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Woman to Woman: A Music Therapist's Experience of Working with a Physically Challenged and Non-Verbal Woman

Carolyn Arnason
Wilfrid Laurier University, Carolyn@CarolynArnason.com

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Woman to woman

A music therapist's experience of working with a physically challenged and non-verbal woman

Carolyn Arnason

Abstract

The phrase "woman to woman" implies that relationships between women have particular qualities and levels of understanding that value the female perspective (Gilbert & Scher 1999). This case study describes my experience as a female music therapist and pianist working for four years with Sarah (pseudonym), a physically challenged, intelligent woman who is non-verbal. Salient aspects of the improvisational music therapy sessions were use of self as music therapist, building a collaborative relationship, working with subtle and non-verbal responses, interpretive flexibility and musical transparency. There were also dimensions of the therapeutic process that enlarged the musical relationship such as silence, "being heard and seen", comradeship, mutuality, being in connection, ambiguity, vulnerability and inner resources. The psychology of women literature focuses on gender and its influence on women's development in regards to race, sexual orientation, socioeconomic standing, age and able-bodiedness. The analysis of 103 one-hour sessions was informed by the feminist and psychology of women perspectives of growing into relationship, movement in therapy and the power to empower (Hadley & Edwards 2004; Jordan 1997; Lawrence & Maguire 1997; Miller & Stiver 1997; Rolvsjord 2004).

Introduction

The phrase "woman to woman" implies shared experience and levels of understanding that value the female perspective (Gilbert & Scher 1999). With all possible gender combinations, gender plays a key role in therapy (Bruscia 1995; Ernst 1997; Meadows 2002; Rogers 2003). However, "there is something particularly powerful in the interaction between the two women in the therapy relationship which can best be grasped in gender terms" (Ernst 1997: 26). This case study describes my experience as a female music therapist and pianist with Sarah (pseudonym), a non-verbal and intelligent woman who has severe cerebral palsy. We worked together for four years and had 103 one-hour improvisational music therapy sessions.

My approach to individual improvisational music therapy is informed by music-centred, psychotherapeutic, spiritual, and feminist perspectives (e.g. Aigen 1999, 2005; Arnason 2004; Belenky *et al* 1997; Bruscia 1998; Curtis 1996; Lee 1996, 2003; Hadley & Edwards 2004; Miller & Stiver 1997). Improvisational music therapy centres on the formation of a musical environment where musical responses and choices, non-verbal interactions, the musical flow and form created, dialogue, and the therapeutic process unfold within the relationship between a client and therapist. In this sense, then, it is situated in the theoretical orientation of music-centred psychotherapy where "the therapeutic issue is accessed, worked through, and resolved through creating or listening to music; verbal discourse [if applicable] is used to guide, interpret, or enhance the music experience and its relevance to the client and therapeutic process" (Bruscia 1998: 2-3).

The clinical approach described in this article is specific to my work with Sarah. Not all readers will agree with the theoretical contextualisation of this case study: this has its origins in a 12-month sabbatical which allowed me time to analyse videotaped sessions and improvisations in detail and reflect on qualities of the music and relationship created. A literature review was conducted in order to study the therapeutic and musical processes from feminist and spiritual perspectives. Gender-aware therapy emphasises "...the development of collaborative therapeutic relationships and respect [for] clients' freedom to choose in collaboration" (Gilbert & Scher 1999: 69). Demystification of therapist power within the therapeutic relationship and the ongoing examination of

my values as music therapist had been central to building a relationship with Sarah. Since there were important aspects of two different women working together in improvisational music therapy, I explored the literature pertaining to the psychology of women, particularly writings from the Stone Center at Wellesley College in Massachusetts, USA (Miller & Stiver 1997). The key principles of this relational model of women's development - relationship, connection, mutuality and the power to empower - had influenced my approach to working with Sarah as well as my understanding of the musical relationship. Writings from the Stone Center posit "a major shift in thinking about what creates pain and psychological problems and what fosters healing and growth" and propose alternatives to the therapeutic discourse that centres on "independence and self-sufficiency...[as] the hallmarks of maturity" (Miller & Stiver 1997: 2-3). These authors emphasize that "the goal is not for the individual to grow out of relationships, but to grow into them" (p. 22).

