her
Anthi Agrotou	No, that she has the need to express: "I'm angry with you". In other words, if she didn't care about you, she wouldn't have the need to show it so much.	attachment towards her.
Anthi Agrotou	Was Sarah's way of walking different today?	We comment that Sarah
Ms Lovari	Yes, she was...	walked with
Ms Antouna	More at ease?	more ease
Ms Demetriou	Yes, she was more at ease.	during this session.
Ms Demetriou	Jenny is here teasing, with her "he" vocalisation [16.19 - 16.25].	Ms Demetriou interprets
Ms Antouna	I have the impression that this is	Jenny's

- what Sarah wanted today [to walk to the piano], but for such a long time I hadn't realised [16.19 - 16.43]. **vocalisation.**
- Ms Antouna **Ms Antouna feels bad for not having realised Sarah's need to walk to the piano earlier, and I comment that her delayed realisation helps them to become differentiated.**
- Anthi Agrotou This is a magnificent scene!
- Ms Antouna She's coming quickly-quickly. As if she says to me: "Didn't you know that this is what I wanted?"
- Anthi Agrotou This is the different element in her walking, the speed. Christina [Antouna], there're two elements here: the one is that you understood her desire to come to the piano and you got up, and the other is that you didn't understand it instantly; had you understood it instantly, there wouldn't have been a differentiation between you two. **Comments on Sarah's first moments at the piano.**
- Ms Demetriou She's asking for you [Anthi] to play [16.43 - 16.50]...
- Ms Antouna She's going straight to Anthi to play.
- Anthi Agrotou "Ah, look at me now! Do you accept me?" [16.53 - 16.55]].
- Ms Demetriou After a long time, she turns [to look at us] differently; and she stays like that looking at both of us [her and Ms Lovari].
- Anthi Agrotou She turned to look at Louis [Loizou], too.
- Ms Demetriou She turns to look at everybody!
- Ms Antouna At some point I thought that she was going to come to you, Louis [Loizou], didn't you feel that?

Ms Lovari	Jenny has turned away here. She's here saying: "Do whatever you like, leave me alone" [17.08 - 17.20].	Ms Lovari interprets Jenny's behaviour.
Mr Loizou	There was a problem when Jenny threw Sarah's objects to the floor [24.34 - 25.43].	
Ms Demetriou	What a moment that was!	
Anthi Agrotou	We're laughing, when we're not supposed to laugh.	The carers are impressed
Ms Demetriou	We get excited, Anthi, it's something that we weren't expecting, and it's a development that impresses us.	by the patients process.
Ms Antouna	Look that for every noise that was created there, Sarah was protesting, wasn't she [19.40 - 20.33]?	Comments interpreting in detail the
Ms Lovari	She's angry here [19.46 - 20.00]	meaning of
Ms Demetriou	"Come on, sit in your cage and now I am on my feet!"	Sarah's behaviour
Ms Lovari	She turns again to look at me [20.00 - 20.19].	towards Ms Lovari.
Ms Antouna	It's so as to make sure, that you are not going to be occupied with Pamina.	The carers are here more aware of the
Ms Demetriou	What a scene!	magnitude of
Ms Antouna	This was the first time that she made an intense sound, at all other times she was calm.	Sarah's anxiety and anger.
Anthi Agrotou	Look at her eyes, now without the lips that would always have that smile.	

Ms Demetriou "If I get you, I'm going to kill you"
[20.06 - 20.19].

Ms Lovari I continue [20.19 - 20.33]

Ms Antouna That's why she's looking at you.

Ms Lovari She's turning again towards me
[20.33 - 20.55]

Anthi Agrotou She's become uneasy.

Ms Antouna She doesn't trust you to turn her
back to you, lest you stab her from
behind. She's ruling.

Ms Demetriou She's the leader... Now she's
turning to look at me again [20.55 -
22.02].

Ms Antouna You played something and she's
turning to you [to Ms Lovari].

Anthi Agrotou These moments were intense.

Ms Lovari Jenny is aware that something is
happening, she's laughing here.

Anthi Agrotou Something is happening without her
as the centre.

Ms Demetriou You see how Sarah is leaving her
position, making her steps.

Ms Lovari She's turning to look at both of us
very intensely.

Ms Demetriou As if she wants to proceed.

Anthi Agrotou Yes, I had this feeling that today she
could have gone somewhere else.

