

## **Thomas: Being in Music**

My work with Thomas was, perhaps, my greatest training ground in strengthening my conviction and skill in a music-centered approach. It occurred while I was engaged in post-master's certification training at the New York University Nordoff-Robbins Center for Music Therapy, commencing October 2000 and concluding June 2002. The personnel in the session included myself and co-therapist, Center Director, Dr. Alan Turry, who was my training supervisor. The Nordoff-Robbins Center videotapes every moment of every session. Volunteers made up of NYU students and other interested people film from a hidden booth, enabling the video to follow the action, employing close-ups, wide shots, and other film techniques. This not only enables the clinician to closely review the work later, but also to edit together important moments, creating a compelling longitudinal video document.

Because of the richness of the work and accompanying video, I have presented my Thomas case study at numerous venues: conferences, seminars, lectures for the public, and university classes. I also documented his case in the journal, *Music Therapy Perspectives* (Soshensky, 2005). In addition to my own presentations, Clive Robbins included the study in his international lecture circuit. I think Clive appreciated it so much because Thomas is adorable and charismatic and made dramatic progress over the course of the study but mostly because I focused on guitar as a primary instrument during the training. Clive told me he wanted to illustrate the adaptability of the Nordoff-Robbins approach beyond the original piano-based model as established by Paul Nordoff. I am truly honored and humbled to have been afforded the opportunity to fulfill that role for him.

Clive Robbins was a rare individual - inspiring, profound and charismatic in a way that few people are. Yet, when he spoke to you, he had this totally focused presence as if, at that moment, you were the most important person in the world to him. And you were. The lessons I learned from him, Dr. Turry and everyone at the Nordoff-Robbins Center are unparalleled in my growth as a music therapist.. Although I was an accomplished musician and a somewhat experienced therapist when I started the training, my heightened sensitivity and sophistication in listening musically and working in the "creative now," in playing with compositional awareness and intention, in making the client's responses vital to the ongoing musical process - these were not remotely as developed going in as going out. The reader will notice the attention to musical detail in keeping with Nordoff-Robbins' deeply music-centered convictions.

### *Here's Thomas*

Thomas was a two-and-a-half-year-old boy who had been diagnosed with Pervasive Developmental Disorder and motor planning problems (the diagnosis was changed to Autism when Thomas got older). Thomas had not developed any language nor had he vocalized much at all beyond crying. He was highly anxious and could not settle down to take naps or sleep peacefully through the night. He had poorly developed body awareness and did not use his hands purposefully to manipulate objects such as eating utensils, door knobs, or toys. As he began to walk, he seemed not to know where he was in space, and his mother reported that, in spite of normal vision, he was literally walking into walls. Social interaction was essentially non-existent other than nervously clinging to his mother. He could not tolerate crowds, ignored his four-year-old brother, and did not engage in play.

On my first day as a Nordoff-Robbins' therapist-in-training, I strove to use all my compositional and empathic skills as I improvised a gentle, folk-ballad-style song, with the only lyric, "Here's Thomas." Despite his apparent tentativeness, Thomas seemed to respond positively to music during his first session. He swayed from side to side, made intermittent eye-contact, and smiled several times, revealing glimpses of an engaging and attractive personality. Otherwise, his facial expression remained flat, and he often seemed to focus off into the distance or up toward the ceiling. He appeared musically sensitive, however, as evidenced by alert glances and changes in swaying motion in response to variations in harmony and rhythm. He didn't seem to like it when I slowed the tempo too much or stopped playing, as he turned anxiously to his mother (who attended the first seven sessions) until the music started again, whereupon he would recommence his swaying.