Introducing Sarah

While waiting for Sarah's transport home after the 100th session, Sarah and I went into the university art gallery. One of the paintings was entitled Inner Self. Sarah did not have her glasses that day so I read the painting's description to her: "We tend to show the side most appropriate for the situation we find ourselves in and keep our other sides hidden. Self is defined as what one is at a particular time or in a particular aspect or relation, one's nature, character, or (sometimes) physical constitution or appearance, considered as different at different times." Sarah looked at me and I asked if this description of self was something she could relate to. The look on her face and the strength of her affirmative head and body movements left no doubt in my mind that something about the painting and the description had genuine meaning for Sarah.

Sarah lived with her parents until she was 28 and at that time was cared for primarily by her mother. Since her mother's death, she has lived in community facilities. Her older brother and his family live close by and visit her regularly. Sarah's father also used to visit her weekly and she often spent holidays with her father and stepmother until his illness and subsequent death in 2003. Sarah is 54 years old and does not have intellectual difficulties. She is unable to speak, although she can respond to "yes/no" questions with head gestures and body movements. Sarah is in a wheelchair but does not have the strength or co-ordination to manoeuvre her wheelchair independently. She requires total care and is fed through a Gastrostomy tube (G-tube). Because of her age and the extent of her physical disability, Sarah is on pain medication. Despite the challenges and losses in her life, she seems remarkably willing to engage in life. She participated in our sessions through the quality of her listening, emotional expressiveness, facial expressions, body language and musical responses (playing accessible instruments and vocalising). We often had to wait for Sarah's transport after sessions and we would spend this time with me reading to her, in exploring the university campus, or having a conversation. Through a series of "yes/no" questions on my part and Sarah's non-verbal body language we talked about what was happening in her life. If she was physically uncomfortable, I would push her wheelchair so that she could feel its movement. In bad weather, we would go into the university art gallery to see what was on display.

Overview of Sessions

Over four years, the form of our sessions was fairly consistent. We were fortunate to have regular access to a room that was private and free of interruptions. Silence was a familiar part of sessions, contributing to an ambience of temporal spaciousness. This setting lent a sense of safety that contrasted sharply with Sarah's living situation. She lived in a large facility with people older than herself, many of whom had dementia or were developmentally challenged. Initially, I offered instruments that I thought Sarah might be able to play, including a small pentatonic lyre, a small harp tuned to different scales or modes, and hand drums with a variety of timbres. Guided by her choices, these instruments were explored in order to assess her musical preferences and physical capabilities. In addition, free-standing instruments such as a small gong, bar chimes, a keyboard, and a snare drum were used in order to offer Sarah musical experiences that did not require me to hold instruments for her. Different mallets (some adapted) were tried. But, over our four years together, her physical strength declined, making sustained holding of mallets too difficult.

Early in our work, the music for opening sessions developed into a Lydian Waltz on G. This mode has a mixture of piquant musical qualities such as whole tones, a raised 4th and a major 7th. As time went on, the opening music made use of a variety of musical parameters (harmonies, textures etc.) in order to welcome Sarah back to music, acknowledge her mood or state of mind that day, support her subtle responses or affirm events in the course of therapy (for example, the festive tone of the 100th session). Sarah's mood or body language could shift in subtle ways. It was important to be in the moment and musically flexible when responding to these shifts in emotional expression.

The middle part of sessions tended to focus on particular feelings or issues that Sarah was experiencing in connection with events or people in her life. There were piano duet improvisations, improvised songs, songs that had particular meaning for Sarah (such as *Wind Beneath My Wings)* and verbal dialogue. I would ask Sarah about her week or how she was feeling by asking "yes/no" questions that she could answer with head gestures. Improvised songs focused on family relationships, themes such as loss, hope, endurance, pain, humour and love or topics that emerged in sessions. Sarah had a personal communication book that contained pictures relevant to her life. One of the pictures was of a garbage can. In session 14 I improvised a "Garbage Can" song in a modal Blues style. This image and music represented her expressed feelings of anger about having to have a G-tube. In the same session, another improvised song matched Sarah's yawning and signs of sleepiness caused by a change in her pain medication. When introducing a new song that Sarah might or might not know, I would describe the lyrics, then play and sing the song. I chose song lyrics that had possible meaning for Sarah (for example, to do with her memories), and respected her decision when she did not like a song because of its lyrics or how the song made her feel.

