

Giving Trauma a Voice: The Role of Improvisational Music Therapy in Exposing, Dealing with and Healing a Traumatic Experience of Sexual Abuse

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ABSTRACT: Sexual abuse is one of the most common traumatic events that occurs throughout the history of mankind all over the world, in all societies and cultures. The purpose of the article is to focus on and understand the role of improvisational music therapy in working with clients who experienced sexual abuse in their childhood. Special attention is given to the role of improvisation in exposing, dealing with and healing the trauma. The nature of the trauma, the function of the therapeutic process, the role of the therapist and the role of improvisation in working with traumatized clients are being described and discussed. This is followed by a case example that presents two years of work with a 32 year-old woman, who came to music therapy due to an inability to make meaningful connections in her adult life and other problems as well. The therapeutic process is divided and examined in four developmental stages that include description of the process and therapist's reflections. The examination of the process indicates the powerful role that improvising music might have in bringing up, dealing with and integrating memories of sexual abuse into the client's conscious existence.

Introduction

Sexual abuse is one of the most common traumatic events that occurs throughout the history of mankind all over the world, in all societies and cultures (Forward, 2002; Sorensen & Snow, 1991). Reported cases of child sexual abuse reached epidemic proportions, with a 322 percent increase in the United States alone from 1980 to 1990 (Sorensen & Snow, 1991). It is estimated that there are 60 million survivors of childhood sexual abuse in America today (Forward, 2002).

"Trauma is a kind of wound. When we call an event traumatic, we are borrowing the word from the Greek where it refers to a piercing of the skin, a breaking of the bodily envelope" (Garland, 1998, p. 9). The mind can also be pierced and wounded by events (Freud, 1920).

Trauma can be a wound that stays inside a person for a long time. Sutton (2002) explains that there is a complexity of influences that reaches far beyond the place and time when the trauma actually happened. Traumatic events are often not shared with others. Most of the time, they are totally suppressed. "The inability to rehearse, through thinking, talking or writing about our traumatic experiences is instrumental in the genesis of traumatic forgetting," says Whitfield (1995, p. 20).

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In the case of sexual abuse in childhood, dissociation is often employed by children who cannot escape from the threat of abuse, as a means of mentally withdrawing from a horrific situation by separating it from conscious awareness. Secret is being created and its power allows the victim to feel detached from the body or self, as if what is happening is not happening (Widom, 1995).

Music therapy can play an important role in exposing, dealing with, and healing the trauma. Musical improvisations are musical acts that can bring out hidden, unconscious material and make it conscious and available to the client. By using analytic-musical techniques the trauma of the past can be discovered and dealt with.

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The Nature of the Trauma

Sexual abuse that originated in childhood can be such a traumatic experience that one typically cannot really deal with it and it is therefore pushed away from the conscious awareness and denied. However, it continues to be active in a different form, such as a disturbance in the function of the ego or a neurosis.

The denial of abuse is described by Summit (1983) as a "getting used to" syndrome of a child who was sexually abused. It means that the child tries to turn a threatening situation, person or environment into a less threatening one. This is done as a way to survive, and a secret is being created. Children and adults keep the secret a long time after the abuse stopped. On one hand, the unconsciously internalized figure of the terrifying and punishing abuser makes sure that the anxiety and the emotions that have to do with the abuse exist in a very alive form in the unconscious, while on the other hand keeping the secret in the unconscious allows the continuation of accepting love from the abuser on a conscious level.

Most children and adults who are being mistreated or abused frequently become numb to their inner life (Whitfield, 1995). Without sharing the experience with anyone and no one to validate their experience, the pain and isolation can become overwhelming. "When this happens, the person's true self defensively submerges deep within an unconscious part

of itself: 'the child goes into hiding' and from this point on the person may have little or no awareness of their inner lives during life events" (Whitfield, 1995, p. 21).

Long term effects of child abuse can include fear, anxiety, depression, anger, hostility, inappropriate sexual behavior, poor self esteem, tendency toward substance abuse and difficulty with close relationships (Browne & Finkelhor, 1986). Clinical findings of adult victims of sexual abuse include problems in interpersonal relationships associated with an underlying mistrust. Whitfield (1995) talks about "core issues" that include the need for control; problems with trust, being real and feeling; low self esteem; dependence; fear of abandonment and difficulty resolving conflict, giving love and receiving love (p. 48). Relationships of any kind are one area where most issues emerge.

