

ANGLIA POLYTECHNIC UNIVERSITY

NEGOTIATING CONTROL AND FACILITATING
EMPOWERMENT: INDIVIDUAL MUSIC THERAPY
WITH TWO CHILDREN WITH AUTISM

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Chapter One

Introduction

This dissertation explores the processes of negotiating control and facilitating empowerment with children with autism using music therapy. I have explored and discovered these processes in a number of different ways in individual music therapy with different children. I have become very interested in the way in which I frequently find myself thinking about the behaviours which children with autism display in terms of their apparent need to control their environment. Equally often, I consider the aims of the treatment I am offering them in terms of this apparent need.

Many music therapists write about their work with children with autism, as I shall later discuss. Much of the literature on the subject touches upon the issues of control that emerge in the behaviour of children with autism, and their presence in the therapy process. The two case studies I present, however, address the angle of control and empowerment as a central consideration in the work. I illustrate, through two specific and contrasting examples, a way of working which has evolved through my deepening experience of and interest in these aspects of autism and music therapy.

The second chapter outlines the features of autism and highlights the way in which the issue of control manifests itself. Reference is made to the theories of a number of professionals in the field, but most prominently to child psychotherapist Frances Tustin (1992). A section that makes reference to the writings of Donna Williams (1996) (an adult with autism) also offers a more personal perspective on the disorder.

This gives considerations to the treatment process in the light of the insights arising from this.

The third chapter describes the setting for the case material that I later outline. This includes staffing, programmes of care and education, behaviour management, annual reviews and my role as a music therapist within the team. This aims to put the case material into the context of the environment in which the children are educated and cared for.

The fourth chapter looks at autism and music therapy, in order to demonstrate some of the ways in which music therapy, in particular, can be effective in the treatment of autism. The way in which control issues arise in the clinical setting is introduced, and examples of the work of a number of music therapists outlined.

I then define my own music therapy approach in the fifth chapter. The part that the issues of control have played in this approach is also explored, both with regard to specific musical techniques, and also with a more generalised appreciation of them within the context of personal individual therapy.

Two case studies follow, which illustrate and explore my interest in the factors of control and empowerment within the process of individual music therapy, in relation to the theoretical material in the first five chapters.

The case studies contrast with each other, in that the first features a child who displayed behaviours that could be described as “controlling,” and the second seemed to need help to take control.

The behaviours of the first child “controlled” the sounds he made, the power he exerted over what I did, and the music I used in response to him. This child seemed to have a very limited capacity to relax this control and tolerate shared experiences. Such experiences meant compromising and allowing himself to be drawn into music making in which he could follow as well as lead and act as an equal without feeling threatened.

The case study outlines the process of how these behaviours were approached with a view to reaching the ultimate goal of a more reciprocal relationship and greater ability to compromise on the part of the child.

The second case study describes a shorter period of therapy (six months) which illustrates ways of facilitating empowerment for another child. This child seemed to lack the means and motivation to take the initiative and lead rather than follow. It explores some very different ways in which I tried to give musical feedback and support. This child seemed to need such support that would lead to a more autonomous existence and improved self-awareness, self confidence and self esteem. Like the other child, he also developed a greater capacity for relating in a more reciprocal way.

The ultimate goals of both case studies can be seen as much the same. The different individuals and the ways in which the process has evolved for each demonstrate that the aim needed to be addressed from a different perspective for each of them. The first child needed to learn to *let go* of his extreme “control” and the second needed to be empowered to find ways of *taking* control of what he was doing in relation to me and discover positive ways of having an impact on another person.

Both case studies exemplify what I have identified as one of the core processes in individual therapy for children with autism through the experience I have gained working in the field for the last two years. This process can be described as one that helps clients to enter into a non-threatening, supportive relationship with the therapist. This relationship should help them both to trust the benefits of relating to others, and to find constructive ways of coping with their difficulties. This can be helped by improved self-awareness, self esteem and positive experiences associated with these phenomena.

I shall now outline the main features of autism, and the way in which the need to control manifests itself in the behaviour of those suffering from it.

Chapter Two

Autism - General Description and Theoretical Background

The Features of Autism

Autism is a developmental disorder that has, as yet, not been attributed to any single cause. According to Frances Tustin, autism is a term reserved for a “specific spectrum of disorders where there is an absence of human relationships and a gross impoverishment of mental and emotional life...”(Tustin 1992 p9).

The origin of the term “autism” is found in the Greek word “auto” meaning “self” and is indicative of one of the main presenting features: an extreme preoccupation with the self and an absence of interest in others (Bryan 1989 p16). This feature is striking to the observer in a school for children with autism like the one where I work. The children occupy themselves in a very self-absorbed way, showing little interest and virtually no apparent desire to play with other children in the way that one would expect in the playground of a mainstream school.

Kanner, an American psychiatrist, described autism in the 1940s as a “biologically provided disturbance of affective contact” (Trevorthen et al 1996 p5). Before Kanner’s specific description, people with autism were not recognised as separate from others who were considered “psychotic or mentally deficient” (Trevorthen et al 1996 p5). So from this time onwards, a diagnosis of autism has indicated a deficit in

one of the crucial areas of human development and existence - that of social contact and communication with others.

In addition to this marked lack of ability and apparent lack of motivation to communicate and interact with others human beings, autism also encompasses a collection of distinctive features. According to the music therapist, Auriel Warwick, who cites the work of Rutter, these include “delayed and deviant language development” and an “insistence on routine, shown by stereotyped behaviour patterns such as spinning objects or flapping the hands with a strong resistance to change.” (Warwick 1995 p213)

This impaired social development manifests itself in a general lack of awareness of others including an apparent absence of understanding of the emotions and needs of others and no motivation to find out about these phenomena. Particularly distinctive in autistic states is a clear and marked avoidance of eye contact. This seems to imply an absolute intolerance of natural non-verbal interaction and thus reinforces the impairment of verbal communication and social contact.

From the point of view of a person without autism, I have found that this avoidance of eye contact makes it difficult to establish whether I am being heard or understood. This is particularly apparent if I do not yet know a child well since the non-verbal feedback that naturally occurs in interaction between people is missing. Making contact with the child in terms of conveying information and understanding how he or she is feeling is qualitatively different from what people who do not have these impairments are used to.

Impaired Language Development

The impaired language development may present itself in a normal initial stage followed by a loss of these original skills. It may be that the child appears normal in all aspects in early infancy and, at first, develops accordingly. Warwick (1995 p213) refers to the work of Rutter, who describes one of the defining features of autism as an onset before the age of thirty months, before which, language development can be underway. Some children, however, never develop verbal skills and often miss the pre-verbal development of babbling found in normal babies.

In cases where the child is verbal, speech may be echolalic. That is, the child often simply repeats what is said to him or her. This response can appear rather mechanical and does not necessarily confirm understanding. This becomes particularly apparent when the child is asked questions as they are simply repeated rather than understood and answered. Similarly, reading skills may appear more advanced than they actually are, as the child may be able to read sentences fluently, yet show no comprehension of the meaning of the sentences. Children who display this disorder of linguistic communication are difficult to interact with as their verbal skills are not applied appropriately and do not facilitate spontaneous communication.

Impaired Capacity of Imagination, Creativity and Flexible Play

In addition to these existing features, is a lack of capacity for imagination. This severely affects the behaviour of the child in social interaction. An inability to predict possible responses from others, to imagine what they might be thinking or to anticipate how the child's actions might affect them means that children with autism lack a natural curiosity about and consideration for others which most people take for granted.

In playing, the healthy child discovers his own interests through pleasure or experimentation and also forms an identity (Winnicott 1966 p55, Winnicott 1985). Crucial to the development of imagination and symbolism is the use of the transitional object (Winnicott 1966 p55). A transitional object is often a soft toy or blanket from which the child derives comfort in the absence of the mother. A healthy child will become very attached to this item as it represents the mother. However, the child distinguishes between the transitional object and the mother.

The autistic child is incapable of making this distinction and cannot accept the concept of one thing representing another. His or her perception is one of concrete absoluteness. Frances Tustin describes a pathological use of objects in comparison to this as the use of “autistic objects,” contrastingly hard items rather than soft toys (Tustin 1986 ch.6). She describes the autistic object as something the child uses for “protection” that the child perceives as attached to him as an “extra hard bit of the body” (p103). She claims that the function of the object is “being” rather than representing the mother, and serves as a “plug” to the gap between mother and child (p110).

This pathological perception of self and mother has implications for the child’s general capacity to develop through the playing that is natural to healthy children. Instead of a flexible “let’s pretend” approach to playing, children with autism display a rigid lack of creativity that manifests itself in inappropriate use of toys, such as spinning them or arranging them in lines.

Minsky describes the way in which Winnicott draws attention to the function of the transitional object: He describes it as the item that helps the infant to progress from a state of “omnipotent control” to one of “control by manipulation” (Minsky 1966 p262). In other words, this stage is responsible for the development of the child’s

ability to accept the existence of external reality, and the fact that the events of this external reality are not always within his control.

Tustin identifies this as something that the nature of autism prevents:

“Although in reality they are weak, the adhesive “equation” (Tustin 1990) with the mother’s body will have increased the early infantile sense of omnipotence.”

(Tustin 1992 p12)

The persistence of this “omnipotence,” which “insulated by the autism.....becomes monstrous” (Tustin 1992 p13) can be seen as the causal factor of the lack of awareness of external reality and, consequently, the people in that external reality.

Hypotheses of the Causes of Autism

Frances Tustin, a child psychotherapist, examines the possibility of both organic and psychogenic causes of autism. According to her, it seems possible that there is an underlying genetic factor because of the much higher incidence of autism in males than in females.

Tustin’s psychotherapeutic work with autistic children addresses a psychogenic origin to the disorder. However, she points out that psychotherapy may also be beneficial to those children for whom an organic cause is probable. This is because the manifest features may be the result of “psychological modes of protection that are a reaction to the organic disability” (Tustin 1992 p25). In observational terms, it seems that the cause is not distinguishable: The presenting symptoms (which vary from child to

child in any case) do not give any clues as to the origin, as they are essentially the same.

In Tustin's theory of a psychogenic origin for autism, she describes two stages, the first being an "unduly close association with the mother" (Tustin 1986 p2). This rejects the earlier theory of the child's social and communicational impairment being the result of "inadequate nurturing" from a mother who was "cold, intellectual and rejecting" (Tustin 1992 p14).

The odd behaviours displayed by children with autism present themselves in the second stage, as a reaction to the "trauma of the realisation of bodily separateness" from the mother (1992 p11). Tustin refers to the state of autism as a "delusory traumatic situation" (1992 p11). This is what happens when the child realises that his or her body is separate from the mother's. The child experiences this realisation as if he is losing a part of his own body.

The closeness with the mother fails to prepare the child for the realisation of separateness. The acceptance of separateness is essential to the process of attachment and bonding (Bowlby 1984). So the child is unable to relate to the mother as a separate individual and therefore cannot form relationships with others in the normal way because of a lack of sense of self.

Some theories of child development originally stated that there was a phase in normal development termed "normal primary autism" (Mahler and Anthony in Trevarthen 1996 p7) in which the child could not differentiate self from other. Tustin's first writings about autism took account of this theory (Trevarthen et al. 1996 p7) and viewed autism as a regression to, or failure to progress from this stage. However, in the light of later observations and conclusions of Stern (1985), Tustin revised her

hypothesis. Stern's theory suggests that this stage of "normal primary autism" does not occur in normal infancy, and the infant is born with an awareness of self. In her new thinking, Tustin identified the perceived fusion with the mother and subsequent trauma as phenomena specific to the pathological condition of autism (Tustin 1992).

Behaviours which suggest a need to "organise" the environment - exploring the issue of control in autistic states

Bizarre behaviours such as hand-flapping and spinning objects can be seen as coping mechanisms that enable the child to feel safe and in control of his or her surroundings. The autistic child is intolerant of the unpredictable, and so organises his or her environment in a way that allows him or her to understand it. It seems that this need for control is at the root of extreme ritualistic behaviour patterns and insistence on routine.

The music therapist Sandra Brown (1994 p16) refers to Piaget's theory of Assimilation and Accommodation and describes how, in autistic children, the failure of the Accommodation component of this can account for the "rules" and patterns they have learnt as absolute and inflexible:

"The effort to "work out" the patterns behind everything and to implement it, very often means the alternative to chaos is an undeviating rigidity, where the slightest variation in set routines, particular routes and rituals is intolerable."

(Brown 1994 p16)

Because other people cannot be dealt with in this way and their behaviour cannot be controlled or anticipated in the same manner, the child avoids them, for fear of being

at the mercy of something he cannot control. The absolute and uncompromising nature of this avoidance of human contact can be seen to render the child completely cut off from beginning to learn about the subtleties of relating to others.

In viewing these behaviours in this way, I see one of the of the aims of the treatment of autism as one of helping the child to find less extreme and more flexible ways of making sense of things and people around them. This can be seen to lead towards a more purposeful and meaningful way of operating.

Some Considerations in the Treatment of Autism

Donna Williams' book "Autism: An Inside Out Approach" (Williams 1996) is unique in that it offers a personal perspective on what it is really like to live with autism, and, most importantly, gives some insight into the potential effects of others' behaviour on people with autism. This insight is significant both in terms of specific interventions intended to alleviate the problems, and also in everyday situations. Such situations, she clearly points out may well not be perceived and understood in the way that non-autistic people take for granted at all.