In contrast to the opening music of sessions, the improvised closing music was invariably in C Major and built on the chords of I, VI, IV, and V. The work with Sarah always felt precious since her health could suddenly change. Because Sarah had experienced significant loss and was sensitive to feelings around "goodbye", I kept a consistent musical structure at the end of sessions.

Use of Self as Music Therapist

My role with Sarah was to use an informed listening approach, within which my aim was to "...be available to the client [Sarah]...and...to create a setting where the patient [client] can experience being seen and heard..." (Wigram, Pedersen & Bonde 2002: 197-198). In her work with older women, Daniel describes the Jungian view of aging as a change process, observing therefore that "the nature of the therapeutic work is....'soul work' and not the same as the more standard analytic work" (Daniel 1997: 208). This valuing of the spiritual dimension in improvisational music therapy influenced how I thought about the musical relationship with Sarah (Arnason 2004). Not surprisingly, my mental preparation for sessions changed over four years, leading to a more transparent state of mind and flexibility in sessions. This process was a rather paradoxical one though, since listening back to (and analysing) improvisations filled my mind with thoughts, questions, strategies, possible interpretations, and musical material.

This process could also be described as one of informed risk-taking. Bunt and Hoskyns observe that "what appeared as spontaneous was embedded in the frame of previous knowledge: of the session, of the group [individual] and the therapist's level of expertise, rather in the way that a musician needs the hours of practice before playing can appear natural and spontaneous" (Bunt & Hoskyns 2002: 48). There is also a level of listening when listening back to recorded improvisations that is "... re-living an improvisation as it unfolds ... living in the now of the musical experience again ... trying to free oneself from musical and clinical preconceptions and developing a fresh perspective on the original musical process" (Arnason 2003: 130).

In gender-aware therapy, the demystification of therapist power in the therapeutic relationship is a fundamental aim (Gilbert & Scher 1999). There were times in sessions when I "thought out loud", stating in a judicial manner my thoughts about the qualities of an improvisation, initiating discussion on a topic, or sharing my uncertainty about what song or kind of music Sarah might want. Therapist disclosure is a complex matter and I was mindful that "...both 'disclosure' and 'nondisclosure' [i.e. the impact of silence] can be significant" (Miller & Stiver 1997: 145). It was not my wish to speak for Sarah, nor did I expect her to agree with me. But in order to cultivate therapeutic transparency and the building of trust, it was important that I made aspects of my thinking known. At times, this meant naming what I felt needed to be stated. There was a particular session in which I said to Sarah that it must be difficult to have things you want to say but not be able to say them when you want to. The change in her facial expression and strong nodding showed the personal significance of this statement. At other times, I affirmed Sarah's choice not to play or vocalise because she preferred to listen to and be in the music.

Understanding the meaning of Sarah's non-verbal responses was sometimes challenging. Her facial expressions could change rapidly or appear ambiguous. It was not unusual for a variety of emotions to seem to play across her face during the music. Sometimes her body was very still as she concentrated on listening to the song lyrics. However, because of her disability, I could not always be sure if her hand or body movements were intentional or intuitive. "Reading" Sarah's non-verbal responses required attentive observation and interpretive flexibility. In session 87, I asked Sarah which song she wished to listen to and sing. She chose the song *Wind Beneath My Wings*, a song

that exemplified her close relationship with her older brother. During the song, Sarah's right hand movements on her lap often matched the melodic rhythm of the song. I could not be sure if she was responding physically to the melodic rhythm or intuitively to the personal meaning of the lyrics - "Did you ever know that you're my hero and everything I would like to be? I can fly higher than an eagle, 'cause you are the wind beneath my wings." Upon reflection, however, the more important understanding seemed to be that this musical experience affirmed an important relationship in her life through being in music. The sensitive interpretation of non-verbal behaviours is stressed in gender-aware therapy. Gilbert & Scher explain that:

> ... areas of nonverbal behavior particularly important in... gender dynamics are personal space and touch, time, facial positivity, and emotional expression... they appear particularly important in the establishment of rapport and trust between client and therapist and in the client's feeling heard and understood.
>
> (Gilbert & Scher 1999: 144)

Growing into Relationship

Spending four years working together allowed for the steady growth of a relationship that had qualities of subtleness, candidness, compassion, playfulness, pain and laughter. There was a growing sense of transparency in the work with Sarah. Where the psychotherapy literature considers the notion of transparency, it tends to focus on the advantages and drawbacks of therapist disclosure in verbal therapy. Yalom (1995), however, has written about different types of therapist transparency (for example, revealing uncertainties) and the effect that therapist transparency has on psychotherapy groups. With Sarah it became important to enlarge the concept of transparency in order to convey therapeutic and musical nuances.