Ms Demetriou I thought that at one point she'd
have gone to Maria [Lovari].

Anthi Agrotou It may come.

Ms Lovari You think that she may come to hit **Ms Lovari is**
me! **here aware of**

- Ms Demetriou There, you see, she's moving. **Sarah's**
- Ms Antouna She gave me her hand once or twice, **hostility**
and I felt that she'd pull me towards **towards her.**
Maria, but I told you, I feel bad to
move in front of you.
- Ms Lovari You think that she may have wanted
to come and hit me?
- Ms Antouna No, just to have brought her there, **The carers**
she may have wanted to play with **suggest**
you. Perhaps, if at that point, **physical and**
Anthi, Maria [Lovari] were to come **immediate**
[to the piano] and take her? **ways of**
- Ms Lovari This is what I was saying also. **appeasing**
- Anthi Agrotou No, and I'll tell you why: Maria **Sarah's**
[Lovari] could play something for **hostility.**
Sarah ...
- Ms Lovari That's what I was feeling, that the
moment she was playing the piano,
that I should make that noise [that
she was doing]; she may have
wanted this, that *we* should *also*
follow her.
- Anthi Agrotou Let's put it differently; she may have **I point out the**
been asking what Isabella **need for a**
[Demetriou] said: "Come close to me, **symbolic/**
here, all of you"; but I think that, if **musical**
this was the message, the two of **language**
them should say to her ... **from our part.**
- Ms Lovari "Musically we are with you."
- Anthi Agrotou Yes, that: "Musically we're with
you". It's a symbolic language; in
this way they can leave the body

language for the symbolic language.

- Ms Antouna How they're thinking! Jenny stays ***The carers***
there, contemplating: "What am I to ***interpret in***
do to take revenge on her", this kind ***detail the***
of expression that she has [22.40 - ***meaning of***
24.34]. ***Jenny's***
- Anthi Agrotou Yes, you're right. Her facial ***behaviour***
expression reveals some hatred. ***that leads her***
- Ms Lovari Yes. ***to throw the***
- Ms Demetriou Yes. ***beaters.***
- Ms Antouna She's angry.
- Anthi Agrotou If it's possible to destroy...
- Ms Lovari What Sarah is doing.
- Anthi Agrotou What did you do here Christina? ***Ms Antouna***
[23.00 - 23.29] ***reveals what***
- Ms Antouna She was going to do that thing ***Sarah's***
[belch] and every time I was saying ***belching***
to her: "Okay Sarah", she'd stop. ***makes her***
- Anthi Agrotou I think you can let her do it. ***feel.***
- Ms Antouna I somehow don't want her to do it.
- Anthi Agrotou Why?
- Ms Antouna I don't know.
- Anthi Agrotou Do you get sick?
- Ms Antouna No, no. It's as if my stomach gets all
tensed up, when she does this. I
feel that her soul is going to come
out... the way she's doing this
movement... And as she was so
calm. She could, if she wanted to,
continue this thing [belching],
couldn't she?
- Ms Demetriou Here's Jenny, she first bangs her ***We return to***

	feet [23.50 - 24.34].	Jenny's
Anthi Agrotou	This is good, because she's doing it with music [Jenny's cymbal playing]. Did I pick it up? Not yet. This was a mistake.	behaviour. I question my response to
Ms Lovari	All of us at that point should show this to Jenny [our musical response to her musical phrase]... that: "We're with you".	Jenny's cymbal phrase and acknowledge my mistake.
Ms Demetriou	We were somehow confused.	
Anthi Agrotou	Do I pick up Jenny's phrase here [24.23 - 24.34]?	
Ms Demetriou	Yes.	
Anthi Agrotou	But there's a distance from her own phrase, it should have come earlier. One approach was to give Sarah the space to react to Jenny's cymbal phrase, which I think was in my mind at that moment. I don't think that this was appropriate in the context.	
Ms Lovari	Look, she takes her things [Sarah's beaters] and throws them away [24.34 - 24.56].	Comments of detail observation
Ms Antouna	Like when children are playing together, and one says to the other: "Oh hated one, I'll show you".	and interpretation of Jenny's
Ms Demetriou	And [she keeps holding] her own [beater] in front.	throwing of the beaters.
Ms Lovari	Clever, you're doing clever things!	
Ms Antouna	It's not <i>her</i> beater that she threw, her beater she's holding right in	

front, it's *your* [to Ms Demetriou]
beater that she threw!