Williams highlights the fact that the presenting features of autism may be the result of many and different underlying causes (Williams 1996 ch.4). She describes some of these as being problems of "compulsion, obsession, acute anxiety, sensory hypersensitivity, emotional hypersensitivity, attention problems, perceptual problems, systems integration problems or left-right hemisphere integration problems." She also, most importantly, identifies the fact that there are differences in each individual child's awareness and understanding of their behaviour.

She demonstrates, in her (hypothetical) example of a child suffering from compulsions (1996 p28), that in some cases, the affected person may have considerable insight into their behaviour. When this happens, the person may try to fight against the compulsions and feels trapped and powerless against their overwhelming control. This means that the actions of the person are felt to be involuntary. In other cases, Williams describes the behaviours as things which the autistic person “wants” to do. In this case, they are felt by the person to be “part of the self and self expression” (1996 p28). However, although the differences dramatically affect the way in which the autistic person experiences the way in which they exist, they may be unable to communicate this. So, for example, if a person with insight into their compulsions was helped by someone to stop the behaviour, they may be unable to convey their wish to co-operate, because their unrelenting compulsions would not allow them to do so. This is a poignant example of a (hypothetical) child who experiences this predicament:

“Joanne knows that other people think she is probably mad or stupid and annoying and even though her true self-expression is limited, there is a depth and sadness in her eyes because she feels like a tortured prisoner.”

(Williams 1996 p28)

Williams gives many examples of how sometimes, this kind of insight can be very painful. Her choice of simile “*tortured prisoner*” vividly evokes a sense of this child’s helplessness and powerlessness to control her own actions. A sense of self and autonomy cannot be allowed to develop as long as her behaviour inhibits her capacity to behave as she intends to, to reach others and to be reached by them.

Williams’ personal understanding of autism sheds light on the complexity that lies beneath the behaviours of people with autism. An awareness of the implications that

this complexity has in terms of the intricate individuality of each person with autism seems to be essential to keep in mind when approaching them with a view to helping them to overcome their difficulties to some degree.

I shall now describe the setting for the case material, and describe my role as a music therapist within the team.

Chapter Three

Setting and Background

The setting for the clinical work I am going to discuss is a school for children with autism between the ages of two and nineteen. To gain a placement at the school, children have a diagnosis of an autistic spectrum disorder from a paediatrician. They

can be referred by the parents and/or other professionals involved with the child and their statement of Special Educational Needs.

The forty-two students are divided into seven classes of six and each class has an age range of about three years (e.g. eleven to fourteen). The school is split between three sites, all within walking distance of each other within the town. The first building accommodates the Early Years Unit and two more classes with children up to the age of about ten. This building also contains the residential part of the school, which accommodates the boarders up to the age of sixteen. In the second building are the remaining four classes, and the third building is the residential unit for the post-sixteen students.

The classes with children between the ages of five and sixteen follow the National Curriculum, differentiated and modified to accommodate the needs of children with autism.

The Early Years Unit provides pre-school education for children aged two to five in preparation for the National Curriculum. The post-sixteen class is entitled “Life Skills” and follows a vocational programme of education that includes attendance at local colleges and work experience placements as well as class-based activities. The programme within school also has an emphasis on daily living skills such as menu planning, shopping and cooking as well as literacy, numeracy and other more academic components to the curriculum.

This aims to help the students prepare for life when they leave school and promote their independence.

On leaving the school at nineteen, the students are placed in a variety of settings according to their abilities and needs. Some have entered further education at colleges. Others have taken up placements in residential group homes that cater for their care needs and promote an independent lifestyle away from the parental home. The charity by which the school is funded also offers adult services that include residential homes and outreach support, which some students access when they leave school.

Day Staff

The teaching staff comprises seven full-time teachers, one for each class. There is also a full-time supply teacher who teaches all the classes for a morning or afternoon session each week, while the class teacher has the session for the purposes of Professional Development. Each class is staffed by a team of two or three Classroom Assistants, one Teaching Assistant (who has increased responsibility) and a number of Residential Support Workers (RSWs) who work shifts with the children both in the classroom and in the residential part of the school. A Deputy Head Teacher, Head Teacher (neither of which have a class themselves) and Head of Care as well as the school Bursar form the Senior Management Group.

In addition, there is a full-time Speech and Language therapist and myself, the Music Therapist within the school staff team.

Residential Staff

A Head of Care (a qualified Social Worker), a Deputy Head of Care, and three Team Leaders head two teams of Residential Support Workers: One for the under sixteen students, and one for the others.

The residential students each have a key worker who is responsible for updating the care plans of the individual. The key worker focuses on the care of that particular student, and, for example attends the Annual Review Meeting each year for their designated clients.

Programmes of Care and Education

The care and education of the children are set up in Care Plans and Individual Education Programmes that identify the child's educational and care needs and set targets in all areas. These targets are discussed and reviewed at an Annual Review of Statement Meeting. This is also the forum for deciding whether the placement at the school is still appropriate and amending the Statement of Special Education Needs where necessary. These meetings are attended by the Head Teacher or Deputy Head Teacher (by whom it is chaired), the child's parents, the class teacher, possibly classroom or teaching assistants if they are available and the RSW who is their key worker. The Speech and Language Therapist and I also attend where appropriate. In addition, professionals from outside agencies, such as social workers, respite carers and educational psychologists are invited to share information and be involved in making decisions for the student's future care and educational provision.

Behaviour Management

Within school there is a system of Behaviour Management, the forum for which are Behaviour Review Team Meetings. These meetings are usually called on an ad hoc basis, by the teacher of the individual. Their function is to address and review the way in which staff respond to and deal with particular behaviours which an individual displays. The meetings are chaired by the Deputy Head, who is also a trained Educational Psychologist. In addition, class and residential staff attend, as do the Speech and Language Therapist and myself, where appropriate. Parents are often invited as well, particularly if it is felt that consistent intervention at school and at home would be important.

I see the meetings as another opportunity to gain information about individuals and the behaviours they exhibit. I can learn more about the meaning of the behaviour, for example, by knowing more about whether it is specific to certain situations or people. Knowing about the strategies that seem to work best with individuals also gives me clues as to the reason for the behaviour, which is useful to me as I work with him or her.

Annual Reviews

I have contact with parents at Annual Review Meetings, Parents' evenings and Open Evenings, which the school holds annually. Sometimes meetings with parents and myself are called if it seems necessary or appropriate to do so. I keep parents informed about the therapy provision, and welcome their comments and/or questions as and when necessary.

My Role as Music Therapist

I took up the position of full-time music therapist, soon after qualifying and joined the school in August 1999. Being full time and knowing that I would have enough time to provide therapy for a large proportion of the students in the school, I decided to carry out an initial assessment of each client. This comprised one twenty-five minute individual therapy session. Prior to the assessment sessions, I also spent a week observing the children in class, talking to staff to gain information, and reading the files holding information on each child. The purpose of this was to gain an impression of the children before I saw them, in order to know what to expect. However, in doing this, I concentrated on important information; medical conditions such as epilepsy, facts such as whether or not they were verbal, and particular behaviours that it seemed important to know about, for example, from a safety point of view. I also felt that there needed to be some space and scope for me “discovering” the child and finding ways of relating to him or her without too much information colouring the experience.

After I had completed the assessment session for each child, I decided initially to see all the students in the school to start with, and, based on my conclusions from the assessments, I recommended either individual or group therapy.

This was a time during which I encountered and began to appreciate more fully than before, the uniqueness of each individual with autism, and the wide range of ways which autism presents itself through each child, within the context of his or her personality.

It was also a challenging time, in terms of establishing my role in the school. The school had, in the past, employed a member of staff in a musical role, who has carried out interactive group and individual work using music. However, I felt that my role as a therapist differed slightly from this in that my work was, and is not educationally

oriented in the way that the role had latterly been. (I understand that some formal teaching was involved in the job.)

With this history, I felt that the staff's expectations of the work I was doing were more geared towards educational aims. However, there seemed to be a widespread appreciation of the communicative and expressive qualities of music making (which, of course, are present whether the work is educational or therapeutic in its focus).

I then set up a reviewing and feedback system, which I still use, whereby I meet with teachers and class staff to discuss all the children in the class. These meetings aim to report back on how the therapy has been going. They are also a forum in which I can gain information about the children outside the sessions. This can encompass changes in behaviour, or things that have happened at school or at home that seem to be having an impact on their general well-being (positive or negative). In the meetings we can also discuss and agree ways of working together in group therapy sessions. This helps to ensure that we are all aware of, and working towards the same objectives, both for individuals and for the group as a whole.

In addition to the meetings, which take place every seven weeks, I provide a short written report for each child, which I keep for my records. I also give the teachers copies of this written feedback for the students' files. At the ends of these reports I identify a number of aims (usually two or three) for each individual. Then, when I write the next report, I comment on the progress that has been made, highlight the aims that I feel have been achieved, and identify new ones where appropriate.

Through this liaison, I have been able to establish good working relationships with staff and communicate about aspects of the work with which they may not be familiar. It gives an opportunity to outline my approach and explain the aims of the

work. This has often led to better communication and increased enthusiasm from the staff, as they gain greater insight into the process and can relate it to the child's progress overall.

I receive clinical supervision, in which the main focus is exploring the clinical case material through video and audio examples taken from the sessions. I also use the time to discuss the most effective ways of organising my case load, managing liaison with parents and staff and other general issues concerning my role within the school.

Having described the setting for the work, I shall now discuss music therapy in relation to autism, and aim to demonstrate how appropriate it is as a treatment for this disorder. I will do this through reference to the work of other music therapists, and clinical examples both from their work and from my own.

Chapter Four

Autism and Music Therapy

This chapter considers the aims of therapy for children with autism, and why music as the medium can be particularly effective. Some examples of the work of other music therapists are given, to illustrate the suitability of the treatment both in general terms, and also in terms of the issues of control and empowerment that are central to my approach.

Why Music?

It seems helpful to begin by examining communication through music as opposed to other conventional media such as spoken or written language. As I have described, children with autism have specific difficulties with both of these areas of language. This means that their capacity for understanding and self expression is severely impaired. In contrast to this, according to the music therapist, Jacqueline Robarts (Trevvarthen et al 1996 p141), the way in which children with autism are able to respond to music reveals that the “infantile foundations of their innate musicality remain unimpaired.” Using this medium then, can overcome the obstacles, and associated anxiety, of words, especially in verbal interaction.

In Chapter Two I discussed the condition of autism in terms of a preoccupation with the self, yet a lack of sense of self, an inability to relate to others, a lack of capacity for flexibility in play, rigid and ritualistic behaviours and resistance to change. All of these features can be seen as defence mechanisms which “protect” the child from the inevitable aspects of life and relationships with others that cannot be predicted or controlled by him. The music therapist Juliette Alvin describes the way in which music can bypass these barriers and defences:

“I used the compelling power of music to penetrate and provoke in the child conscious or unconscious responses, hoping that the music could not only reach him, but help him reach out in a two-way process of communication.”

(Alvin 1991 p.ix)

In considering this statement, music can be seen as something that is offered to the child, to which he has the option to respond. It can be presented in such a way as to maintain it as an option rather than a concrete expectation, so that being unable or choosing not to respond is not considered a “failure” and can be respected as a decision. This is important to the aim of empowerment. Resistance must first be

acknowledged and accepted. The child may need to maintain a distance from the therapist at first, since the process of building a new relationship is unlikely to be easy.

When the child is able to respond, this can be seen as the beginnings of motivation to interact and can then lead to the child initiating communication. This can be seen as the beginning of the process of empowerment; providing opportunities in which the child can lead the therapist in shared musical improvisation.

Nordoff and Robbins (1971 p103) describe the way in which a child was encouraged to play by the assistant in the music therapy session, offering the child a beater with her back turned to her. The way that this invitation was non-pressurised and understated may have allowed the child to respond spontaneously and, as Nordoff and Robbins put it, it “broke the habit or refusal.” This can be seen as an example of a combination of musical support and a non-intrusive gestural prompt allowing the this child to break free from the inhibiting factors which prevented her from responding.

Providing the child with opportunities to take control. Creating a space to “be” within the context of and existence in an educational institution.

In the school setting which I have described, the children’s daily activities are organised in a highly structured and predictable way. Timetables are frequently referred to for the purposes of helping children to understand, and also learn to predict what is happening through the day and what is expected of them. This method of teaching is highly effective in helping children to conform with structures and routines and make sense of the way in which their time in school is organised.

It seems important to note that it is necessary for all human beings to conform to timetables and structures of a working day and working life. However, in meeting the needs of a child with autism, the therapist must give the child space to be himself without such demands. The time spent in therapy sessions can be seen as one in which the child can be allowed to take control, rather than respond to the control imposed on him by the structure of an educational institution.

Mary Priestley developed an approach called “analytical music therapy” (Priestley 1994). She identifies the therapist as the offerer of what she describes as “another kind of love, a listening love, a resonating love, a maternal Yin kind of love that is a giving of permission to be”(p123). This gives the client an unconditional and non-judgmental kind of support that nurtures him and accepts the way that he is.

Responding to the child’s needs as they emerge naturally.

The process of therapy must address the needs of the client. This can be achieved in music therapy by beginning with the material that the child brings to the sessions.

This can be seen as a way of finding out what the child needs by tuning in to the way in which he behaves. In doing this, the level of contact the child can cope with will become apparent. His motivation to use the instruments independently can be seen, and his awareness of and interest in the therapist’s responses can be monitored. It is important that the therapist begins by attempting to meet the child where he is, musically, behaviourally and emotionally. Through working in this way, the needs of the child can emerge and be met through the interaction.