During our first few months together, Sarah was waiting for a new wheelchair that would better support her body and head. At the same time, tests were being done to establish an effective dosage of pain medication. In session 16, Sarah was noticeably sleepy. She indicated in response to my questions that she was in physical pain. I began to improvise a lullaby in G Minor, which ended in E Flat Major. In this music, a deeper level of musical relationship seemed to evolve. There was a bass ostinato - G, B flat, A, D and the improvised lyrics (summarised) were "...pain never goes away...makes me so tired". Descending minor seconds gave the music a quality of sighing. The spirit of the music was childlike with simple two-part counterpoint and rocking qualities in a 6/8 meter. My intention musically was to contain Sarah's vulnerability and match the rhythm of her yawning and breathing.

There were aspects of the relationship with Sarah that could be interpreted as "mothering", such as a sensitivity to non-verbal or vocal cues and musical empathy. The context of individual sessions is intimate. In Analytical Music Therapy and the Bonny Method of Guided Imagery and Music, authors discuss "mothering" aspects of music and the musical relationship as well as the therapist's role (Kowski 2002; Priestley 1994; Ventre 1994; Summer 1995; Warja 1999). Rogers (2003) explains the implicit power that a therapist holds and the potential for abuse in therapeutic relationships based on size, strength and the embodiment of authority. With Sarah I often reflected on the power imbalance in our relationship - for example with regard to physical and verbal abilities - and on the fact that Sarah has to rely on others for her care. Her autonomy is restricted. Being seen as a woman implies that a physically disabled woman has a social support system (Sinason 1997). Basic rights that I may take for granted as an able-bodied woman are not available to Sarah. Even the pleasure of eating was taken from her several years ago when inappropriate feeding necessitated surgery and a permanent G Tube.

Fostering a relationship requires power, but not in the usual sense of the word. Power can be used to facilitate growth in the client-therapist relationship. It means advocating a shift in thinking that decouples "...the concept of power from the concept of domination" (Miller & Stiver 1997: 46-47). This "... is not power over others... [but] 'power with', a power that grows as it is used to empower others" (1997: 16). In relation to ancient healing practices, Kenny describes how power is essential for the creative process towards health and "is that cumulative energy which draws one into new possibilities ..." (1989: 88).

Being in Connection

Clarke (2006) describes the art of connection in the context of a Canadian medical school where the painter Jeff Burns (who has young onset Parkinson's disease) was artist in residence. She observes that:

> Medicine at its best is based on relationship and connection, on opening to the vulnerability of the other and moving into that vulnerability in order to respond to the person who inhabits it...It is not about requiring the other to move towards us in search of care, in search of responsiveness. Rather, it is about equipping those who provide care with the tools, the spirit, to move into the place of vulnerability that is inhabited by the sick person.
>
> (Clarke 2006: 141)

Session 73 focused on issues around Sarah's father having been diagnosed with cancer. When I presented a choice of songs, Sarah clearly indicated (via facial expression and head nodding) that she wanted *Bridge Over Troubled Water.* This song represented the loving support of her father over many years. Two minutes of silence followed this song. Since it did not feel right to break the silence with words, I began to improvise a song entitled *Dry Your Tears* in A flat major (the same key in which we had sung *Bridge Over Troubled Water)* about the comforting support of Sarah's father. In a conversation in one of our early sessions, I had learned that, during his weekly visits, Sarah's father would massage her back in order to relieve her muscle pain. In this improvisation, there was an interpersonal connection that I first interpreted as going beyond the client-therapist relationship in a transpersonal sense. Upon further reflection however, I realised that this connection was actually part of the therapeutic relationship - not outside it, but an enlargement of it.

A vital aspect of growing into relationship is the mutual link between "being in connection" and "being emotionally accessible". This link applies to both the client and the therapist (Miller & Stiver 1997). At this point in the therapeutic process (session 73), it was essential to be open to Sarah and the musical experience by staying sensitive to how the music affected my feelings and allowing intuition to inform my clinical thinking. Authenticity kindles movement in relationship: for both client and therapist, authenticity "is a person's ability to...[be] in a relationship with increasing truth and fullness...[and] to respond...If we do not respond there is no flow, no movement" (Miller & Stiver 1997: 54-55). Being in connection means that as music therapists we allow all that we are to enhance our therapeutic work (Freeman 2003: 60).