Ms Demetriou It's mine that she threw.

Ms Lovari She's throwing Sarah's beater and
Isabella's [Demetriou] beater.

Ms Demetriou It's Pamina's beater [in fact].

Ms Lovari It's not only with Sarah that she's
angry, she's also angry with us for
paying attention to Sarah, instead of
paying attention to her.

Anthi Agrotou	Look at Sarah's expression, [her reaction] at what happened [24.56 - 25.43]!	Comments interpreting Sarah's reaction to Jenny's attacks.
Ms Antouna	She's angry with her [Jenny], as if asking her: "why?".	
Anthi Agrotou	Symbolically it's a language [Jenny's] that says: "I'm finishing you off, I'm cancelling you out" and you're saying [to Ms Antouna] to her: "No, she doesn't cancel you out, you still exist" [by collecting Sarah's beaters]. It brought Sarah relief, the fact that you [Ms Antouna] put them back into their position.	I clarify why it was important to collect the beaters and Ms Antouna acknowledges the importance of playing Sarah's sounds.
Ms Antouna	And that we turned and played her sounds on the piano [25.19 - 25.43].	
Anthi Agrotou	Yes, and here, you see, she can turn [towards the piano]. Now we can sit a little bit more distant from them, like you Isabella [Demetriou], just a little bit more to the right, so that you're not sitting	I point out that the carers can position

so much in pairs; and Christina **themselves at**
[Antouna], the same, half-a-foot **a slightly**
away from Sarah. **bigger**

Ms Demetriou Pamina was not well today. Perhaps **distance from**
she was heading for a fit. **their**

Ms Lovari She was ready for a fit all day **allocated**
today... She's a person with more **patients.**
problems than the other two. **The carers**
..... **acknowledge**
Pamina's
state.

C. 6 THE SESSION OF DECEMBER 4, 1995

Ms Antouna, Ms Demetriou, Ms Kazakaiou and Mr Loizou were present.

Excerpts of the discussion and the comments made while watching some extracts from the video-recording of the session. The numbers in italics refer to the parts of the session that are described in Appendix B. 16.

- | | | |
|---------------|--|--|
| Ms Demetriou | Pamina was approaching us very much today [11.00 - 11.49]. | Comments on Pamina's alertness and one |
| Anthi Agrotou | She was on the verge of doing something. | interpretation on why she did not play. |
| Ms Antouna | I think that she didn't want to do anything. If she <i>did</i> want to, wouldn't she have taken something? | |
| Anthi Agrotou | Yes, for sure, but she was close to that. | |
| Ms Kazakaiou | She was alert, but she didn't want to. | |
| Anthi Agrotou | That's right; she may be feeling: "Why should they expect this every time? It's when <i>I</i> want to [that I play], why should <i>the others</i> ask it of me?" Sometimes we were insisting too much. | |
| Ms Kazakaiou | When Sarah got up and went to the piano, Jenny laughed in a very | The carers remember and |

	characteristic way.	observe in
Anthi Agrotou	It's her mocking laughter.	detail the
Ms Demetriou	Yes, it's her mocking laughter. And her "la-la-la" today!	patients' interactive
Ms Antouna	In spite of the fact that Jenny suffered epileptic fits these days... On Sunday, she was very uneasy at night.	behaviour with each other: Jenny's
Anthi Agrotou	The way Jenny played the cymbal today was new.	mocking laughter the
Ms Demetriou	She pulled it close to her.	moment
Anthi Agrotou	And sometimes she was entering exactly in our own tempo and rhythm.	Sarah went to the piano;
Ms Demetriou	Sarah's face was very expressive today. She expressed herself very beautifully towards everyone; she was turning to look at us, she was turning to look at Christina.	Sarah's facial expression;
	