Thomas grasped several small instruments that we offered him in the first few sessions, such as shaker eggs and small bells, but he held them for only a moment before dropping them, and he didn't utilize them in any musical manner. He showed no interest in any other instruments in the room and moved to the door several times within the half-hour session. Although he didn't appear overly distressed, when his attention was not fully engaged, his thoughts seemed to turn to leaving. Based on the first few sessions which proceeded in this manner, along with information provided by his mother, I formulated the following goals for Thomas:

- To tolerate a full session without attempting to withdraw
- To develop ability to initiate and sustain musical interaction
- To enjoy music as a meaningful form of play and fun
- To develop a sense of trust and cooperative interaction with therapists
- To develop use of voice
- To utilize instruments with musical purpose and intent
- To increase body awareness through playing instruments and movement to music
- To freely express needs/preferences and feelings within our session

### *Falling Asleep*

During the third session, Thomas moved freely about the room and interacted comfortably with Alan and me. He would not engage musically, however, and after about fifteen minutes he became lethargic and sat down in a plastic, child-size cube chair. I tried some energetic music, but in spite of this, he fell into a deep sleep. We did not end the session, however, but transferred the sleeping Thomas from the chair to Alan's lap. This decision was partially influenced by the account of Herr G. That I had recently read in Gary Ansdell's book, *Music for Life* (1995). It describes a man who recovered fully from a supposedly hopeless coma and later reported that, not only was he aware of the music therapist singing to him while in his coma, but he credited it with helping him to find his way back to consciousness. So with the assumption that sleep was no barrier to music, I moved in quite close with my guitar and improvised a bass note melody in A minor while singing in unison. I thought the full, earthy vibrations of the bass might be more easily "felt" in his sleep state, and the deep minor melody sounded reverent - a bit like a Gregorian Chant. Thomas's mother was moved to weeping as she witnessed the relaxed state of her little boy who could not sleep. Thomas left the session in his

stroller sound asleep, and his mother reported that his sleep patterns at home began to improve following this session.

### *Awakening*

A few weeks later, Thomas arrived for his session having fallen asleep in his stroller on the way to the Center. Clearly, this was a little boy who was learning to take naps! This time, however, I decided to wake him, so I asked his mother to move him gently while I sang and played a rubato melody, primarily in a Dorian mode rooted in D. I just happened to realize later that I played in the Dorian mode. I didn't make a conscious decision about that at the time. I had tuned my guitar's low E on the sixth string down to a D, creating full modal sound with the root-fifth-octave (D-A-D) organum in the bass strings. Although I did this primarily to provide an encompassing and supportive musical environment into which Thomas would awaken, it is notable that throughout history, specific attributes have been ascribed to the modes. Socrates believed that the Dorian mode "emboldens warriors and helps them to accept and cope with setbacks" (James, 1993, p. 57).

Thomas did, indeed, seem emboldened and encouraged by this music. As he became more alert, I offered the chimes to him, and, to my surprise, he reached out and began to play them. This was the first time he had actively participated in music. As in the previous example, I was positioned very close to Thomas as we sat on the floor together creating an intimate circle of sound. The pulse remained relaxed, yet the sound of the modal guitar and the chimes swelling and receding together created a moving experience. In the video, we can see Thomas turn to his mother several times with an expression that seemed to say: "What is this?" communicating an awakening awareness of our musical relationship that was stirring within him.

### *Thomas Finds His Voice*

After that, Thomas began showing greater trust and enjoyment, and beginning with the eighth session, he started coming into the music room without his mother. Chime playing was still the only active playing in which he was willing to engage and, although it initially seemed significant, it soon became difficult to discern whether he was engaging musically or lost in self-absorption. As we experimented with other ways to involve him, a musical theme developed with an energetic Celtic influence, like an Irish jig, during which Alan supported Thomas in a rhythmic jumping dance movement on a large drum. Thomas seemed to love this and soon a second section developed, wherein Thomas held his hands up above his head, which meant he wanted Alan to lift him up and move him around in a flying motion. During this, I switched to a freer, less pulse-driven theme in 3/4 time in a minor key.

The piece was revisited numerous times and began to evolve. During a particularly active session in the fifth month of therapy, Thomas was jumping enthusiastically and smiling joyfully. I switched from the Celtic feel to more of a straight 4/4 "country/rock" feel, improvising freely over the solid rhythm of Thomas's assisted drum-jumping. I used no chordal accompaniment, allowing the driving rock-style, single-string, and two-string lines, along with the pounding drum, to define the character of the piece.