Prior to the first session, the therapist may have had access to factual information about the child’s difficulties. It seems important, however, that the nature and quality

of these difficulties are explored in the here-and-now without assumptions or predictions of how the child will respond to the situation. The way in which the therapist must find a way of relating to the child is one that involves reflections and responses that facilitate exploration of the child's emotional state. Such exploration is subtle and extremely complex. The child must be free to show, through his music and behaviour, what he needs, rather than being shown or told what is expected of him.

Meeting the child in music

In initiating the potential interaction, the therapist can reflect aspects of the child, perhaps, for example, playing in time with movements the child makes, such as walking around the room. In doing this, the therapist may also be able to incorporate into this, the manner or character in which the child behaves and the apparent affect present within this. Robarts (in Trevarthen 1996 p146) highlights the importance of this, stating that the therapist can respond to the "tiniest impulses for initial contact."

This attempt to "meet" the child musically can, as Alvin suggests, provoke a response. This response may well occur naturally and spontaneously, since, as I have mentioned, the child's "infantile foundations of their innate musicality remain unimpaired" (Robarts in Trevarthen et al 1996 p141). The child may therefore be able to be reached in a way that is not inhibited by the barriers of his or her autistic behaviour. The connections with the child which the therapist makes in the music are unlikely to be consciously perceived by the child as aspects of him-or herself.

However, they may provide something to which s/he is unconsciously drawn because of its affinity with the safety and familiarity of his or her own world. This consideration takes account of the need to respect the importance of this "own world" and the meaning it has for the child.

Considering the Function of “Controlling” Behaviours in Treatment

The function which the autistic behaviours perform should, according to Tustin(1986 p2) be considered as coping mechanisms rather than peculiarities with no psychological origin. Because of this, the therapist must be sensitive in addressing them. Tustin believes that, while children need active help to move away from these behaviours (Robarts in Trevarthen 1996 p147), this is a delicate process:

“The stripping away of autistic processes by methods which do not take account of the importance of early relationships must be a cause for concern.”

(Tustin 1986 p9)

Music Therapy offers a medium that can produce repetitive patterns, like those patterns in autistic behaviours. Alvin outlines how this can be used to an advantage in attracting a child’s attention, but must be handled with care:

“Repetitive elements in music can help him (the child) to relate to it, but they have to be part of a larger structure in order not to become obsessive or stereotyped”

(Alvin 1991 p25)

Becoming “obsessive or stereotyped” could be seen to collude with child’s insistence on sameness and simply maintain this without having any real impact on it. The manifestation of this need for sameness in music has featured strongly with some children I have worked with, and my responses to, and support of it have been central to the therapeutic process. With such children, I have felt that my role has been one of support that acknowledges the need for sameness, but which works towards the child developing his capacity to share this with me and be comfortable with my involvement with it. When this has been achieved to an extent that gives way to a sufficiently established way of relating, the therapist can subtly modify, extend and develop the material, “suggesting” new directions in which it might go. In doing this, new material can be introduced, with the intention of bridging the gap between an existence that is rigidly controlled, and one that is freer and more fluid. This can help the child to allow himself to “try out” new material less fearfully and more readily. The aim of this can be seen as the child feeling “safe” through new means; natural interaction with a supportive “other.”

Alvin also draws attention to the fact that an autistic child’s attitude towards music and sound differs from that towards people:

“Most autistic children are searching for sound in their environment, a search which often reveals itself through scratching a surface or tapping it.”

(Alvin 1991 p25)

This suggests that, not only, as Robarts claims, do autistic children *respond* to music in an “unimpaired” way, but that they have a curiosity about sound which can also be seen as a “non-autistic” feature in their constitution. Of course, their accompanying

interest in instruments may encompass an “autistic” attraction. For example, they may be captivated by the visual experience of a particular instrument. This does not mean, however, that they cannot make music that can be potentially interactive and the means to form and maintain a relationship.

Clinical Example

An example of this in my own clinical work can be found when a child with whom I was working used the ocean drum. I was aware that the visual attraction to the colours and patterns of the drum, not to mention the beads moving inside it, may be so distracting that he might be unaware of the musical support I provided. However, although the child’s eyes were certainly fixed on the drum, he seemed able to sustain interest in the sound as well. The sound of the ocean drum was, in fact, particularly effective because of its diverse range of sounds. It is also rather a difficult instrument to control in terms of sound production, so the child was exposed to an element of unpredictability. I was able to reflect, contain and develop this at the piano. In this instance, it could be argued that the “autistic” fascination with the instrument did actually provide a true safety. This created an environment in which the children could explore a sound world that did, in fact, become interactive.

Introducing the “Unknown” in Music Therapy

The music therapist Sandra Brown highlights the equally important elements of framework and flexibility in music, stating that “the unknown and unexpected are as vital to music as its adherence to form” (Brown 1994 p18). So the way in which these two components work together creates an art form to which human beings can relate cognitively and emotionally. In music therapy, the degree to which framework gives

way to flexibility and the tension between the familiar, the secure and the predictable and the uncertain and surprising can be varied. This can be used as a powerful tool to help children with autism to move flexibly within a contained framework. This can be seen as the beginning of the process in which they can discover that, while they cannot predict or control the behaviour of other people completely, they can be freer from their anxieties about this. Once they have experienced this increased freedom, they can learn to relate to and trust them to provide far more effective support than their own extreme defences and the behaviours in which these result.

Chapter Five

Defining my Music Therapy Approach with Children with Autism

In this chapter, I aim to outline my approach to music therapy with children with autism. I will begin by identifying the theoretical orientation of the work and relating it to the work I have already described in the last chapter. I make reference to theoretical models of therapy that have influenced my approach, and also give a basic description of the way a typical session is structured and carried out. I then define more specifically the way I see my role as the facilitator of the client's ultimate empowerment in the process of individual therapy.

Theoretical Orientation

I consider my approach to be eclectic, drawing on a number of different models of music therapy (as described in the previous chapter) and the psychological and psychotherapeutic models that have influenced these ways of working. I consider what happens in the sessions in terms of the "here-and-now" in relation to past experiences, and past and current relationships of the client. This way of working relates to psychoanalysis (Sandler et al 1992) and also to the music therapy approach of Mary Priestley (19914), to which I briefly referred in the last chapter.

Within this I examine my own emotional and psychological reactions to the client and consider the potential impact of counter-transference (Sandler et al 1992) as a possible means of gaining further insight into the client's world. This part of the process is facilitated by exploration in clinical supervision, through which I can begin to make sense of my own emotional reactions in relation to the client.

My interest in and emphasis on the empowerment and autonomy as ultimate goals in therapy relates to the humanistic/existential tradition of psychotherapy. Clarkson (1994) compares this approach with other forms of psychotherapy. This approach focuses on self-realisation and self-responsibility through active, creative ways of working which also makes use of two-way interaction and also involves consideration of the relationship between client and therapist.

When I begin working with a child, my approach and the extent to which I make use of structure in the sessions varies from child to child. There are, however, a number of ways of working which are common to my general approach. I will outline these at this point, in order to give a general overview of this.

Beginnings and Endings

Like many music therapists, I use familiar "hello" and "goodbye" songs to establish a familiar way of letting the child know when we are beginning and ending. The "hello" song can help the child to focus on the music. This establishes it as the main means of communication for the session, and encourages response and interaction in a way that is immediately different from speech at the outset. The "goodbye" song can help to give some indication that the session is going to end before it actually does. It can also help to prepare the child for returning to the other activities in his/her school day. Although the songs are the same in each session, the way in which they are sung

and played can relate specifically to the child and the way in which he/she seems to be behaving and feeling. This might be achieved by playing and singing loudly if the child suddenly plays loudly, or perhaps relating to the way s/he is moving by playing in time with his/her walking or other body movements.

The Main Part of the Session

During the main part of the session, I allow the child to explore the instruments essentially as he or she wishes, and use improvised music to try to create a musical presence that communicates that I am there, and listening and accepting the child being him- or herself. I might do this by singing, without words to imitate the sounds the child is making, or perhaps, using words (sung or spoken) to comment on what they are doing as well as using instruments. Initially, then, I usually see my role as one of a listener who responds musically and communicatively to the material that the child brings.

If the child seems passive and disinterested in the instruments, I will usually present an instrument to him or her (often singing and playing it myself) or encourage him or her to look at the instruments and choose one.

If the child is engaging in stereotyped behaviours such as spinning or twiddling the instruments or taking them apart, I often try to make initial contact with him or her as s/he is doing this, playing in time with it and imitating aspects of the activity. This relates to the work of Roberts that I mentioned earlier. As the clinical examples in the previous chapter show, this can sometimes lead to shared music in which the child can be drawn into more flexible and interactive music making.

Sometimes, however, I feel that it is more helpful to the child if they are guided towards a different activity or instrument, particularly if it is very difficult to engage with them when they are involved in stereotyped routines. In the interests of facilitating more reciprocal communication I might limit the amount of time a child spends on the instrument. I might suggest another after a time, or perhaps remove it from the sessions completely if I feel that the behaviour is specific to that instrument. This can sometimes help the child is able to use other instruments more constructively.

Use of Direction and Structure

The sessions are mainly unstructured apart from the beginning and end. This lack of structure allows a space for the child to be himself and to experience another person sharing that with him, at first, on his terms and following his lead. I consider the first few weeks or perhaps months, to be a time for establishing and reviewing aims for the individual. It is also a time for generally establishing, maintaining and developing a trusting relationship that can help the child to feel more confident and supported. The relationship needs to be strong enough to withstand difficulties that emerge, in order to overcome them to some degree in the therapy process.

There may be times when I set up the sessions in a more directive way. This sometimes seems helpful to the child in terms of focusing, sustaining attention, reducing anxiety, containing challenging behaviour and generally making sense of the situation. I might also introduce a more structured approach in the interests of focusing on a particular aim, such as helping a child to turn-take, for example. Sometimes the directiveness and structure might be introduced in response to

something the child does, and is not planned in advance. At other times, I might feel it necessary to adopt the use of directive, activity-based structures as an ongoing part of the sessions. Such an approach still allows the child to make choices and encourages freedom of expression.

The Balance of Musical and Non-musical Communication

Spoken communication might sometimes form a part of the session. This often arises if I comment orally on something the child does, or ask them about it. Sometimes if a child uses words, then speaking might seem the most appropriate way to respond to them. In general, however, I see the main means of relating as the music.

I see the music and the relationship between client and therapist as equally important factors in the therapeutic process, and consider both when I am evaluating changes and developments. I believe that the two components have an impact on each other and are inextricably linked when music is used in this way.

Addressing the Issues of Control and Empowerment in Music

Therapy

Negotiating Control

I have mentioned many of the ways in which an extreme need to control can sometimes manifest itself in individuals with autism, and have given examples of my approach to this in a music therapy situation. It seems important to consider the difficulties that are thought to lead to this intolerance of changes in routine and lack of capacity to respond to others in a natural way. It seems that autism prevents the individual from developing a sense of himself that allows him to feel safe and unthreatened in the presence of others, and most importantly, in affective contact with them. The person with autism may deal with someone who is trying to make a relationship with them in an apparently powerful manner, perhaps by appearing to exert extreme control over that person. However, this behaviour can be seen as an aspect of an existence in which the person with autism cannot allow relationships with others to develop in the conventional way. This can be seen as a result of a fear of being overwhelmed by them and by anything outside his own expectations and that which he is prepared for.

This suggests, in reality, a very fragile sense of self, and one which relies on extreme defences to “preserve” it. Going back to Tustin’s theory of a “trauma at the realisation of bodily separateness,” (see p6) the person with autism can be seen to be existing in a way which must, from his point of view, compensate for a part of himself being “missing.” The role of the therapist can be seen as one to nurture and contain this fragile sense of self and help the individual to become more autonomous and self-confident. This autonomy can free the person, working towards him feeling that he can “hold onto” himself at the same time as taking on board the existence of others.

The child’s need to control can be seen as a weakness and a factor that inhibits the capacity to develop healthy relationships. In order to facilitate the development of the sense of self, the therapist must address this need as something upon which the child

has become dependent. Because of this, simply stopping the child from engaging in rigid behaviours, for example, does not address the problem at its root. At best, this temporarily distracts the child from the behaviour and at worst can cause frustration, anxiety and possible anger that is negative and fails to take account of the complexity of the problem. As I mentioned earlier, Tustin highlights the need to address the child's difficulties in terms of their origin and function, not simply by superficially eliminating the presenting behaviour:

“The stripping away of autistic processes by methods which do not take account of early relationships must be cause for concern.”

(Tustin 1986 p9)

Therefore, the behaviour must first be accepted and later challenged. The client must be helped to experience more flexible and reciprocal ways of interacting with others in such a way as to motivate him to seek these experiences again. Eventually, this can then begin to generalise into their everyday life.

Juliette Alvin refers to the need for the therapist to introduce change into the music in order to work towards such developments. She suggests that in the music, the therapist incorporates “frequent, small changes that the child should accept without getting upset” (Alvin 1991 p4). If these changes can be experienced positively, then the child can truly enter into closer and more meaningful contact with another person without feeling so threatened.

Facilitating empowerment

Negotiating control can be seen as an aspect of facilitating the empowerment of the individual with autism. The aim of therapeutic intervention is to aid the development of the person's sense of himself and his autonomy, self-confidence, self esteem and responsibility for himself.