Ms Demetriou	Pamina, ... to have come so close to us and not play [14.24 - 14.48]	
Anthi Agrotou	I think that we were asking too much of her today... Here's where Sarah comes to the piano [14.48 - 14.53].	
Ms Kazakaiou	Listen to Jenny laughing! Have you heard her laughing [14.53 - 14.59]?	
Anthi Agrotou	Yes, that's right... How much Jenny liked the music here [14.59 - 15.26]	
All	[We all laugh at Jenny's sounds of pleasure, as a response to the	Jenny's response to

	music].	<i>the music,</i>
Ms Demetriou	Listen! Her "la-la-la-la" [15.02 - 15.15]. Look, how she hits her head with her beater [15.15 15.20]. Look, "la-la-la-la" again [15.20 - 15.26]	<i>which gives to all of us a lot of pleasure.</i>
Ms Antouna	How beautiful this is! She liked this music very much.	
Anthi Agrotou	Yes, we have to play it again. It's pentatonic music, which we can play when we use only the second row of the metallophone and the xylophone.	
Ms Antouna	Here Jenny shows as if she has re-found you [15.26 - 15.48].	<i>The carers feel that</i>
Ms Demetriou	Yes, indeed... And I was trying to move away from her, but she wouldn't let me. She's holding me very tight; I'm trying to move back, but she's holding me tight.	<i>Jenny has re-found Ms Demetriou, and the latter feels the</i>
Anthi Agrotou	You can remove her hand.	<i>fragility and</i>
Ms Demetriou	With difficulty she was letting go of me.	<i>violence of Jenny's</i>
Anthi Agrotou	You can remove her hand.	<i>attachment</i>
Ms Demetriou	You mean I can?	<i>behaviour.</i>
Anthi Agrotou	Yes.	
Ms Demetriou	I'm afraid to, in case she gets angry.	
Anthi Agrotou	It's okay for her to get angry; she hasn't got the right to impose on you physically.	
	
Ms Demetriou	Jenny moved her head with rhythm [20.53 - 21.09].	<i>Comments on Jenny's</i>

- Anthi Agrotou I think that now we can understand, when she's moving her head to the rhythm, and when she's doing it to isolate herself; it's not always the same [22.16 - 22.35]. **communi-
cative repertoire in
the session.**
-
- Mr Loizou It's this bit *here*, when Jenny throws the beaters away [21.09 - 22.35]. **The carers
interpret also**
- Ms Antouna She gets up and goes straight to them [Sarah's beaters], to nowhere else [21.09 - 21.16]. **Jenny's
aggressive
behaviour.**
- Ms Demetriou She throws one in front of Christina's chair.
- Ms Kazakaiou She bent that beater [Pamina's beater on the xylophone], so that Pamina would take it like that [bent] [21.23 - 21.33].
- Ms Demetriou Because that beater was concerning Pamina.
- Anthi Agrotou She wanted to break it, and then she changed her mind and threw it.
- Ms Antouna She threw all of you down ... this is the circle of triumph [refers to Jenny's to the window via the cameraman] [21.23 - 22.05].
- Ms Demetriou "I don't need you... I see outside towards the future, the light..."
- Anthi Agrotou I think that it's good that we were all playing one music, loud and intense... It had an intensity, it was charged. **I talk about
the benefit of
playing group
music.**
- Ms Antouna Look how Jenny is hitting the

cymbal; it's the same, as when she said "la-la" and as when she was moving her head.

Ms Kazakaiou Pamina here is intense [21.33 - 22.35]. **The carers are sensitive**

Anthi Agrotou Yes, she's breathing with intensity. **about the**

Ms Antouna She's turning to look at the beater that Jenny threw. Look at her, this is my impression. **impact of Jenny's attacks on**

Anthi Agrotou Yes. Perhaps this is what gave her anxiety. **Pamina.**

Ms Antouna It may have angered her.

Ms Kazakaiou Being conquered.

Ms Antouna As if she was saying: "She threw it at me, she made her circle, she showed me that *she's walking*, that *she's superior to me*"; and you see, this is the only moment that Pamina stays at one place, not moving in circles. She seems hurt.

.....

Anthi Agrotou It may be that Sarah's position is threatened, when Jenny throws the beaters, as if her own position is threatened. **The carers are aware of the dynamics between the**

Ms Demetriou Sarah is aware of Jenny's superiority. And that smile that she gave Pamina at one point [13.17 - 13.27], was like saying to her: "I, Pamina *am* superior to you, of course, I feel that I'm inferior than *Jenny*, but again..." **patients.**

Ms Antouna	It's as if these are suffering the same pain.	
	