Trying to find a balance between improvising music for Sarah and improvising with her was a characteristic of my musical relationship with Sarah. This meant re-thinking the concepts of mutuality and collaboration in music, as well as what "active participation" meant in the light of her physical dependence. My musical role with Sarah was an active and interpretive one. I observed her more closely than I might need to with a more instrumentally or vocally active client. It was crucial to "check in" visually, especially when she was physically still, musically quiet or when her facial expressions fluctuated. Related to my role was Sarah's presence in music and her ability to be fully in the musical experience. Surrey (1997) describes mutuality as "...a creative process, in which openness to change allows something new to happen, building on the different contributions of each person" (1997: 42). This accords with my experience that both client and therapist are affected by working together musically. Sarah and I both contributed to the relationship but in different ways. She contributed through the intensity of her presence and listening, and the expressiveness of her non-verbal responses. My role was to be authentic, responsible and musically responsive.

Eight minutes into the opening improvisation of session 73, I improvised a song at the piano entitled *Welcome to Music on This Beautiful Afternoon.* The metre was 6/8 and a four note melodic motif - C sharp rising to F sharp, then falling to E and finally to D - was developed in F sharp minor. Sarah's wheelchair was positioned at the treble end of the piano whilst I sat at the bass end turned towards her so that we faced each other. Sarah played notes on the piano and vocalised at times. Her vocal sounds had the quality of coming from a responsive place in her body, a body response that seemed to voice deep feelings. My musical choices reflected her presence in music as observed and felt through the intent stillness of Sarah's body, her direct gaze, her changing facial expressions, the quiet yet emotional quality of her vocal sounds, and the attentiveness of her listening. In this improvisation, the music was quiet yet intense, created from the structural strength and rich tonal colours that I associate with the tonality of F sharp minor. My listening was informed by a listening perspective described as "listening for significance" whereby "music therapists are ready for these significant moments or responses (however fleeting) by listening ahead of when the moments actually happen so that they recognize them" (Arnason 2003: 132). The musical interpretation of a client's way of being is described by Wigram as empathic improvisation:

> In practice this means taking into account the client's body posture, facial expression, attitude on this particular day and previous knowledge of their personality and characteristics, and playing something to them that reflects a musical interpretation of their own way of being at that moment.
>
> (Wigram 2004: 89)

This "Welcome" improvisation was "music from the heart", music co-created by two very different women connecting in music within a client-therapist relationship. Sarah had the capacity to enter into improvisational music therapy with her whole being. This was the 73rd session and we had been working together for almost three years. Emotional transparency entailed being open to my feelings, using them to inform my clinical thinking and incorporating levels of musical understanding that came from the ongoing analysis of sessions (Arnason 2002). Miller & Stiver emphasise that

movement in relationship "requires the therapist to be open to experiencing her own emotions...we do not believe that feelings keep therapists from good thinking and good judgment. Indeed, it is the reverse" (1997: 125). The subtleness of Sarah's non-verbal and musical responses also informed my use of intuition. Zeldon observes that "women's intuition has been neither magic nor genius but the result of close attention to minute signs and an interest in unspoken emotions: it is as rational, and elusive, as medical diagnosis, using past experience in the face of uncertainty..." (cited in Bunt & Hoskyns 2002: 47).

I believe that meaning can be drawn out of the music and interactions in music rather than read into musical interactions. By being responsive to, and respectful of, a client's music, the music therapist can enable the client's "voice" to be expressed and heard. Aigen (1999) states that:

> Musical expression can tell us about the music itself, as well as about the physical, psychological, social or spiritual condition of those who participate in its realization and creation. However, this does not mean that one must leave the field of musical interaction, or the process of thinking through music, and enter the domain of psychological theory to tune into the inner state of a client which is expressed musically.
>
> (Aigen 1999: 78)