Some individuals with autism can appear to have little desire to exert control over others and can present with a sense of distant apathy. This seems to avoid the demands presented by change in a different, but equally "effective" way: Their resistance to and sometimes unwillingness or inability to acknowledge others and the demands that they present "protects" them from becoming involved in or affected by them. Alternatively, passive behaviour might manifest itself in an unwavering compliance to the demands of others, which serves to avoid conflict and confrontation. This means that the child consciously or unconsciously avoids thinking for himself, and therefore fails to develop as an autonomous individual. This renders him reliant on the guidance of others and unwilling or unable to operate independently.

These examples of presenting behaviour can appear to suggest the opposite way of coping with the child's sense of self being incomplete or unable to function completely. Other forms of avoiding the demands of changes in routine and "unpredictable" contact with other people might be found in angry outbursts or in rigid, uncompromising resistance and refusal to acknowledge those trying to make contact with the person. Alternatively, the person may appear indifferent to a variety of experiences, leaving the reality of his emotional responses to his environment and those around him as an unsolved and potentially unsolvable mystery.

Some of the case material I am going to discuss gives an example of a child who has seemed to need a great deal of help to gain a sense of himself in terms of the impact

he can have on those around him. In this work I see my role as a therapist as one of helping the person to become aware of himself through another person's reflection and responses. It relates to Jacqueline Roberts' comment that the "tiniest impulses" can be reflected by the therapist to facilitate "initial contact." This idea has led me to consider the many ways in which this can be done, with varying degrees of subtlety. For instance, playing in time with someone's foot, hand, or even finger movements can provide music that, on some level, might make a connection with them. In doing this, the therapist can communicate that their existence is valid, and that there is someone who is trying to learn about it and become involved in it. If this is sufficiently subtle, then it should offer a support rather than an intrusion. In playing music with an individual in this way, attention, regard, and respect can be communicated to them. The children can then begin to respond, recognise and feel that they can have a positive impact on another person. When they receive a response that is akin to their own way of being, this can be seen to begin the process of facilitating empowerment and developing self-confidence and self esteem.

Some further thoughts about empowerment within the context of the aims of therapeutic intervention

Facilitating the empowerment of the individual in a therapy situation can be seen as something that needs to be considered within the context of their life in general. Clients undergo a course of treatment for the purpose of gaining benefits which improve and enhance their overall quality of life and capacity to cope with the

difficulties and impairments from which they have been suffering. Music therapy, unlike some types of treatment, does not often strive to achieve a “cure” in the same way that more medically-oriented treatments might. One would hope, however, that positive developments that have taken place in the therapy situation have some impact on the current and subsequent well-being of that client.

I have described music therapy techniques for clients with autism, in many respects, as ones which feature ways of making a relationship, of offering support and nurturing the individual. This is obviously particularly important to the client group in question since their impairments lie in the areas of social skills, communication and understanding and expression of the emotions. The ultimate aim of therapy, if it is to be a truly empowering process, however, must be to help the client to strengthen their own resources. This, firstly enables them to cope better on their own, and secondly to effectively seek and gain support from those around them, such as their family and carers.

With this in mind, the therapeutic relationship must maintain a sense of the distinction and distance between client and therapist in order to avoid the client becoming dependent on the relationship.

Child psychotherapist Virginia M. Axline, describes her own caution when beginning therapy sessions with a child:

“I did not want to complicate his problems by building a supportive relationship, to make him so dependent upon me that it would postpone the more complete development of his feelings of inner security.”

(Axline 1964 p25)

Mary Priestley (1994) also highlights the importance of this, stating that “loving can be holding someone close, physically and emotionally, but it can also be letting go” (p124). She sees this as a two-way process, whereby the therapist facilitates the process of the client and the therapist finding ways to let go of each other. This can be seen as a way of aiming towards the client becoming empowered to their full potential through the process of therapy. The case material which follows takes account of this ultimate goal and aims to demonstrate the different ways in which the process has evolved with different clients.

I will now present two different case studies with children who have needed intervention to address the issues of control and empowerment with a view to helping them to develop a sense of self. The process for both children aimed to help them to develop a greater capacity to relate to others and to function as autonomous individuals.

Chapter Six

Case Study no.1 - Jack

This case study gives an example of a child whose behaviour was very overtly controlling and confronting from the beginning of the therapy. I aim to describe how a relationship was built between us and how these problems were worked on using music. The case study covers the first eighteen months of therapy, which, at the time of writing, is still ongoing.

Background Information

I began the full-time post as music therapist in the school by assessing each child individually for one session and then recommending group or individual therapy as appropriate. Because of this there were no formal referrals, and I made the decisions based on observing the children in class, liaison with staff, and the initial assessment sessions.

Jack was six years old when the therapy began. At this time he used verbal language, often using one or two words or a short phrase to indicate what he wanted, for example “computer” or “go out in the playground.” He used some longer sentences that seemed to have been learnt in context, and which did not necessarily relate to the situation at the time. Jack was very echolalic although, the incidence of this seemed to vary: Sometimes he would repeat everything said to him, whereas at others he would repeat nothing. There did not seem to be a clear reason for this. His echolalia was also delayed, so he would often recite phrases that had been said to him some time before, or which were often said to him by adults. When communicating verbally, Jack would often seem to be looking for particular responses from the adult he was addressing, and would appear to actively engage adults in order to get these responses. There seemed to be a strong need for him to be reassured about aspects of his daily routine, the consistency of which seemed very important to him.

Jack's attention span was short and he was easily distracted by other people and other things happening around him. He apparently had some understanding of turn-taking activities but found this difficult, especially in group situations. He was also highly over-active and seemed to find it difficult to sit still for any length of time.

Jack demonstrated challenging behaviour when he became angry or frustrated. This tended to happen when his desires were not fulfilled or if changes occurred in his routine. He would kick, bite and scratch adults and throw objects when he was angry or upset.

When the therapy began, Jack needed one-to-one support much of the time in school. At that time, he sat at a separate table from the other children at meal times since this was a stressful time of the day for him. He needed support to use his knife and fork appropriately, and to eat foods outside the limited range of foods that he would eat. Perhaps this was another example of behaviour resulting from fear of the unknown, and deviation from the familiar.

Jack would notice the impact that his behaviour had on other children, particularly those who were frightened by his outbursts. He seemed to actively provoke reactions from these individuals, appearing to enjoy this. He seemed to find the rather "extreme" quality of someone screaming and becoming distressed stimulating. This could also be seen as a way in which Jack could exert power over what was happening around him, perhaps in the same way that requesting certain responses from adults appeared part of his insistence on sameness and predictability.

Jack's capacity to interact seemed inhibited by his echolalia and by his need to keep contact with adults on his terms. His constant need for reassurance about certain events in the day manifested itself in repetitive questioning about these. This seemed

to fuel much of his motivation to communicate; i.e. simply to hear the desired responses rather than to enter into flexible and reciprocal interaction.

In his Individual Education Programme, one of the targets was for Jack to express his emotions, choosing between “happy” “angry” or “sad.” It was noted that he could initiate and name the corresponding facial expressions for these emotions, but found it “hard to react to them himself as a person” (IEP 2000). It seemed that Jack’s awareness and understanding of his own emotions was difficult. It seemed possible that Jack did not always feel in control of his emotions, and that this could feel frightening and difficult to make sense of. Perhaps this is what made it difficult for him to relate the emotions about which he was learning (of which he seemed to have a rather detached kind of understanding) to himself and how he was feeling at any given time. Perhaps being affected by a strong emotion such as anger could have affected his ability to understand it on a cognitive level. This would, therefore, probably inhibit his capacity to communicate this to anyone else in a conventional way. This could, perhaps, account for his challenging behaviour some of the time, when concrete reactions in the form of outbursts were the way that he experienced these difficult emotions.

Initial assessment and aims for Jack in Individual Music Therapy

In view of Jack’s challenging behaviour, I decided to see him with a familiar member of staff in the room with me. This person’s role performed a number of functions at the beginning of the therapy. The classroom assistant would come to the room with Jack and sit at the other end of the room. She was not actively involved in the sessions, but was there to respond with assistance if Jack’s challenging behaviour

became dangerous. If he tried to damage items in the room or to hurt me, the availability of another person's intervention to made the situation as safe as possible.

It seemed sensible to consider that Jack might be feeling anxious or insecure about what to expect from me, so I thought that having a familiar person in the room might help to reduce this potential anxiety. Their presence alone could help to communicate that although the situation was new and unfamiliar, that it was "OK."

The instruments offered were a number of small drums, a keyboard, some maraccas, a set of tubular bells, two chime bars, an ocean drum and a guitar. I altered the instruments slightly after a short time. I introduced a metalophone for a time, but Jack seemed inclined to take the bars off this. I did not feel that this was very purposeful, so I removed it and replaced it later with a small glockenspiel and small wooden xylophone, neither of which could be taken apart. I also purchased some new instruments, which I introduced. These included a set of cluster drums (five small drums of different pitches held together in a single unit) and a digital piano that replaced the keyboard in November and December 2000 respectively.

Session 1 - First Impressions

Jack sat on the chair provided as I sang "hello" and played the metalophone that was in front of him. He seemed aware of the "hello" song and appeared to be listening although he was playing himself. Jack then spent some time exploring the keyboard, first playing the notes at the bottom. He reacted strongly when I began to play the same instruments with him, grabbing my hands and taking them off the keyboard immediately. He became very agitated when he accidentally turned the keyboard off;

apparently not knowing how to switch it on again. He hit it several times and kicked the table it was on. I paused, not wanting to interfere too much. At this point we had only just met, so I was unsure that I (a stranger, and potentially threatening) immediately intervening would help: I wanted to avoid exacerbating the situation and making him more distressed. Jack's anger seemed to evaporate as quickly as it had emerged at this point, and, once I had shown him how to switch the keyboard back on, he said "dry eyes" and stopped crying.

Later in the session, Jack seemed a little wary of my clarinet but appeared to become more tolerant of me playing it as the session progressed. There was a short period during which Jack played short melodic fragments on the keyboard and tolerated my clarinet accompaniment, sometimes even looking up, as if interested in what I was doing.

It seemed very hard for Jack to share his musical experience with me overall, and he was intolerant of many things I did which compromised or "interfered with" with what he wanted to do. Jack became agitated when I said it was time to finish. He had just discovered the ocean drum and appeared keen to play this. However, again he calmed fairly quickly as I sang "goodbye."

My thoughts and interpretations after this first session

I found myself left with a mixture of positive and negative feelings after the session. Jack had shown that he was clearly motivated by the instruments, and needed little or no encouragement to explore them. He seemed to have clear ideas about what he wanted to do. It seemed that from Jack's point of view, his musical activities were most satisfying to him if they were totally untouched by me and he was left alone to enjoy them without "interference" from me. Having said this, the degree of his

apparent desire for solitude seemed to vary at different times during the session and he appeared more tolerant of some of my interventions than others. Perhaps playing the same instrument with him was too intrusive for him at this stage. When I was playing the clarinet the sound I made was more distinct from his music (i.e. he could hear himself more clearly), so perhaps this was easier for him. I entertained the possibility that he was more tolerant of this simply because it did not physically compromise his playing and was possibly easier to shut out. However, his occasional glances at me as we played together suggested that he was both aware and tolerant of my musical presence, for moments at a time at least.

I felt that Jack's need to stick to his own agenda and his limited capacity to share could be addressed in individual therapy. He had seemed able and willing to make sounds, and had allowed me to be a small part of this, apparently when he felt able.

Aims for Jack at this stage

In the first few weeks, I defined a number of aims for the therapy with Jack. These were:

- For Jack to become increasingly comfortable and familiar with me in the sessions.
- For Jack to communicate what or when he wanted me to play and to use this as a starting point for a more reciprocal relationship in which he could begin to respond to me.

- To work towards Jack becoming less distracted by objects in the room and to sustain the periods of contact with me for longer.

Sessions 2-8

Jack was generally energetic and animated in the next few sessions. He played the instruments, often moving from one to the next very quickly and unpredictably. He was sometimes resistant to my playing, saying “no” and trying to take my clarinet away from me at times. He did, however, respond when I asked him to be gentle with the instrument in one session. He seemed very easily distracted by objects in the room (there were some items other than instruments in the room as it is also used as a play room and it was not possible to remove all of these). The keyboard became a source of much preoccupation and Jack liked to play with the buttons and activate the pre-recorded rhythms on it. He was so difficult to engage when he was playing with it that I decided to remove the keyboard from the sessions for a while at least. It seemed to be preventing us from interacting and creating shared experiences together.

As the sessions progressed, Jack seemed to want to climb on the furniture, such as the window sill and cupboards. He responded when I asked him to get down because it was not safe. There were periods when Jack seemed disinterested in the instruments and moved around the room quickly, difficult to engage.

At other times, he seemed to want me to play, appearing to request this, especially with the clarinet. In the sixth session I felt that Jack had become a little more familiar with me and followed him (physically) more closely than I had been doing. I thought that he might not find this threatening, having had a few sessions to become used to me. He tolerated me singing about what he was doing, and this developed into

clapping hands together, which felt quite close and comfortable. Jack did not seem to take much notice of the hello and goodbye songs I sang, and often played loudly through them, or appeared distracted by other objects in the room. At other times, in later sessions, he told me to “sit on the red chair.” The red chair was a small chair upon which I sat at the beginning of the sessions to play the guitar and sing “hello.” It seemed that Jack felt that I should stay there and that it was my “place” in the room.

Jack seemed to begin to explore ways of eliciting responses from me, rather than simply trying to stop me from playing. He began to make a “shhhh” sound repeatedly. At first I wondered if he wanted me to stop playing or play more quietly. However, it soon became clear that he wanted me to repeat the sound back to him as he looked at me, and seemed to be waiting for a response.