Ms Antouna	This [cough of Sarah's] is not the same, as she was doing at other times [referring to Sarah's cough-belches] [29.36 - 29.58].	Ms Antouna can differentiate between Sarah's
Ms Kazakaiou	No.	biological
Ms Antouna	This must be her cold, because she had a bad cold, with a lot of mucous.	coughs and her
Anthi Agrotou	Differentiate between how Sarah is looking here and from now on, and how she's looking in her playroom, or at the beginning of the group's life; then it was this eye expression, but with that laughter underneath. It was an unnatural thing [29.36 - 31.40].	psychological cough-belches. We comment on the difference of Sarah's facial expression:
Ms Demetriou	Look how she's looking at you. [to Ms Antouna]!	not disharmonious
Ms Antouna	At this moment it's harmonious [her eye-expression with her lips].	as in the past.
Anthi Agrotou	Yes, here the one fits the other, doesn't it?	
Ms Demetriou	She's asking you to come close to her. She's also playing the piano to you. She's trying a little bit to play the piano to tell you: "look I'm playing the piano, and you, are you away from me?"	The carers are sensitive about the meaning of Sarah's glances and posture.
Ms Antouna	But she doesn't make a step.	

- Ms Kazakaiou She may have been feeling comfortable, she may have been feeling very good that, for once, she was playing on her own.
- Ms Demetriou You see that she turns to look at all of us [30.30 - 30.44]
- Anthi Agrotou Look with what meaningfulness she's looking [30.30 - 30.52]
- Ms Demetriou I'm insisting on Pamina playing, but ... it's not good that I'm insisting so much [30.52 - 31.13]. ***Ms Demetriou becomes aware that she insisted too much on Pamina's participation.***
- Anthi Agrotou I think that from all of us it was too much for Pamina. ***she insisted too much on Pamina's participation.***
- Ms Demetriou I also feel that. Whenever she was coming close to me I was insisting, but she didn't respond. ***Pamina's participation.***
- Anthi Agrotou Perhaps we had overstepped the limit.
- Ms Demetriou Now Jenny is looking at the [bongodrum's] pins. She turned it the other side and was exploring it... quite a mechanic!
- Ms Kazakaiou Now Sarah is going to straighten up her body, the moment Christina went near her [31.28 - 31.40]. ***The carers are aware that there are psychological reasons for Sarah's posture.***
- Ms Demetriou But you see that, when you're close to Sarah [to Ms Antouna], her body is straight up, when you leave her side, she pulls out her buttocks. ***Sarah's posture.***

Transcripts of the brief discussion that followed, after watching some extracts from the video-recording of the session.

- Ms Demetriou My student doesn't get up to leave [after the end of the session], under any government's rule! ***The carers are aware of Jenny's attachment needs.***
- Ms Kazakaiou What do you expect? She's been looking for you for such a long time.
- Anthi Agrotou She was very different today. She had a lot of joy, that we haven't seen for a long time.
- Ms Demetriou My baby!
- Anthi Agrotou It's the confidence it gives them, to do things that are difficult for them [outside]; for example, some participation that Jenny had with her "la-la-la", and her joy about it - this she didn't do, when she was without you [to Ms Demetriou]. ***I refer to the impact of the attachment bond for the patients.***
- Ms Demetriou "La-la-la" was so clear! It was clearly musical. My child has a musical ear, she has a talent.
- Ms Kazakaiou Today in the playroom, Jenny sat on a chair and didn't move the slightest bit. She has started not to move in the playroom lately. ***The carers contrast Jenny's behaviour in the playroom and bring in the chaotic reality of the***
- Ms Demetriou She isolates herself a lot.
- Ms Antouna She has always been isolating herself.
- Ms Kazakaiou No, at the beginning, Jenny would

make some movement, or some ***institution***.
sound, she'd be heard...

Ms Antouna We're somehow to be blamed for that.

Ms Kazakaiou Yes, certainly.

Ms Antouna There're carers who, when they see her isolating herself, shout at her: "Jenny, come to sit here". When in that space - we're four groups all together - *who* among them are you going to notice; and playroom Number 7 mingles with us, so we are *five groups* in *one* space. Somewhere, you're not going to pay attention to her, as it is right, and now ... it's chaos.

Ms Demetriou Now, it's chaos because of the party [Christmas] and the preparation ... it's real chaos!

Anthi Agrotou It's time to go. Let me just remind you that we have another two sessions until the Christmas holidays.