In order to build a collaborative relationship with Sarah, I needed to check my interpretations of her non-verbal responses or emotional states, as well as the usefulness of my musical choices. This meant exploring, with Sarah's direct involvement, her thoughts about the music we created and the possible meaning of her facial expressions or body language. Although most of this exploration took place in sessions, we also listened to videotaped improvisations. As much as possible I would ask which improvisation, improvised song or song Sarah wished to listen to. I also chose to bring back particular improvisations in order to re-experience the music, to ascertain her musical preferences (for example, major and minor tonalities as opposed to atonality or dissonance), and to verify or challenge my impressions of what Sarah might have been experiencing. During the improvised song *Dry Your Tears,* Sarah's facial expressions changed from smiling to a more introspective quality. Sarah confirmed in response to my questions afterwards that she had been thinking about her father during the music and that she was worried about him. Gilbert & Scher (1999) stress that:

> ...the emotional expression of feelings is...[a] strong nonverbal form of communication. Because emotional expressions are often accorded stereotypical gendered meaning, their actual meaning for a client or therapist may be lost or misconstrued. Therapists need to be careful about making stereotypical interpretations.
>
> (Gilbert & Scher 1999: 145)

Musical Transparency

Because music can be so powerful, and because my musical role with Sarah was such an active one, I needed to reflect on the level of intimacy and musical complexity in our musical relationship. How could I be musically authentic for her? There was a fluid and organic quality to the music making. Was I sometimes invading her personal or musical space? This led me to consider the notion of musical transparency. In using this term, I refer to the need for the music therapist to have an intimate knowledge of musical elements, experience of their potential for complexity and intensity, and commitment to staying attuned to a client's responses in and to music.

Scheiby observes that "music rivals verbal language in its complexity and is well suited to conveying the subtleties and ambiguities of emotional expression" (1999: 267). In describing her work with a nine-year-old boy who has cerebral palsy, Flower states that "a key issue in the growth of the relationship has been to do with waiting and listening closely" (1999: 124). She admits that sometimes she was able to wait and at other times she "... [swamped] Steven with a kind of musical 'mush'...perhaps, in my being busy and musically active, we none of us have to feel the reality of Steven's disability" (1999: 126).

I worked not to overpower Sarah (in terms of both volume and texture) when accompanying her on the piano during the singing of songs. Transparency sometimes called for a degree of musical simplicity (demonstrated, for example, in my use of texture and counterpoint). In session 79, the closing music ended with my playing two-part counterpoint on the piano. Sometimes I played a single bass line with no sung or played melody on the piano in order to allow space for Sarah's vocal sounds. For me, this aspect of musical transparency is similar to the art of underscoring in theatre where the music is essential to the dramatic action but must not overpower what is happening on stage or in the narrative. Wigram describes the musical and therapeutic technique of accompanying as being "sensitive to pauses or small developments in the client's music" (2004: 106). He goes on to say that the therapist must remember her/his supportive role, "allowing the client to take the lead, playing more softly, with stability and repetitious motifs or figures, and perhaps with a thinner, sparser texture" (2004: 109).

In the F sharp minor Welcome improvisation described earlier, there were musical elements that contributed to musical transparency. For example, playing a simple bass accompaniment on piano to accommodate Sarah's vocal sounds or tones, and my improvised lyrics or vocalising (space), playing a single bass line on piano to suggest but not fill in harmonic changes (flexibility), holding the tonal and harmonic structure of F sharp minor (predictability), and returning (more than once) to the repeated tone (unison) of F sharp (tonal recapitulation). The repetition of a tone or a song lyric (musical anchors) in contrast to a moving bass line or harmonic changes seemed to affirm Sarah's mood and imply potential for movement in the relationship or within the music (musical and therapeutic direction).

Musical transparency features space and silence (Sutton 2002). The Canadian composer R. Murray Schafer observes that "every piece of music exists in a container of silence" (personal communication, January 15, 2002). Silence was a familiar part of sessions with Sarah. Many times improvisations emerged from silence and ended in silence. Space lived in the music through musical elements such as slow harmonic rhythm or open textures. Although different musical frameworks were explored (e.g. Middle Eastern), musical tempos needed to be slower in order to support Sarah's vocal sounds or her efforts to sing song lyrics. At times, the dynamic level of my playing was piano or pianissimo as I listened for the rhythm or qualities of her breathing and attuned to her listening.

Musical Empowerment

After analysing several session tapes, it became apparent that Sarah was not only capable of playing the piano but that she might prefer this instrument. The piano would give her an expanded range of tones, textures, dynamics and melodic possibilities. There was more potential for musical collaboration if we used the same keyboard. When I asked Sarah about playing the piano, the quick change in her facial expression, together with an affirmative head gesture suggested to me that she might have been thinking about a piano duet arrangement for a while. After several sessions of musical exploration in both treble and bass registers of the piano, Sarah found that she preferred playing in the treble. Her right hand and arm were stronger and the timbres in the mid to high piano registers seemed more appealing.