This invigorating music offered a striking contrast to the mellow waltz of the “flying” section. Alan lifted Thomas up as he had done many times previously. This time, however, Thomas let out a melodic “ooo” vocal sound. It was the first time he had used his voice! I immediately stood up with my guitar and came up to him, continuing the music face-to-face, in order to acknowledge and enhance this momentous breakthrough. I didn’t display my elation, however, because this was his moment, not mine. I simply reflected his tone and then initiated some of my own to see if he would respond to me as we moved around the room. He did, but only on the vowel sounds, “ooo” and “ahh.”

The “drum-jumping” and “flying” music continued for quite a while, alternating from jumping to flying, based on Thomas’s cues, and the extensive vocal interplay continued throughout the remainder of the session. Following this session, Thomas’s mother reported dramatic progress with his speech therapist, including increased vocalizations (with occasional singing) and the beginning of word use at home.

*The world is all gates, all opportunities, strings of tension  
waiting to be struck. - Emerson (2010)*

Eventually, Thomas began to engage in brief moments of playing on melodic instruments, such as a small xylophone. Although using his hands and interacting musically was meaningful, his involvement was fleeting and unpredictable. I still often gravitated toward full, six-string, folk-influenced strums typical of acoustic guitar. The music could be energetic or calm, but was generally rhythmic and consonant sounding. I hoped that Thomas would want to add a musical part on top of these secure accompaniment patterns, but this approach met with little success. Instances of Thomas’s early melodic instrument playing were mostly in response to unstable music such as:

- “bluesy” bent notes slurred into micro-tones
- sudden pauses
- dissonant harmonies
- unresolved melodic lines
- surprising shifts in dynamics, rhythm, or harmony

This music seemed to capture his attention and call for his participation to help it find some organization and rest. Nordoff supported this kind of approach in contrast to the simple melodies often thought of as children’s music, asserting: “when we’re improvising for a child, we can bring in tension, release it, bring it in, deepen it, intensify it. Use tones that have an urgency to go somewhere” (Robbins & Robbins, 1998, p. 123). Clive (personal communication, May 24, 2002) also encouraged this, telling me the ability “to move the music, not just have it be a comfortable thing, is the essence of our work.

*Accepting the Emotional-Expressive Reality and Meeting*

*It Musically*

It took me a while to learn this lesson. I began the twenty-third session, in the eighth month of therapy by, once again, strumming full chords and singing a melodic vocal line, trying to inspire Thomas to join me by playing beautiful tones on a C-diatonic metalophone that I had placed in front of him. One thing he shortly discovered about this particular metalophone was

that even though its tone bars were fastened on one side, they were not fastened on the other. This enabled him to pick up one side of the bar and let it drop with a metallic “clang.” For Thomas, this seemed more appealing than playing with a mallet, and he paid little attention to me or my music. Applying one of the most fundamental principles in Nordoff-Robbins music therapy, I decided to accept what he was doing “as an emotional-expressive reality in the situation and meet it musically” (Nordoff & Robbins, 1977, p. 27). I abandoned the idea of trying to encourage pleasant sounding music and began to play chords containing dissonant intervals such as flat-seven, sharp-nine, tritone, flat-nine. Every time he dropped a bar, I hit a dissonant chord with a harsh attack, reflecting the sound of the falling metal bars.

We proceeded in this manner and, at one point, I played a dissonant chord five times in a rapid sixteenth note rhythm. I thought Alan responded to this as a “funk” reference, as he let out a James Brown-like “Ow!” Although he later said he wasn’t thinking that at all, funk music frequently utilizes dissonant intervals but, certainly, its most defining feature is its relentless, syncopated rhythm. As I added a “funky” strum to the dissonant chords, Thomas stopped what he was doing, raised his head, and looked around with an expression that clearly indicated his recognition of this new music. With a little smile on his face, he picked up a mallet and began to play in tempo with the guitar.