Once the trauma is exposed, there is a cycle of emotions and feelings that the adult might go through: shame, guilt, anger, rage, confusion, sadness, frustration, anxiety and helplessness (Whitfield, 1995).

The Essence of the Therapeutic Process

If the adult's experience of an event is painful and she tries to express the pain in an unsafe environment where it is invalidated, she will have a hard time processing the trauma. Her awareness may be decreased and her ability to focus clouded. Her whole internal processing mechanism could be confused and conflicted. However, if she expresses her experience in a safe environment and the experience is validated, she will more likely be able to process and remember it (Whitfield, 1995).

Music therapy can provide a safe environment for the client, a place where she can feel secure and tell her experiences. The function of therapy in working with sexually abused clients can be to expose and heal the trauma through allowing the client to re-live the traumatic experience but this time in a safe, supportive environment. Because trauma's nature is to go out of the conscious mind and lie in the unconscious, by realizing and re-experiencing the trauma it becomes conscious. Why do we have to bring such painful contents from the unconscious? Jung believed that a real liberation comes not from repressing pain but only from experiencing these painful feelings to their fullest. He saw such moments of liberation as transformative experiences and called them experiences of *rebirth*, in which the self becomes new and is rejuvenated (Jacobi, 1965). These experiences are an integral part of the universal individuation process, the process by which people strive to become whole and to fulfill themselves. The result of these moments can be a radical change toward better health and self-fulfillment. By telling the story of the trauma, grieving the pain and working it through, the traumatic memory can be slowly transferred and transformed into a healthier memory (Whitfield, 1995, p. 44).

It is important to say that therapy is only one way of treating trauma. It is one very powerful way that can be effective for some people, but not for all.

The Role of the Therapist

Warren (1986) argues that "therapists know that true healing and insight occur only through contact with a direct and personally meaningful experience" (p. 37). The therapist's job is to prepare the right conditions that will allow meaningful moments (Amir, 1992, 1993, 1996) to occur during the course of therapy. The therapist serves as a guide and shares her client's journey. She has to be very gentle and careful in her interventions and honor her client's pace, in order for the client to be able to trust the therapist and start building up a relationship with her. She has to be aware of and listen to what is going on in her client's and her own inner world (Amir, 1995). The therapist needs to decide when is the right timing to share her understandings with her client. Her job is to be there for her client, to support her journey with a lot of empathy and caring.

Kramer (1989) describes therapy as "a series of moments of engagement separated by less important periods in which the work of therapy seemed to be going well" (p. 13). Kramer sees certain moments as breakthroughs in the therapeutic process and describes these situations as "moments where we begin to see beneath surface signs to essential and endearing human qualities" (p. 21). Rogers (1980) emphasizes that a basic condition for these moments is for the therapist to be real, congruent, and genuine and for him to have the strength to permit the client to be his own realness and to be separate. Shainberg (1983) explains that therapists are particularly interested in moments where the patient participates in a more engaged way in the session where there is a greater involvement.

Such moments can occur when the client, who suffered from abuse, gets in touch with the trauma. Music has direct access to emotions and memories (Swallow, 2002). By encouraging the client to use music, both client and music therapist have the possibility of gaining access to parts of the client's unconscious world, where there may be found threatening and painful memories, but also possibilities of converting feelings of shame, anger and helplessness into a creative force that eventually brings power and healing.

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The therapist has to be there and contain the client when she realizes and re-experiences the painful event. These are moments of greater participation, increased realization of options, spontaneity, and creativity. New thoughts and new ways

of feeling or seeing oneself, others, and the therapist are expressed. These events signal the awakening of the healing powers available in a human relationship. Some characteristics are an awakening of energy, a sense that something new is happening, different from other moments, and a more active participation which is rooted in the present instance (Shainberg, 1983).

The Role of Improvisation in Exposing and Dealing with the Trauma

Musical improvisations that are created by client, therapist or both can be seen as musical acts that serve as a vehicle to evoke emotions, ideas, images, fantasies, memories, events and situations that are connected to the client's intra- and interpersonal relationships. In 1998 Christopher Small introduced the term "Musicking" in his book *Musicking—The Meanings of Performing and Listening*. Small believes that music is an activity, something that people do. Only by understanding what people do when they are involved in a musical act we can understand its nature and the role the musical act fulfills in human life. There is no question in his mind that taking part in a musical act is of central importance to our humanness. Musicking covers all participation in a musical performance, whether it is active or passive, sympathetic or antipathetic, constructive or destructive, interesting or boring (Small, 1998, p. 9). Small claims that understanding musicking is part of our understanding ourselves and our relationships with other people. Through musicking we can bring into existence relationships in our world as we experienced them in the past, and as we wish them to be.