The piano duet is an intimate configuration. This physical and musical closeness seemed to facilitate connections in the music and enhance the level of trust in the relationship. Although playing the piano was a physical effort for her, Sarah's music at the piano and her vocal sounds allowed her to be more involved in the musical interactions. We were both contributing to a musical experience on an instrument that is often portrayed as being powerful, a "black dragon" (Good 2001). I believe that working together at the same instrument helped to equalise power differentials. On a small scale, it was a process of becoming musically empowered or "regaining rights to music" (Rolvsjord 2004: 107). Sarah could choose when and how she played the piano or used her voice. She could also decide to be in music by not playing or vocalising.

Before session 76, Sarah and I had an unexpected expedition. The hallway to our usual session room in another building was undergoing building work, making it inaccessible for a wheelchair. Fortunately it was a lovely day and we could take the more accessible outdoor route along a busy street to another building and session room. Sarah did not often have the physical stamina for sustained piano playing but in the eight-minute improvisation that began this session, she started the music and continued playing. Unusually, the music I played initially lacked a discernible tonal centre. My intention was to be musically transparent, waiting and allowing space, not introducing (at least initially) a defined beat, tonality, melody or harmonic structure. At this point in the therapeutic process, it seemed important to co-create this music with Sarah so that she could hear the musical choices as her own. Sarah started the music by playing single notes in downward directions. She appeared physically strong and engaged in the way she kept her right arm and hand poised over the keyboard, ready to play. The notes, melodic fragments and clusters she played matched the developing cadential and tonal framework. This improvisation sounded like a musical dialogue. Interestingly, my sense when playing the improvisation was one of relinquishing mastery and being somewhat vulnerable musically. Rather than working to form the music, I focused on creative simplicity, matching with care Sarah's quality of playing and body language (Wigram 2004). Pursuing musical transparency forced me to offer more control to Sarah, an opportunity she was able to take up, thus experiencing empowerment in our music-making together.

In Closing

Literature on music therapy with clients with physical disabilities tends to focus on children who have both physical and intellectual challenges (see, for example, Meadows 1997). Literature on women with physical disabilities is scarce and often describes the lives of women who can (at least to some extent) speak out and

lead relatively independent lives (Rousso 1988). This case study has presented aspects of my experience of working with a physically challenged, intelligent woman who is non-verbal. Improvisational music therapy with Sarah encompassed my use of self as a female music therapist, the process of growing into a musical relationship, working with subtle or non-verbal responses, and being in connection. The concepts of transparency, mutuality, and musical empowerment were informed by feminist and psychology of women perspectives. Miller & Stiver state that "patriarchal systems have given us a skewed view of relationships, one that leads people to think of relationships as restricting rather than the source of active, creative engagement that enlarges us all" (1997: 56-57). My role with Sarah, however, was not simply about nurturing or being supportive. The process of getting to know Sarah in music created a relationship that was both mutual and grounded in layers of ambiguity. In her discussion on consciousness, Kenny writes that:

> Music therapy explores the territory of the implied. Since it communicates something from an implicit reality, it is critical that we take seriously the need for ambiguity in this field. In fact the central factor in healing or growth may be the plasticity, fluidity, ambiguity and connotative nature of the field of sound. Here is an opportunity for change. Disequilibrium allows for shifting realities and the construction of new worlds.
>
> (Kenny 1996: 5)

The process of therapy with Sarah was delicate and tenuous. She has lived with a severe physical disability for many years and our work together always felt precious. There were dimensions of the therapeutic process that expanded the relationship: being in music, mind and imagination, "being heard", musical flow, silence, trust and inner resources that were in contrast to Sarah's physical vulnerability. For four years, richly varied music was created and the client-therapist relationship steadily evolved into one of comradeship. "Woman to woman", Sarah and I met in music and revelled in being alive.

Carolyn Arnason *DA, MTA is Associate Professor in the Faculty of Music at Wilfrid Laurier University, Waterloo, Ontario, where she teaches in the undergraduate and graduate music therapy programs and coaches improvisation groups. She is active as an improviser and performer on modern piano and fortepiano, and is currently President of the Music Therapy Association of Ontario.*

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