As we continued, there were times when Thomas began to lose contact with the music or went back to dropping bars. The contrast between the powerful “groove” implicit in the funk style and Thomas’s wavering time and inconsistent playing represented a major turning point for me. I learned how to not be a “slave to the rhythm” (apologies to Grace Jones). As Turry later commented, “I think you broke out of a certain habitual way that people use guitar where the tempo stays in one place so you can then sing above it” (personal communication, May 24, 2002). Guitarists can become conditioned to this type of approach but, in this case, I needed to be responsive to Thomas’s rhythmic deviations if I was to maintain contact with him. This required me to diverge from a strict “funk” interpretation by slowing down at times, leaving space as necessary, and returning to the music of dropping bars for a bit. Yet even when his rhythm faltered, the subliminal momentum that the funk idiom established seemed to provide an impetus that impelled Thomas forward and unified our music. By allowing for this malleability with my time and music, I kept Thomas engaged and successfully used the funk idiom for the most interactive and sustained playing he had yet achieved.

### *Inner Balance*

By the last session of Thomas’s first year of music therapy before a summer break, he had played drums, as well as other melodic instruments, and piano. A sense of shared responsibility began to develop in our improvisations as he acted with more initiative and generated more musical ideas. During this final session of the year, Thomas played a G pentatonic xyimba while I accompanied without a fixed pulse, using lightly picked major and minor thirds, single string melody, and moments of silence as I responded to Thomas’s reflective playing, pauses, and glissandi. Nordoff described thirds as positive statements of inner balance. Perhaps this music offered a few moments of serenity and calm co-activity which Thomas may have seldom experienced.

### *Olé: The Spanish Idiom*

After a two-month break for the summer, we began our second year of therapy. Thomas was far more lively and extroverted, moving around the room freely and playing drums, cymbal, piano, and other melodic instruments. His playing, although still sporadic, displayed increased organization. He also vocalized loudly with elongated, musical phrasing, often on the word, "No!" Rather than being an objection to anything in particular, it seemed more to reflect Thomas's awakening sense of personal power and his increasing artistic license for self-expression in music.

In trying to find the right music to compliment his energy, I was drawn to a Phrygian mode in a Spanish Flamenco style. This music is usually considered to have a strong rhythmic component, but it also has a unique way of holding and releasing tension. Turry explains:

*The harmonic cadences can be more subtle than in rock or jazz - they can be extended and often times rubato playing serves to stretch out the resolution of phrases. There is less a feeling of being locked in a groove by a steady tempo and more of a feeling of constantly renewed rhythmic drive (cited in Wagner, 1999, p. 9).*

This provided containment without confinement in response to Thomas's free playing, singing, and varied activity in the room. It allowed us to establish a forceful rhythm, then quickly shift to quiet rubato playing, rapidly strummed chords, even charged silence, then back into a compelling pulse. Because of the idiom's adaptability, Thomas's mercurial participation did not feel disjointed. He vocalized, offered musical accents, completed unresolved phrases on a drum or a cymbal, and within the embrace of Spanish music, his musical impulses formed the basis for various movements in a coherent whole.

### *Composition and Adaption*

Midway through the second year, a pivotal song developed. "Let's Go!" as it became known, had a bouncy feel, with Latin and Caribbean influences. With a little assistance from Alan, Thomas quickly picked up on the idea of the drumbeat landing on the first downbeat of the two-bar chorus. This was not planned, but once it took shape, we were able to expand on the concept. I held the V chord while singing, "Let's..." for an extended period until Thomas hit the decisive drumbeat on "Go!" which led us to the beginning of the progression. Thomas seemed to derive great joy from this discovery of a specific part to play and in having such an important role in controlling the flow of the music. "Let's Go!" originally had another section, but this became extraneous as we played the two-bar chorus countless times per session. Because of the interaction, fun, and variation involved in the perpetual cycle of tension/resolution, it never became boring. "Let's Go!" established itself as a very important clinical theme, lasting many months, virtually never failing to arouse Thomas's interest and inspire his involvement when his attention would wane.

As the piece evolved, I began to transform the V chord, a D7, to an Eb diminished chord, simply by raising the D in the bass one-half step to an Eb. This one-note alteration in the harmony greatly increased the suspense of the fermata as I sang, "Let's..." Nordoff (cited in Robbins & Robbins, 1998) called the diminished chord, "one of the most powerful chords in music" and one "you can really say is a chord of conflict" (p. 47). Sometimes, I moved back and

forth between the D7 chord and the diminished, holding off the resolving beat indefinitely, continuously escalating the climatic energy. During this music Thomas jumped with exhilaration and looked at me expectantly, hitting the cymbal to accentuate the tension until his drumbeat on the snare brought us back to "Go!" This process noticeably strengthened our musical relationship, as well as Thomas's confidence and self-awareness.