Thoughts and Interpretations

At this stage, we had reached the end of the first term of the therapy. I decided to continue seeing Jack individually. I felt that Jack had found two different ways of existing in the room with me, which seemed comfortable for him. He seemed to alternate between directing me very exactly and avoiding me, physically and musically by running around the room, apparently oblivious to any musical reflection I gave. I had often used words and singing to comment on what he was doing, but it was sometimes difficult to gauge his awareness and understanding of, and interest in this.

This apparent struggle which Jack seemed to be experiencing in the way he behaved towards me in the sessions seems to relate to a case study by the music therapist Robin Howat. Howat notes “extremes” in his autistic client’s behaviour which

“fluctuated between over-dependence and wilful evasiveness” (Howat in ed. Wigram et al 1995 p248).

This “fluctuation” between opposite behaviours seemed to emerge in Jack. He sometimes displayed an evasiveness and withdrawal from involvement with me, and at other times, a prescriptive and uncompromising approach towards me and the way in which I was “instructed” to join in. Both extremes can be seen as indicative of an inability to “let go” of the need to be in control of what was happening. In directing me, Jack was actively making sure that I did as he wished, and in avoiding me, he exerted equally successful power over the way we were being together by not allowing himself to be affected by me. Howat also describes his client’s state as one of being “caught in an ambivalence of needing to retreat yet wanting to come out” (Howat in ed. Wigram et al 1995 p248). I felt that this could have related to the way in which Jack was experiencing our time together. I imagined a kind of “continuum” between these two extremes, upon which Jack did not seem able to find a way of existing. It seemed possible that less extreme behaviour would threaten his control, compromising it and making him feel that he had lost control. In the light of his behaviour, this appeared impossible for him to cope with.

When Jack was directing me exactly, this sometimes seemed to have a sense of negativity about it: That is, he often seemed to be stating what he *did not* want me to do, often saying “put it down” when I picked up an instrument. However, he also seemed to be beginning to invite my involvement, albeit very rigidly with the “sshhh” sounds. There were also times when he would briefly accept an instrument I presented and play it for a short time, but sustaining activities with a sense of sharing was still difficult.

Although I felt that Jack was still very controlling and unable to really relax and allow me to share experiences which were not entirely on his terms, I did feel that it was positive that he had not really displayed much challenging behaviour. Although he was certainly resistant to my interventions at times, he seemed able to contain his frustrations and dissatisfactions with me without too much difficulty.

In view of his behaviour appearing relatively settled, I felt that it would be appropriate at this stage to remove the member of staff from the room. Jack had approached her and sometimes had presented instruments. I had responded by supporting what he was doing with a sung or spoken commentary. The contact with the classroom assistant had not played a major part in the sessions. However, I still felt that it might help Jack to become more focused in interaction with me if I was the only person in the room. I decided to ask the classroom assistant to sit outside the room for the next few sessions, just in case Jack's behaviour became challenging in a way that would require another person's assistance.

Sessions 9-12 - The Emergence of Challenging Behaviour

As the new term began, the sessions with Jack felt quite turbulent. He moved around the room much of the time, and remained resistant to many of my approaches, still taking instruments away from me. He seemed to have become fixated with going to the toilet and frequently asked to go. This had a disrupting effect on the sessions and it seemed that Jack seemed even less able to become involved with me than before since he apparently felt the need to leave the room. I considered the possibility that needing to "escape" from the situation could be one issue in this. It also seemed possible that he had a general obsession with the toilet because it facilitated "escape" from any situation or entry into a situation that he liked and felt comfortable with.

Donna Williams gives an example of a child's intense interest in a limited number of

things, describing the security derived from items which “make personal sense and feel personally significant” (Williams 1995 p29). Perhaps this interest in the toilet was perceived by Jack simply as something he liked. Possibly its inevitable presence in his daily routine made it an obvious thing for him to become attached to.

In the ninth session, he played the metalophone loudly, appearing to become motivated and focused for short periods. He tolerated me singing with this. He also made the “ssh” sound frequently. This seemed to be a “safe” and easy way for him to make brief contact with me. The rest of the time, his presence was fragmented and scattered, difficult to pin down and make sense of.

In the tenth session, Jack seemed to use more verbal language than usual, often telling me to “put it down” when I picked up instruments. He was also very echolalic, and seemed to be rather tense. At the end of the session, he picked up a maracca and said “red, yellow, green” pointing to the colours on it. He tolerated me singing about this which seemed to give way to some sense of sharing for a brief time.

The eleventh session seemed significant in that Jack’s music and behaviour seemed to relate more closely to me. As the session began, he played some of the instruments loudly and strongly, particularly the guitar and metalophone. He seemed to allow me to meet his high level of energy in the music I played on the clarinet and also when I used my voice.

Six minutes into the session Jack said “horse riding” and “white bus.” I interpreted this as the mini bus which pupils travel to the horse riding centre and asked him if he was going horse riding. He responded echolalically to my comments and questions about this, particularly repeating “that’ll be fun won’t it?” over and over again. I began to respond to this repeated verbal material by singing the words he used. After

a few minutes, he returned to the phrase “going riding” and his voice seemed to take on a sing-song quality close to mine in pitch and rhythm. In fact, at one point we began soon after each other in almost unison rhythm and pitches close to each other. This vocal example is transcribed on the next page. My voice is notated on the top line and Jack’s on the second (denoted S and J respectively).

At the end of this brief vocal phrase, Jack's voice seemed to become unsettled, suggesting that he was becoming agitated. I commented on this saying "I think you're getting cross Jack." Again, he simply repeated my words so it was difficult to gain a sense of his understanding and experience of me reflecting his mood. However, it had seemed that for a few moments, Jack had allowed himself to respond to my musical reflection of his words and had seemed to become attuned to the way in which I was interacting with him. The subsequent agitation seemed to grow as he repeated the words "going riding." I wondered if he was finding himself being led by me and was not used to this happening. It seemed that perhaps part of him was comforted and gratified by the confirmation that I was listening to him, and he was allowing himself to be "held." At the same time, however, it seemed possible that Jack did not tolerate this kind of intimacy often or easily. After all, it meant "letting go" of the restrictions he usually placed on my intervention and trusting me to support him in a way that he could cope with.

In the rest of the session, Jack continued to repeat the verbal phrases that we had both used, and seemed to distance himself again, wandering away, climbing on the cupboards again, and also exploring the instruments. He began to play the ocean drum, gently at first. However, the quality of his playing seemed to grow in tempo, volume and intensity until he finally threw the ocean drum across the room. I told him firmly that it was not acceptable to throw instruments, and commented, again, that he seemed to be feeling cross. At this point it was time to finish, so I told him this, immediately after which he threw the maracca, which broke. I wondered whether he was angry that it was time to finish, that it was difficult, again to allow himself to be led by me, and also, whether he had interpreted the ending of the session as a punishment for what he had just done. The latter possibility seemed unfortunate, but there was little I could do about this beyond being aware of it. However, he allowed

me to play and sing the goodbye song without trying to stop me. However, he moved rapidly around the room and it seemed that he could have withdrawn and “switched off” in doing this.

In this block of sessions, it seemed that Jack became more tolerant of my improvised singing than my playing. He tended to take instruments away from me immediately that I picked them up, so I wondered if he felt threatened in some way by the fact that I was holding something tangible and using it in a way that he could not control. Perhaps this did not affect him so strongly if I was singing and not physically holding something.

Sessions 12-19

In the next few sessions, Jack seemed highly stimulated. He threw instruments a few times in each session, appearing unsettled. At first, the throwing seemed to be the result of a genuine loss of control and need for an outlet for high levels of energy and excitement. However, he began to appear to find it amusing when I discouraged him from doing this, although I did this calmly and with the intention of not exacerbating his over-stimulated state or providing an “exciting” response that he might have found rewarding and therefore a reason to repeat the behaviour. So it seemed necessary to be aware that the throwing of instruments could potentially become another way of eliciting a response if I reacted to it in a way that he liked or found stimulating.

Session fifteen saw some more unsettled behaviour from Jack. This time the origin seemed clearer: He accidentally hit his hand on the radiator and became angry and distressed. He seemed to accept my comfort briefly, but then began to kick and

scratch me, as if this was too much for him to cope with. I wondered if he initially found the pain of hitting his hand upsetting, and then, since he seemed to work himself into an agitated state, perhaps he found it difficult to tolerate the actual feeling of upset. On top of this, accepting comfort from me might have been overwhelming for him as well. This reaction seemed to make sense in terms of his extreme need for control: He was subjected to pain, which was upsetting and unexpected. The feeling of upset changed his emotional state uncontrollably, and my response was not something he was directing or able to predict. He seemed to “regain” his control, by trying to hurt me. This gave him an outlet for his distress and exerted power over me. However, Jack did become calm again, and responded to me discouraging him from hurting me.

I felt unsettled and rather sad during and after this session. It seemed that Jack’s capacity to derive comfort from me was still limited. Having seen him for a few months at this stage, and not experienced this kind of attack, I felt disappointed that this had happened. The unpredictable nature of his outbursts seemed to point towards a lack of ability to control and contain himself when confronted with difficult emotions. I considered my own feelings of having lost control when he was aggressive towards me as a possible counter-transference reaction to the way Jack was feeling about himself and reacting to what happened.

In general, however, I found that Jack seemed to find me and my responses to all of his behaviour more interesting and he seemed to give more eye contact, appearing curious as to what I would do. Because this seemed to be a general development, and not one specific to challenging or undesirable behaviours, I felt that this was a positive one. Jack would often look at me before running off around the room and appear to listen to hear my often sung responses (since this seemed to be what he coped with best), giggling as I sang.

Jack asked to go to the toilet during the sessions less often, which, again suggested that he felt less need to leave the situation and perhaps felt more comfortable and familiar with me.

He also accepted it when I asked him to wait until the end of the session when I knew he had gone just before it and the session was due to be over soon. Sometimes he went to the door, as if he wanted to leave, looking at me as he did so, but, again accepted that the session was not over yet.

In this block of sessions, the level of physical activity in which Jack was engaging (e.g. running around the room and climbing on the furniture) began to vary more. He seemed to be becoming more settled and more inclined to stay in one place for longer and sustain interest in the instruments for longer periods. He also seemed more consistently interested in my responses to the music he played. In one session in particular, he played the drum very loudly and looked at me with interest, apparently to see what my reaction would be. He seemed mildly surprised when I “answered” him on another drum, playing with equal volume and intensity. This seemed to be Jack’s way of “testing” me out to establish what the “rewards” for his behaviour would be.

He seemed to feel the need to rebel in some way. It seemed that he either wanted the satisfaction of being reprimanded (which was possibly the reaction he would encounter in other situations) or somehow needed the security of this kind of reaction. It seemed possible that both of these factors had a part to play, or that perhaps the desired satisfaction was of a more stimulatory nature: I was aware that he became excited if he knew that people were angry with him. I needed to take care not to “feed” this potential craving for negative attention, since it could become counter-

productive and unhealthy. Additionally, I considered that this was also simply another way of being strong and controlling: Even if there was no stimulatory reaction from another person, Jack was still the person making the sound (which, in any case, was stimulating in itself) and creating the environment around him in the way that he wanted to.

I decided to match the volume of Jack's music on a drum myself. In doing this, I aimed to meet the intensity with which he was playing, and try to communicate an equal power. In doing this, I was not trying to make Jack feel that I was stronger than him in a competitive or authoritative way, but to communicate that perhaps I could share something that was his. If he let me, I might be able to support him in other ways. Maybe this could help to work towards increased trust in the relationship that might lead to Jack feeling the need to control everything we did together to a lesser extent.

Reflecting on the progress made after the first six months of therapy

By the end of the Spring Term, I began to feel that some positive developments in the interaction between Jack and me were beginning to take place. He had started to tap the furniture and sometimes the instruments. This was something that he apparently did outside the sessions and it interested me that he had started to do this. It seemed that one of his habitual routines was emerging in the sessions. He seemed to tolerate my musical and vocal reflection of this and appeared to show some interest in this and respond to it to some extent. He incorporated some elements of imitation of what I was doing into the way he was tapping (such as repeating a rhythm I used).

This seemed to give way to a little more reciprocity than I felt had been achieved before.

Jack still displayed challenging behaviour at times. In the last session of the term, and on some occasions at the beginning of the next term, I noted that he had tried to pull the curtains down or throw instruments and even chairs sometimes, in sudden outbursts of energy and agitation. It was not clear as to why he was feeling “wound up,” but unlike before, he said “calm down” and then appeared to succeed in doing so. The words he used in this situation may well have been spoken because he was so echolalic and often repeated phrases which adults said to him in other situations.

However, selecting a phrase which was appropriate to the situation and appearing to use it to help himself seemed to suggest that he had a more developed awareness and understanding of how he was feeling and what to do about it. This can be seen as the development of a kind of control that was of a more positive nature: Control of and responsibility for himself and his actions.

Reviewing the Aims of the therapy at this stage

Over the first few weeks of the Summer term, I reviewed the aims of the therapy with Jack. The original aims and my thoughts on the progress on them were:

- For Jack to become increasingly comfortable and familiar with me in the sessions.

I felt that good progress had been made in this area, and that Jack did feel comfortable with me. There seemed to be a sense of fun and enjoyment in spending time together in a relationship that was beginning to feel established.

- For Jack to communicate what and when he wants me to play and for this to be used as a starting point for a more reciprocal relationship in which he can respond to me.