Improvisations contain aspects of emotional, psychological and creative expression in a rich kaleidoscope that is built from intra- and interpersonal patterns and is fully expressed in the "here and now." Musical improvisations can reach the unconscious and can be seen as a symbol of unconscious material. This is based on the assumption that music symbolizes things outside itself.¹ These improvisations get their meaning not only from the connections within the music itself, but from the connection between music and non-musical issues.

The client's traumas and conflicts can be expressed and processed both musically and verbally (Austin, 1996; Priestley, 1994; Scheiby, 1991; Tyson, 1981). Every sound that the client produces in improvisation expresses something about him. The improvisation mirrors who the client is, how he organizes his external and internal worlds (Stephans, 1981). Any musical structure that the client presents in an improvisation can serve as a mirror of the client's psychological organization (Scheiby, 1991).

Insights concerning issues that are being dealt with are gained in both musical and verbal realms. Through the use of specific techniques, the therapist might encourage the client to go to unconscious areas and explore them. These techniques make use of giving titles to musical improvisations that

are played by the client alone or by therapist and client together for the goal of investigating the inner world of the client, finding ways to bring unresolved issues to consciousness and investigating blocked emotions. Examples of psychoanalytic techniques include a) improvising to a specific title, b) the client reads a book while improvising so that the client focuses on reading and not on improvising, c) short projective improvisations, and d) musical life story.² Jung (1969) describes the conscious mind as having order and organization, while the unconscious is chaotic in its character. Usually, the more the client's playing touches unconscious material, the more it becomes chaotic, confused and impulsive. The improvisation might bring images and blurred pictures of the abuse and the abuser and expose the trauma. Later on the role of the improvisation is to process the trauma and heal the wound.

It is important to say that the use of the above psychoanalytical exploration techniques depends on the mental, cognitive and emotional state of the client, on the amount of trust she has in the therapist, and in her motivation and readiness to do this kind of work.

A Case Example—Lisy

The Initial Interview

Lisy³ was a 32 year-old single woman when she came to me. I saw in front of me a pretty, tall and slim woman, who did not pay any attention to her external appearance. She told me that she had already gone to several psychotherapy treatments, but did not feel that her problems were solved. She heard about me from a friend and decided to give music therapy a try. The following is a summary of what she described as her problems: a) inability to make a meaningful connection with a partner, b) inability to have sexual relationships, c) inability to achieve her goals and to be fulfilled in her life, d) inability to fulfill her potential, d) health problems, and, e) concentration problems.

Historical Background

Lisy was born in Israel, a middle daughter to middle-class parents. She has a brother who was two years older than she and a sister who was three years younger than she, both of whom are married. She did not recall any special problems in her childhood. She remembered her childhood as a warm period of her life, with love, affection and attention from her parents and the usual fights with her siblings, "like all siblings have," she said. She described herself as a happy child, but also remembered that in elementary school she was not a very sociable girl and recalled periods of sadness and isolation. "I was a very good student, organized and neat." In high school she continued to be a good and serious student. She told me that she was never a "bad" child. She could not remember

¹ See Leonard Meyer, 1956, for the absolutist and referentialist positions as to the meaning and nature of the musical experience.

² For additional analytic techniques see Priestley, 1975, 1994; Scheiby, 1991.

³ The client's real name and other biographical details were changed in order to ensure confidentiality.

even one occasion where she rebelled against her parents or her teachers.

When she was sixteen, she started going out on dates with boys, who were more or less the same age as she. In the army she served as a secretary. Her parents wanted her to serve close to home, and they arranged it for her. She went out with young men, but whenever they started to be sexual, she terminated the relationship.

After she finished serving in the army she started studying psychology in the university. At the end of the first year she was not sure that this was the right profession for her and quit. She then started studying social work, but, again, did not have the motivation to continue and stopped in the middle of her second year. Finally she decided to study literature, got a degree and took a job as a literature teacher in high school. During her university years she had two meaningful relationships that ended due to her difficulties in making an intimate and sexual contact. She mentioned that she was the only one among her friends who was not married and that made her feel isolated and lonely.

When I asked her questions concerning her musical background, she told me that in her childhood she took piano lessons for several years and loved it. Later on she continued to play the piano and enjoyed it. She also told me that she used to listen to classical music and loved listening to songs of the sixties.