### *Arrangement and Rehearsal*

Thomas's parents informed me that, although he was achieving important milestones, he was unable to sustain attention for long at home or at his preschool. For example, they said, he would occasionally sit down to draw, but he would typically make a line or two and then abandon the project. Likewise, his music still gave the impression of being a series of fragmented sections that could be discontinued at any time. Consequently, about three quarters of the way into our second year, a new clinical goal emerged:

- *To further the experience of music as an aesthetically meaningful whole, sustained to a sense of completion*

I introduced "Simon's Bell's," a composition by Dr. Suzanne Sorel (1999). This flowing ballad utilizes a simple five note ascending and descending major scale that is easy to play, but is supported by a beautiful harmonic accompaniment, providing richness, movement, and tension. Playing an arranged melody was well beyond what Thomas had done so far, but I hoped he would come to see the piece as indivisible, finding fulfillment in seeing it through to its conclusion.

A metallophone was set up with the five note do-re-me-fa-so scale, leaving space between each bar to make it easier for Thomas to strike the tones precisely using a mallet. We worked with "Simon's Bells" over several sessions, playing it numerous times. Various methods were used in helping Thomas to master the piece. While I sang and played the song, Alan demonstrated Thomas's part, assisted him hand-over-hand, pointed to the tone bars he needed to play, and covered all the bars except the one he needed to play.

It was certainly a more directed process than the improvisations we had done previously, but instead of resisting or ignoring us, as he surely would have in the past, Thomas accepted the challenge. He learned his part, playing the tones mindfully, in the correct order and in time with the harmonic movement. He had some trouble with the descending section, but he made a concerted effort, seeming to appreciate the aesthetics of the music and the piece as a whole. By discovering the intrinsic reward in realizing the composition, he achieved new levels of organization, focused attention, and collaboration.

### *Outcomes*

As we approached the end of Thomas's second year of music therapy, he had come to a point where he was able to thrive in the creative environment. He was four and a half years old, and his parents reported gains in many important areas:

- *He slept normally.*
- *He was far more physically coordinated.*
- *He used his hands for activities and skills appropriate to his age.*
- *He had friends and sang with groups in school.*
- *His attention and focus was much improved.*
- *He played with his brother.*
- *His parents were able to read him stories.*
- *He tolerated crowds, such as parties and public events.*
- *His parents took him to the circus, which his father described as “a big thing.”*
- *He understood and appreciated humor.*
- *His verbal communication improved.*

*Look for the music on all things, and life will be a symphony of joy. - Stravinsky (1961)*

Perhaps the most striking change in Thomas was his sense of fun. When he first arrived for music therapy, his affect was flat most of the time. He didn't know how to play. During our final session together, Thomas jumped with excitement, smiled brightly, with direct eye-contact, and radiated a vitality that was barely present earlier in the course of music therapy. As he filled in the key lyrics of our last good-bye song, the words were not always fully articulated, but his joy and enthusiasm expressed more than his language.

I had come to the end of my training, but Thomas continued at the Nordoff-Robbins Center for many years with other therapists, mostly in groups, to continue building on his substantial growth in social interaction, focus, and communication. My work with Thomas and other clients at the Nordoff-Robbins Center immeasurably enhanced my conviction that music approached as a creative art, with all its mystery and wild abandon, could still be navigated as a dynamic and effective form of therapy.

As of this writing, Thomas is 22 years old. He is happy, creative, and fully verbal. Although I've never had a reunion with him, I have spoken to his mother and she credits music therapy as being the bridge to all these essential life skills. If one reflects on the differing life paths of a verbal and socially capable person versus a non-verbal, socially disconnected person, the momentousness of Thomas's breakthroughs are apparent. Whether or not he would have eventually made progress in another way, without music therapy, is academic. The fact is, it was his journey through music that led him out of isolation, and I am profoundly grateful to have been a fellow traveler.