Jack had certainly used the opportunity to do this, and remained clear about what he did and did not want me to do. There had been times when he had begun to respond to me, such as the session when we sang about horse riding, and, more subtly in the times when we were tapping the furniture and instruments. He did, however, remain mainly in a leading role in this activity. There had also been times when he had managed to share an instrument (often the guitar) and let me sing as we played together. However, this was for short periods of a few minutes at the most. I felt that this aspect of Jack's development needed to, and had the potential to develop further. It seemed that more emphasis on the goal of greater reciprocity was necessary.

- To work towards Jack becoming less distracted by the objects in the room and for the periods of contact with me to become more sustained.

I felt that Jack had become very much more focused on the instruments and on me and the way we were existing together in the sessions. It seemed positive that the relationship had developed and that my presence seemed to be becoming increasingly important to Jack. However, although the periods of contact with me were very sustained, they seemed to serve the purpose of Jack controlling my actions and musical responses very uncompromisingly at times. There was always a strong element of this in the sessions, even when he was accepting my input some of the time.

I still considered these aims and the developments that had taken place to be important, but sensed a need to shift the focus of the sessions slightly, since the

relationship seemed more established. In addition to the aims above I considered these aims appropriate to the continuing therapy:

- To work towards Jack becoming more able to accept my intervention and develop a more reciprocal relationship.

- For Jack to channel excitement and other strong emotions and energy into playing rather than inappropriate behaviours such as throwing things or trying to hurt me

Sessions 20-27

As the Summer Term began, Jack seemed to gain increasing satisfaction from playing the instruments in the sessions. His music was distinctive: sometimes very ordered in quality with a strong pulse. This applied both to melodies that he played on the keyboard (which I had reintroduced as he was less easily distracted and seemed able to use it expressively and purposefully) or on the small glockenspiel and xylophone. These melodies were often diatonic, as he tended to stick to the white notes. They featured mainly step-movement and seemed to be made up of mainly short phrases. This music made sense to me as a listener, and seemed to make sense to Jack. He seemed to have a clear idea of what he wanted to hear and controlled this very precisely. At other times, the tempo of his music would become very rapid, almost like a rather frenzied “tremolo” that emerged in unpredictable “fits and starts” and seemed to convey a high level of excitement. Jack seemed to be concentrating hard on

the sounds he was making and they seemed consistently important and meaningful to him. There was never really a sense that he had lost interest in what he was playing or “switched off.” Perhaps this made it difficult to accept my involvement. These extremes in the quality of his music seemed to mirror the extremes of his behaviour; the way that he seemed to need to control me and, at other times, to avoid and run away from me (in earlier sessions) or to behave in a chaotic and over-stimulated manner. There seemed to be some sense of him controlling himself rigidly up to a point and then suddenly “letting go” of this and experiencing a “rush” of excitable activity that he seemed to allow to “flood” over him. I wondered if he was experimenting with the sensations involved in these changes.

His interaction with me sometimes seemed to take a similar shape: He would allow me to share the music with him and tolerate my input up to a point when he would reject it, in an urgent fashion similar to the sudden “rushes” of activity within his own playing.

He sometimes seemed willing to let me lead the music, but seemed ambivalent about his own role in and response to this. For instance, in session 23, he had shown occasional interest in the guitar. At the end of the session when it was time to sing goodbye, he seemed to want to play it. After some negotiation, he strummed it as I created the chords and sang for the first two lines of the song, but then ran away for the remainder. This seemed to suggest that compromise was still very challenging for Jack, and that retreating still gave him back the means to do as he liked when controlling me was not so easy through the music.

Although Jack’s capacity to accept my intervention remained limited, he seemed happier in the sessions and his outbursts diminished. Jack still directed me back to the red chair frequently after short periods when I moved away from it to use other

instruments. He seemed most accepting of me singing the words that he spoke to me, seeming to find this satisfying. Sometimes he also seemed to accept my music when he played the glockenspiel. However, this was only the case up to a point, at which he would say “no” or “no play.”

This did not seem to suggest a capacity to let me join in with him unconditionally. There still seemed to be a threshold to his tolerance of my playing; and it still seemed to be a tolerance rather than a willingness to enter into and become involved in freer improvisation in which his way of relating to me could become more flexible and less inhibited.

In some sessions in this term, Jack began to play the tune of “Three Blind Mice” on the glockenspiel. This was a surprising aspect of Jack’s music, since he had not shown that he could play any familiar tunes in the past and I was not aware that he had been taught to play them. This tune seemed to be “owned” by Jack even more protectively than some of his other music, and he was particularly resistant to me singing the song or playing any accompanying chords with it.

Leslie Bunt refers to the way in which clients can use music as a “defence mechanism, protecting the self against being overwhelmed” (Bunt 1995 p38). He identifies the “active processes of variation and repetition” (in this case in the form of a familiar tune) as a way of organising internal impulses, stating that the ego can “make sense of and be in control of all the stimuli.” My intervention, although supportive of and “in tune” with what he was playing seemed to inhibit this process for Jack, which is perhaps why he did not welcome my involvement when it was perceived to be on my terms.

Sessions 28-39

Over the next block of sessions, the relationship between Jack and me became increasingly close. Despite the frequency of Jack's dissatisfaction with the music I played with him, he seemed to enjoy the sessions and seemed to have developed warmth and affection towards me, as indeed I had for him. In this phase, Jack's direction of me was more positive and allowed us to create shared music together more easily. The tapping of the furniture that he had begun months before became a major feature of his music, this time on the drums. He would tell me to play saying "tap." He liked me to imitate him exactly, and would also copy exactly the new rhythms I introduced. The consistency with which he did this seemed to suggest that he felt that he "had" to repeat the rhythms in this way. Perhaps the same processes that activated his verbal echolalia were at work here. Although it was pleasing that he seemed to be allowing me to lead more readily, the quality of this was limited in terms of freedom of expression and flexible creativity. It seemed simply to be another example of a rather extreme and compulsive defence mechanism, which seemed to have the potential to dominate and inhibit the development of our shared music making.

His way of responding to me in this situation seems to relate to the way in which Frances Tustin describes the need of the person with autism to make their environment into "me." The concept of a "not me" world is unacceptable (Tustin 1992 p38 and 183). She describes a child drawing a yellow castle in a therapy session and interprets it thus:

"Sam dismantled the yellow Miss Stone therapist into segments and put them back together in his own way, so that she became part of him and was not unknown and strange."

(Tustin 1992 p138)

In the past, Jack's extreme need to stop me from playing or to prescribe the way in which I did play seemed to relate to this way of "moulding" another person into something familiar and within his control.

We now seemed to be entering a new phase of relatedness, but one which Jack still seemed to need a kind of "ownership" of my music, such that it could not be left untouched by him: Jack's exact repetitions of the rhythms I introduced seemed in some way necessary to his tolerance of their existence. It seemed to mirror the more concrete and obvious way in which he physically took beaters away from me: Now he seemed to want to "take my musical ideas away" too.

At other times, however, Jack seemed to allow me to become more involved in a slightly freer way. Rather than always telling me to "sit on the red chair" when I went to play the keyboard, he sometimes came to join me and played with me. On the keyboard, he seemed more relaxed and sometimes playful dialogues emerged in which he seemed more spontaneous than in other situations. Having said this, the length of time we spent doing this was still on his terms and tended to be only for short periods at a time often near the end of a session.

It seemed that Jack had found a way of allowing himself to become a little less controlling during these times on the keyboard, but since they were terminated by him and therefore on his terms in terms of length, it seemed that he was still controlling the way in which they were allowed to happen. It was understandable, however, that he needed the security of control over the lengths of time, since he was compromising more in other areas.

In some sessions, Jack seemed to become excited by some loud vocal sounds which I used to reflect his loud drumming. For a while, he seemed motivated to elicit these responses from me and seemed to enjoy this, engaging in a playful way. However, in later sessions, he became resistant to this, and seemed to want to play on his own. He would often look at me and my presence seemed important to him, but he seemed to want me to take an increasingly passive role and if anything seemed to be becoming increasingly dominant. It seemed that some ways of relating which we had developed together were beginning to be left behind and no longer explored. There seemed to have been an element of initial spontaneity in these exchanges, but the extent to which they remained creative seemed to have been reached.

Jack's need for control at this stage could be seen as a bid for independence. This seemed to relate to Winnicott's theory of a child's development through playing, and a stage where the child needs to be "alone in the presence of someone" (Winnicott 1985 p55). I considered that this might be valuable to Jack in terms of him being heard as an independent individual. However, Winnicott also describes the mother's role as one which "reflects back what is happening in the playing." I thought about the quality of my reflection of Jack's activities and considered the way in which this was being carried out. He was trying to control the way in which I was responding musically, and at times did not seem to want any response at all.

I needed to find a way of becoming more actively involved again, since there seemed to be a danger that he could obliterate my musical role and presence. This could only be seen to collude with and reinforce his extreme need to dominate the situation and inhibit the potential for a sense of "give and take" in his interaction with me. In supervision, I thought about the aims I had identified. I still felt strongly that Jack's quality of life could only be enhanced and his capacity to relate to others become less problematic if he could accept intervention and feel more able to compromise.

Again, I thought of the theories of Winnicott and the concept of a need for what he refers to as “disillusionment” in the mother-infant relationship. This involves the mother adapting to the infant’s needs less exactly and thus allowing him to discover that he cannot control her or the environment around him all the time (Minsky 1966 p115). This facilitates the acceptance of separateness of the mother from the baby.

At this stage it seemed that I needed to be more pro-active in re-establishing myself as a separate individual from Jack, and whilst giving a certain amount of acknowledgement and support, to function as such and help him to accept this. I felt that the fact that Jack had had the chance to experience ways of exerting control was appropriate and necessary, considering the difficulties he had. Having been through this stage with him, I felt that he would be able to cope with more challenging compromises and was in a stronger position to begin to try.

Moving forward in response to these thoughts

At this stage, I shall conclude this case study, and review the progress made over this eighteen month period. The work is ongoing, and I shall outline the ways in which the aims I have outlined might be achieved within what is now an established relationship, in which Jack and I are comfortable and familiar with each other.

- For Jack to channel excitement and other strong emotions and energy into playing rather than inappropriate behaviours such as throwing things or trying to hurt me.

I felt that Jack had been able to channel excitement and other strong emotions into playing very effectively. His outbursts of angry and excited behaviour had reduced

almost to the point where he was showing no challenging behaviour at all. Indeed, the focus of his presence in the room and the way in which we were relating to each other had become mainly contained within the music. There were still issues of control at work in this which needed to be addressed (as I will outline below), but Jack had seemed to learn to express himself through music in a purposeful and expressive way, even if he still found it difficult to let me have an active role in this beyond a certain point. Jack had appeared to develop in his capacity to take responsibility for himself - in a sense to look after himself more independently. The work now lay in helping him to allow others to look after him in a way which was not always dictated by his agenda.

In trying to develop a more reciprocal relationship with Jack, he seemed to have found ways of allowing me to lead, copying my patterns as we tapped the drums together, and sometimes, although not consistently seeming to enjoy my sung responses to the words he spoke and vocalisations in response to his drumming, which took place in turn-taking exchanges.

I felt both encouraged that these developments had taken place, and frustrated that the extent to which they have been allowed to develop had been limited. Bearing in mind that Jack and I **had** found ways of relating to each other musically, it seemed that there must be potential to move forward from this stage. The difficulty now seemed to lie in sustaining and developing this way of relating as a pair of equals. It is on this process that we are now embarking.

Putting these thoughts into practice

In the next block of sessions, I decided to establish a new physical starting position in the room, sitting at the piano, and using this, rather than the guitar (to which Jack was often so resistant) to sing “hello.” I felt that establishing my position here, I could more easily create a sense of separateness. I also removed the red chair, to try to move away from Jack’s fixation with me sitting on it. In adopting this position, I aimed to try to give some sense of a “new beginning.” The beginnings of the sessions could potentially be relatively free from their past. This could be considered as a helpful factor in trying to shift the “stuckness” that seemed in danger of prevailing if I did not try to do something about it.

Jack seemed less concerned with trying to stop me from playing in the next session, and approached me at the piano at times. He seemed to accept this more. I also began to be more decisive about what I was doing, not always allowing Jack to control me. Of course, I considered the implications of behaving in a way which Jack was not used to, and identified a need for modifying, rather than completely changing the way in which I was responding to him. I verbally drew attention to, and stuck to the instrument I was using (for the most part, the piano). Jack did still try to change what I did, but seemed to accept it when I reiterated my choice. I felt that staying with the piano, for a period of time, at least, might put me in a stronger position to maintain my identity (both physically and musically). At the same time, I could keep a wide range of musical possibilities at my disposal, in terms of harmony, melody, rhythm and style. It seemed important that I re-introduced myself into the relationship, and helped Jack to accept this without needing to turn me into part of “him.”

The progress that Jack has made in terms of reduction of challenging behaviours and an increasing warmth towards me seems to suggest that a relationship has developed which can withstand challenges, changes and working through difficult issues. It

seems that Jack is now ready, both in relation to his own personal development, and in terms of his relationship with me, to face these new challenges.

Through many hours of careful thought and reflection in time set aside outside the sessions and in supervision, it is with renewed energy and a sense of encouragement that I continue working with Jack. I now aim to empower him further, by helping him to negotiate his control and learn to compromise more readily.

Chapter Seven

Case Study no.2 - Paul

This case study features an older child whose presenting behaviour was very different from Jack's. This therapy is also still ongoing, but I will describe and discuss the first six months in order to illustrate the process. The focus of the work was helping Paul to gain a sense of himself in relation to me and to work towards greater autonomy and self confidence, using sounds to relate to each other.

Background Information

Paul was eleven years old when the therapy began. He was non-verbal, but sometimes vocalised, particularly when happy, excited or upset. His level of understanding in most situations was at a one word level, and he often showed this understanding immediately when given simple instructions. Much of the time he would do as he was asked compliantly. He was generally gentle and enjoyed physical contact with adults, including tickling games. He also seemed to enjoy simple turn taking games, such as playing with a ball with an adult.

Paul showed awareness of others by receptively identifying individuals in class, and chose to sit near the same people each day, perhaps feeling more comfortable with some peers than others. He seemed to enjoy a level of contact with other children in the playground, sometimes playing chasing games with those children who also enjoyed such activities. He showed some spontaneous communicative intent in these situations, sometimes touching another child gently, apparently to let them know that he wanted to play.

At times, Paul could become very anxious and display challenging behaviour. When upset, he would make short characteristic vocal sounds that sounded distressed, and would often drop to the floor, refusing to get up when staff encouraged him to move. He would also scratch, kick and sometimes bite staff when upset. He also threw things or knocked things over. This could sometimes become dangerous and it was sometimes necessary to physically remove him from the situation (using approved methods of escorting students in which staff are trained).

The triggers for this behaviour seemed to be transitions from one situation to another. This was particularly problematic for him if he was confused as to what was happening, where he was going or what was expected of him. He responded very well to a highly structured daily schedule with which he was familiar. Being able to predict and anticipate what was happening next seemed very important to him. He seemed to gain reassurance from staff members by being given simple verbal support and moved through transition times as quickly as possible. At these times, he also seemed to derive comfort from physical contact, such as being cuddled or having his arms stroked when he was sufficiently calm but needing support to recover from an outburst.

Although Paul was often compliant when asked to do something, he would sometimes become agitated and display similar behaviour when he was angry about being asked to do something that he did not want to do. There were also times when it was less clear as to why Paul became agitated and upset, and this meant that sometimes outbursts would occur without a great deal of warning.

Assessment and beginning individual therapy

As with Jack, I assessed Paul individually in August 1999, and originally placed him in a group with three other children from his class. His capacity to take turns was something that I felt could be further developed in a group. Also, one of the targets on his Individual Education Programme was to tolerate the proximity of other children, including those who caused him some anxiety. I thought that this could also be worked on in a group situation. However, when I reviewed this after half a term, I decided to discontinue group therapy and to see Paul individually. He had appeared to find the group situation quite anxiety-provoking and seemed anxious and confused sometimes when there were several people playing together. He seemed rather passive in group free improvisations and seemed to need frequent reassurance, guidance and prompting to take part. In view of these observations, I felt that Paul's confidence could be built in a one-to-one situation. I also thought that developing a relationship that would help him to feel more independent and develop his communicative intent and capacity to respond to another person in a less defined way (i.e. not simply following concrete instructions) would be beneficial.

Other target areas of his IEP involved him becoming more able to cope with changes and carrying out activities more independently and confidently. I felt that focusing on empowerment, helping him to become more self-aware and, perhaps to derive support

from another person through music, rather than physically would be appropriate aims for the therapy. I defined the aims as follows:

- Confidence building: For Paul to receive direct musical acknowledgement and support for the sounds he makes whether intentional or not.

- Increasing Paul's awareness of himself and creating a situation where he is empowered to have an effect on me through the music and receive musical feedback from me.

- Working with Paul's vocal sounds and responding to them in a way that aims to heighten his awareness of them. This can also be a starting point for acknowledging the possible emotion behind these, again, primarily through musical feedback from me.

The individual therapy began in November 1999:

Session 1 - A new beginning.

The instruments offered at the beginning of the individual therapy were a xylophone, a cymbal, tambour, an ocean drum, a pair of bongos and a slit drum.

Although Paul and I had spent time together in the group sessions, the beginning of individual therapy was a new situation for both of us. There was a sense of getting to know each other in a different way. Not having other people in the room seemed to help Paul to focus better than he had been able to in the group sessions.

In the first session, he seemed settled and comfortable in the room. I sang “hello,” sitting close to him and playing the guitar, during which he occasionally glanced towards me although he did not make direct eye contact. After this, I moved to the piano. Paul began to play the xylophone quietly and delicately with the opposite end of the beater. I began to accompany, playing quiet, staccato chords and a melody in the middle and upper end of the piano. He stopped playing several times, but seemed to hear me and respond immediately when I sang “Paul can you play some more?” This went on for several minutes. Paul’s style of playing was consistent in its style in terms of volume and tempo. The way in which he was playing did have a rather stereotyped quality to it, as if driven more by a sensory interest in exploring the instrument than an aural one. He sometimes pushed the beater between the bars on the xylophone. At such times, it seemed possible that he had disengaged and become self-absorbed in the activity. When we were playing together, Paul tended to look down. This seemed natural since the xylophone was on the floor and required him to bend over slightly to reach it. However, because he was bent over, it was difficult to assess how aware he was of my playing in relation to his. He clearly seemed to hear me when I sang to encourage him, playing almost immediately. However, when the music had a less obvious “message” it was difficult to know, since he did not give any obvious non-verbal indication - such as glancing at me. Again, his music did not really give any obvious indication of hearing and responding to me. He certainly seemed tolerant of my playing, but it was not clear how aware of it he was.

After this period of playing, I moved over to the percussion instruments and began to play the xylophone with him. We played in turn-taking type exchanges for some time. Paul seemed more aware of me in this situation, and did seem to notice when I started and stopped playing. This also seemed apparent when he turned his beater around the other way when I played with mine in this way. He also looked up when I began to play the cymbal gently in response to him tapping gently on the seat with his beater.

He appeared momentarily struck by the contrast in timbre. It seemed possible that Paul was acutely aware of such changes in sound quality.

I later moved back to the piano, and we played together much as we had done at the beginning of the session, before I sang “goodbye.” Paul vocalised quietly as I sang “hello” and “goodbye” a couple of times, but did not use his voice in the main part of the session. This seemed significant and I wondered if Paul was vocalising in a responsive way, perhaps understanding that I was addressing him and also perhaps responding directly to my voice.

Thoughts and Interpretations

I felt encouraged that Paul had seemed able to sustain interest in the instruments, and had not seemed anxious or confused in this session. There seemed to be a clear sense of him hearing and responding to me when I sang encouraging him to play. He also seemed to notice when I changed instruments, glancing up when I reflected his sounds in different ways. I thought that there might be potential for Paul to gain a heightened sense of self-awareness through musical feedback from me.

I considered Paul’s responsiveness to my encouragement to play. Although it was encouraging that he was able and willing to be drawn into shared music with me, I felt that the motivating factors contributing to him doing this needed to be handled carefully. I was concerned that Paul might begin to wait for direct instruction from me to play, as if waiting to be granted permission to do so. It also seemed possible that he might play in response to my encouragement out of compliance and because he felt that he should “do as he was told” regardless of whether he really wanted to or not.

This way of relating could potentially be counter-productive if Paul became dependent on me for guidance and instruction.

At the same time I needed to bear in mind his limited ability to cope with situations in which it was not clear what was expected of him. In the middle part of the session, I had played the instruments with him, aiming to give more obvious, direct support for sounds that were initiated by him, rather than being prescriptive about what he “should” do. I used close imitation of Paul’s music, some of the time on the same instrument to try to communicate that it was valid and that he could be in control of his own sounds, and also, ultimately that he could have impact on the sounds that I made.

This way of thinking about the work with Paul relates to the same theoretical model I considered when working with Jack. Towards the end of the case study, I referred to the theories of Winnicott (1985) and the development of the child and the mother-infant relationship through the child’s play and the mother’s response to this. I felt that Jack had effectively found ways of communicating what he wanted (and what he didn’t want) which I went along with before challenging it. In working with Paul, I felt that he needed to be helped to experience exerting power over my activities. It seemed that he was not yet able to do this intentionally.

I felt that a time was needed in which Paul could be himself and I could “reflect back what was happening in the playing” (Winnicott 1985 p55) in which he engaged. I felt that the way in which I reflected his presence would need to be clear and directly communicative in order to reach Paul and have meaning for him. I aimed for shared experiences in which Paul could initiate music and receive feedback that acknowledged and validated him. The music I played would aim to contain, support,

hold and nurture him in such a way as to build his confidence and begin to strengthen his own resources.

Sessions 2 - 6

Paul seemed settled and comfortable in the next two sessions. He played the slit drum for the whole of the next session. When I imitated his rhythms on the bongos, he glanced up at me at first, but as the session progressed, seemed to take less notice of me. I later moved to the piano, and his playing became more animated. I was not sure whether this change in the quality of his music was responsive or incidental, however.

In the third session, I varied the support that I offered Paul, some of the time singing to encourage him to play (to which he responded). It seemed that he needed some support to get started. I encouraged him later by giving him a pair of beaters without saying anything. He then used them to play the xylophone. His playing varied a little in style - sometimes gentle, sometimes more animated. The extent to which he was hearing my responses to him was still unclear.

In the next session Paul seemed very distressed and agitated when I collected him. On arrival to the room he threw instruments at first. Then, he began repeatedly lifting up handfuls of beaters and dropping them on the floor in a ritualistic manner, but one that also seemed to convey that he was still agitated and distressed. He was difficult to engage at this time and showed no response to my piano accompaniment to his activity with the beaters. I felt that I needed to be closer to him to help him to become aware of, and to benefit from the support I offered. Naturally I was wary of him in this state, and also considered that closer proximity might exacerbate his mood and

cause the behaviour to escalate and make him feel even worse, so I proceeded with caution.

I began to sing and to imitate the dropping of the beaters. He tolerated this and gradually seemed to calm as the session progressed. At the end of the session, he did become agitated again, apparently finding the demand of going to a different room and situation unsettling and began to throw the instruments again. I needed assistance to help him back to the classroom.

In the following two sessions, Paul was settled in mood, but continued to exhibit similar behaviours with the beaters. The agitated manner in which he had done this in the previous session seemed to evaporate and he now seemed to be enjoying watching the beaters drop. It seemed that this behaviour served more than one function. It seemed possible that he had found dropping the beaters in this way comforting in some way when he was upset. He now seemed to find it exciting and amusing. Again I joined in with him, and he seemed to show flickers of recognition and amusement towards me. However, it still remained a largely self-orientated activity with occasional awareness of what was happening outside his experience. In the second of these two sessions, Paul did accept the drum when I offered it to him and later spent some time playing it purposefully and in a more conventional way. The quality of this music was different from the quiet delicate playing on the xylophone. It emerged in fast loud bursts that seemed to reflect a level of excitement that he seemed to be feeling.

Thoughts and interpretations

In this first block of sessions that ended at the end of the Autumn term, it seemed that Paul and I had already had a number of different experiences together. There had

been times when he had seemed content to play the instruments, sometimes showing an awareness of me when I joined him. The connections that seemed to be made at these times were fairly brief. It seemed possible to gain Paul's attention musically, but he did not seem to focus on me for long. It felt as if the brief glances he offered when I did something to gain his attention "punctuated" an experience that was essentially quite self-absorbed. His tendency to twiddle instruments meant that he appeared distracted by them at times, and it seemed unlikely that he was engaged, although his capacity to respond initially seemed fairly consistent. I felt that we needed to work towards more sustained periods of activity in which we were communicating directly with each other.

The session in which Paul had been unsettled and upset had felt very fraught and anxious. However, I thought it was positive that he had eventually calmed. I felt that he had heard and seen me joining in with what he was doing and perhaps knowing that I was there, but not having to comply with any further demands from me was of benefit to him. I hoped that he had experienced containment and acknowledgement without feeling intruded upon.

Sessions 7 - 18

As the sessions progressed in the Spring Term, Paul began to show tactile and stereotyped behaviours much more with some instruments than others. He seemed to become rather fixated with the gaps between the bars on the xylophone tracing the lines of these with the ends of the beaters. He seemed able to use the drum and cymbal much more purposefully and our shared playing on these instruments felt much more connected. I decided to remove the xylophone from the sessions in order to help Paul to focus more effectively. He did have a tendency to twiddle the beaters,

and also to sniff them at times, but it was still possible to get his attention when he was doing this.

In this block of sessions, the main area of development was Paul's use of vocal sounds. In the seventh session (which was the first of the term) Paul vocalised more than he had done before from the beginning of the session. The quality of the sounds was varied and seemed expressive. Towards the end of the session, the sounds seemed quite assertive, and began to feel a little more intentionally communicative. These sounds came after we had spent some time playing the tambour together. On this occasion, Paul had responded to me holding the instrument towards him. He played without appearing to be waiting for specific verbal or sung invitation, and we spontaneously developed shared playing which had some sense of dialogue. This came about when I filled gaps which Paul left (both of us sharing the drum). He seemed to notice when I stopped and appeared to respond by playing. His vocalisations seemed to convey pleasure and excitement and he seemed to engage for much of the session.

The following week, Paul showed an interest in the guitar as I sang "hello." Because of this, I continued to play and offered it to him also. Again, this was negotiated non-verbally and through sound and gesture. He joined me, strumming the strings and vocalising in a way that suggested that he was interested in the instrument and enjoying exploring it. For the first time that I had really noticed, Paul made direct eye contact with me and seemed very engaged and aware of my vocal and instrumental responses to him. The quality of this relatedness felt intimate and very comfortable. Later we played the cymbal together. After a while Paul stopped playing, but seemed to be responding vocally to my playing, sometimes filling the pauses that I built in to encourage responses from him.

In the next few sessions, there were still times when Paul seemed self-absorbed. He sometimes turned the bongos upside down and looked closely inside them. He was difficult to engage through musical and non-verbal means when he was doing this. To try to promote his level of engagement I tried inviting him to the piano and playing this with him. Paul played tentatively, producing quiet fragments of music that had no clear pulse and a rather elusive, meandering quality. He seemed to show his awareness of me in this situation from time to time, stopping playing, looking at me and vocalising, apparently conveying pleasure and interest in the sounds I was making. These moments felt connected and comfortable, as if we were developing a deepening understanding of each other through the sounds we made.

Paul and I continued to share instruments in the sessions. Sometimes I felt that he was very engaged and able and willing to interact with me. At other times, he was more difficult to engage. However, although this was inconsistent, and it was difficult to understand why this was the case, it seemed that Paul was discovering that he could have an impact on me through sound, primarily through the use of his voice. When he did this, I felt that the outcome was generally very positive. He seemed increasingly able to take the initiative and a little more consistently motivated to do so. He sometimes spontaneously initiated music on the instruments and seemed able to become aware of me when I joined him.

I began to use the clarinet in these sessions as well. I felt that it had been helpful and beneficial to Paul to give him very immediate and direct feedback for his music to help him to make sense of the way in which I was relating to him. However, still thinking about empowerment and autonomy as the ultimate goal, I wanted to find a way of promoting his independence. The next step in this process seemed to be playing a different instrument with a view to creating a separateness and distinction of identities physically and musically. This, I hoped, would further promote Paul's

awareness of himself and help him to become more confident. This did not simply mean allowing him to play an instrument alone: he had already shown that he was quite comfortable doing this. It was playing an instrument alone whilst maintaining an awareness of me. In addition, I felt that he would benefit from becoming more motivated to use his playing and vocalising as a vehicle for intentional communication and self-expression rather than as a solitary activity.

The piano often seemed rather far removed from Paul physically (unless we were sharing it of course). It was still difficult to establish ways of relating which felt as connected as some of those which we had shared through playing the same instrument and vocalising together. Because of this, I played the clarinet. This was an instrument through which I could clearly mark my identity, but at the same time I could still sit close to Paul with no physical barrier. I also felt that then clarinet was a particularly appropriate medium to use for responding to vocalisations. I often use it for this very purpose with many of the children I see. It has voice-like qualities that can reach the child in a way that relates closely to the sounds they make. The range of the instrument is wide and the range of expression and dynamics that it can encompass is also very extensive.

I began to play the clarinet as Paul played the bongos in one session. I imitated the staccato quality of his playing and he paused from time to time and looked with apparent interest at the instrument. He seemed to begin to pause in anticipation of a response from me.

The clarinet became the main focus in some sessions. We still used the other instruments at times, but Paul seemed very motivated by my imitations of his vocal sounds as well as his instrumental playing. He showed interest by leaning forward, making eye contact and vocalising (apparently directly at me). He sometimes seemed

fascinated by the clarinet, looking closely at it, reaching towards it gently and even looking up it! Some of the exchanges felt very spontaneous and there was a playful quality that we seemed to have gradually developed in the way we communicated.

Thoughts and Interpretations - Reviewing the Progress made at the end of the first six months of therapy

At the end of the Spring Term I reviewed the progress in terms of the aims I had identified at the beginning of the therapy:

Paul seemed to have grown more confident in making sounds, both instrumental and vocal. The quality of these sounds seemed to have become more intentionally communicative and with the apparent anticipation of responses from me. I felt that he had made good progress in this area.

I also felt that Paul's awareness of himself had become enhanced. Particularly through the more recent voice and clarinet interactions, it seemed that he had succeeded in establishing himself as a more autonomous individual and had made sense of the shared music in terms of contributions from two separate individuals. He seemed to be functioning both as a responder as well as an initiator, which seemed to suggest a healthy balance that was conducive to further developing a reciprocal relationship. Reducing and fading the use of sung prompts had seemed to help Paul to tune into the more subtle musical invitations and opportunities that I offered him. It also eliminated, to some extent, the establishing of my role as a leader and his as a follower or as a dependent responder.

Much of this progress took place through the use of vocal sounds and eye contact. We also vocalised together in simultaneous music rather than dialogue. This seemed to facilitate a sense of equality in sharing and a more generalised togetherness that I felt was also very important to the establishing of trust in the relationship. It seemed important to find ways of both being together and being separate and being able to move between these areas of existence in the relationship.

The empowerment process seemed successfully underway at this stage. I felt that Paul had become more autonomous and had developed an inclination to use the sessions to experience himself in relationship to another person, which he could control and take responsibility for.

Chapter Eight

Conclusion

The therapy processes that took place with these two very different children needed to take account of the different ways in which they each reacted to the fear and anxiety involved in relating to others and coping with demands that they could not always predict or make sense of. Jack's very active exertion of control over my actions seems far removed from Paul's passive compliance and lack of autonomy, and yet the needs of these children can be seen as related in terms of the ultimate goal of therapy for both of them.

The process in both cases had the same ultimate goal: That of being able to cope with relating to others in a more balanced way and to rely less on pathological means of protection from and defence against the people these children encountered in their daily lives.

In both cases, the therapy process involved forming a relationship in which the child felt safe, comfortable, able to experience closeness with me. He needed to be empowered to lead me, as I tried to learn about his needs and how to acknowledge and respond to these needs.

This part of the process relates to Winnicott's idea of a "good enough mother" in the parent-infant relationship. He refers to one of the goals in the development of the infant as having a "sensation of personal authenticity" and a sense of "life being

worth living” (Minsky 1966 p111). This is achieved through a “special kind of reliable, creative, non-compliant relationship with the mother”(Minsky 1966 p111).

The way in which Winnicott specifies that the relationship should be “non-compliant” places emphasis on the infant in what can be seen as a leadership role. In this relationship, the mother is sensitive to his needs by tuning into his emotional state and responding intuitively to him.

It was this that I aimed to bring to the sessions with Jack and Paul: To experience what they did with the space and opportunity I offered without having to comply with demands or be met with judgmental responses.

In the work with Jack, this meant letting him successfully control what I did, as he was naturally inclined to do. Paul seemed not to exert control over me intentionally at first in the way that Jack did, so in this case, I began by responding to music, movements and his apparent mood, and modifying my responses in relation to his responses to me.

With both children, I reflected aspects of their presence and behaviour in such a way as to aim to communicate to them my experience of them. The ultimate aim for both was for them to develop a sense of themselves.

This relates to another goal which Winnicott identifies. He describes the mother-infant relationship as one that facilitates a process that allows the infant to “get to the stage where it feels it inhabits its own body” (Minsky 1966 p112). This also relates to Tustin’s theory of the “trauma at the realisation of bodily separateness” that I mentioned earlier (Tustin 1992 p11). According to Tustin, this trauma creates the feeling that the child has lost a part of his body. Winnicott’s description of the

infant's feeling of "inhabiting" of his own body conveys a sense of wholeness, which can be seen as an essential component in the development of a sense of self and an autonomous existence.

The first stage of this journey for both children can be seen as one that facilitated the development of each child's sense of self and confidence in being able to have an impact on the surroundings.

The next stage can be seen as one that facilitated a continued relatedness, but also a separateness and an independence. In bringing about this separateness, I took account of the closeness that had developed between us. I saw this as something which needed to be moved away from in a way which would preserve the relationship and avoid a "trauma" which might occur if the child experienced a sudden feeling of aloneness or being "cut off" from something by which he had felt nurtured.

In Jack's case, I still acknowledged what he wanted from me, and continued to respond to this to some extent. However, I also re-established my own identity and helped him to accept this, for example by maintaining my position at the piano and stating what **I**, as well as he was doing.

In Paul's case, the separateness was also dealt with physically, and therefore perhaps concretely and symbolically. I moved away from him by playing an instrument that was separate from him when I used the clarinet. This seemed to balance the separation at the same time as maintaining and still further developing the relatedness: The clarinet was something unique to me in that he, of course, never played it. At the same time, however, it was something which offered a timbre and quality of expression which was actually very close to his voice and the way in which

he began to use vocalisations as a more intentional means of communication, expression and a way of eliciting responses from me.

Through these musical and physical changes that took place in both of these processes of individual music therapy, both children began to experience themselves and become more comfortable with this. Following this they began to share experiences that helped them to accept the “me” and the “not me” of their existence - the reality of other human beings and their inevitable impact on each other (Tustin 1992 p3). In focusing on this sense of “me” and “not me,” I tried to bring about a balance in my relationship with both children. Jack ultimately needed to take on board more “not me” in his existence and in his relationship with me. Paul needed to explore more of the “me” in his existence and to feel and experience what it meant to him to be himself through me before becoming more independent in doing this himself.

Both children brought themselves and their music to the sessions. The relatedness that we developed together helped them to negotiate ways of being in control. Of course, their autism will continue to affect their capacity to relate to others and to make sense of themselves. However, the processes through which they went in individual music therapy facilitated the development of their individuality and helped to create a greater sense of wholeness. This seemed to empower them with a more real sense of self.

The two examples I have presented have explored the process of individual therapy with two children who displayed behaviours that, in many respects, were opposite to each other. The contrast in these two children and the two extremes in needs and presenting behaviour have naturally had an impact on the way in which I facilitated the process for each child. In choosing these two contrasting examples, I have aimed

to demonstrate the fact that the central concern and core process of negotiating control and facilitating empowerment needed to be tailored to the children in a highly individualised way.

I consider the aims of the individual therapy of the other children with autism to be within the same framework. The specific aims that I identify for each child naturally vary depending on the needs of the child. However, in general terms, the ultimate goal of empowerment and developing a sense of self is always the central focus.

As I have highlighted, the two children in the case studies I have presented represent two extremes. Many of the children with whom I work display, to a greater or lesser degree, aspects of the behaviour which Jack and Paul showed. Many of the children could be seen to fall somewhere in between Jack and Paul in terms of needs and presenting behaviour. I often find myself trying to find ways of moving away from persistent and uncompromising demands which a child places on the music I play. Equally often, I also find myself trying to find ways of overcoming the barriers of passive resistance of which another child seems to be struggling to let go.

In my work, every case is different, and what works well for one child might not for another. The work involves the constant exploration of new ideas within the approach. However, I find that keeping in mind the need to negotiate control and facilitate the empowerment of the individual helps me to respond in a way that addresses the needs of children with autism sensitively and effectively.

Bibliography and References

- Alvin, J. Warwick A. Music Therapy for the Autistic Child OUP 1991
- Axline, V M. Dibs in Search of Self Penguin Books 1964
- Bowlby, J. Attachment and Loss: Volume 1. Attachment
2nd edition Penguin 1984
- Brown, S. Autism and Music Therapy - Is Change Possible and Why Music?
British Journal of Music Therapy vol.8 no.1 1994
- Bryan, A. (Ed Margaret Campbell) Autistic Group Case Study
British Journal of Music Therapy vol. 3 no.1
1989
- Clarkson, G. Music Therapy for a Non-verbal Autistic Adult in Case Studies in Music Therapy ed. K Bruscia. Barcelona Publishers 1991
- Clarkson, P. Pokorny, M. (eds).The Handbook of Psychotherapy Routledge 1994.
- Fischer, R G. Original Song Drawings in the Treatment of a Developmentally Disabled Autistic Young Man in Case Studies in Music Therapy ed. K Bruscia. Barcelona Publishers 1991
- Howat, R. Elizabeth: A Case Study of an Autistic Child in Individual Music Therapy in Case Studies in Music Therapy ed K Bruscia. Barcelona Publishers 1991
- Lawes, C. Woodcock, J. Music Therapy and People with Severe Learning Difficulties who Exhibit Self-Injurious Behaviours in The Art and Science of Music Therapy ed. Wigram, Saperston and West. Harwood Academic Publishers 1995.
- Lecourt, E. Off-beat Music Therapy: A Psychoanalytic Approach to Autism in Case Studies In Music Therapy ed. K Bruscia. Barcelona Publishers 1991.
- Minsky, R. Psychoanalysis and Gender Routledge 1966.
- Nordoff, P. Robbins, R. Therapy in Music for Handicapped Children Victor Gollanz Ltd 1991
- Oldfield, A. Pre-verbal Communication through Music to Overcome a child's

- Language Disorder in Case Studies in Music Therapy ed. K Bruscia
Barcelona Publishers 1991
- Oldfield, A. Communicating Through Music: The Balance Between Following and Initiating. In The Art and Science of Music Therapy ed. Wigram, Saperston and West. Harwood Academic Publishers 1995
- Priestley, M. Essays on Analytical Music Therapy Barcelona Publishers 1994
- Sandler, J. Dare, C. Holder, A. The Patient and The Analyst Karnac Books 1992
- Stern, D N. The Interpersonal World of the Infant Basic Books 1985
- Trevarthen, C. Aitken, K. Papoudi, D. Robarts, J. Children with Autism: Diagnosis and Interventions to Meet Their Needs Jessica Kingsley Publishers 1996
- Tustin, F. Autistic States in Children Routledge 1992.
- Tustin, F. Autistic Barriers in Neurotic Patients Karnac Books 1986.
- Warwick, A. Music Therapy in the Education Service: Research with Autistic Children and their Mothers in The Art and Science of Music Therapy Ed. Wigram Saperston and West. Harwood Academic Publishers 1995
- Williams, D. Autism: An Inside Out Approach Jessica Kingsley 1996
- Winnicott, D. Playing and Reality Penguin Books 1985

Negotiating Control and Facilitating Empowerment:
Individual Music Therapy with Two Children with Autism

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