I liked Lisy and was glad she decided to come to therapy with me. She knew that therapy with me involves music, and she was willing to give it a try. I had a feeling that she was suffering and perceived her as very fragile. I knew that she needed to trust me in order for us to be able to work together. I was a bit nervous—I wanted it “to work.” Pavlicevic (1987) claims that this pre-musical moment is a very important moment—the instant where trust is being gained and the relationships between the therapist and her patient starts to be established. It is the moment that introduces music as a healing force to come.

At that time specific thoughts occurred to me: a) There was a discrepancy between the content of her happy childhood and the way she told it to me in a kind of a monotonic, quiet tone of voice; b) Why was she such a good girl and never rebelled towards her parents? Often, a “middle child” is a “trouble maker” of some sort; and, c) I noticed that she started studying two health related professions and quit before finishing. I wondered why.

Description and Reflections of the Therapeutic Process

The Beginning Stage—Musical Facade

We met once a week at my office. All meetings were recorded with Lisy's permission. During the first few sessions Lisy announced that all she wanted to do is to play the piano while I listen. The piano reminded her of her childhood and she loved playing it. Each session had a very similar structure: she came, brought classical music that she wanted to play in my presence, opened the piano and played the compositions

she brought with her, one after the other. Her repertoire included Mozart sonatas, Schumann Youth Album, Chopin waltzes and compositions by Debussy. Even though some of these compositions can express a wide range of emotions, her playing felt very automatic and mechanical to me: she played all compositions in the same way—small finger movements with almost no arm movements, soft dynamic, (mp–p) even in places where playing much louder was required.

Reflections

At the beginning, Lisy played classical music that she brought with her. Her conscious choice of classical music showed me her need for a clear, known and familiar organization. She played these compositions in a very controlled and exact manner and put a lot of emphasis on “playing it right.” Her playing reminded me of the way she described herself in her childhood—“I was a very good student, organized and neat.” She clearly knew what she wanted to do here. During her playing I felt numb. It seemed like there was a screen between her music and me. I wondered if this screen was also a block to her inner world.

In one of these sessions I had an image of Lisy surrounded by a white plastic bag that protected her but also choked her and did not let her sounds come through it. The sounds stayed inside the closed bag. I felt difficulty breathing, and I took a few deep breaths in order to let air come into my lungs.

During this stage I felt that there was no room for me to share with her my sensations and images, nor to try checking with her the meaning of her playing. When I did ask her about her repertoire, she said that these were the compositions she loved best.

The strong need for control is characteristic to victims of sexual abuse (Rogers, 1993, 1995; Summit, 1983). Lisy chose the piano—the biggest and most dominant instrument in the room. It was the only instrument she played in the room. She could control it (by knowing how to play), it gave her confidence (as long as she played her known and loved compositions) and maybe even enjoyment. She controlled both the sessions and me: she chose to play existing, written compositions by looking at the music in front of her. During the first period she played alone and asked me to sit and listen. Only later I understood that by playing alone she could control her chaotic and scary unconscious and protect herself from dealing with being more intimate with me. Playing together is an intimate experience. It is even more intimate to play the same piano: both players sit very close to each other, sometimes even on the same piano bench. In playing together there is an unavoidable physical contact. Lisy was not ready for this kind of intimacy.

Piano Improvisations—Starting the Journey into the Inner World

A few months later Lisy asked me to play together with her compositions for four hands, and enjoyed our playing very much. When I suggested improvising on the piano, she did not want to try it—“I don't know how to improvise. I have

never done it," she said. Eventually she gave it a try and played some notes on the piano, as if by accident. We talked about her difficulty in improvising. "It makes me tense to play like that because it is not something which is written, and therefore I don't know what to play, and I don't have any control over what will come out," she said. I asked her if she could think of situations in her life when she did not have control. She recalled being a very good daughter and student—"I never made any problems and was never rebellious in any way." We discussed the possibility of her not being rebellious because she was afraid of losing control and not knowing what the consequences would be.

After a few months she allowed herself to take the risk and played some musical games with me. I started musical phrases and she finished them, and vice versa. From this point, the structure of the sessions changed. Every session began and ended with Lisy's playing one classical composition. In between we improvised together on the piano. I felt that she started trusting me more. I was aware that the improvisations had to be very simple in order for Lisy not to be intimidated by it. We played musical duets and games with one finger, two fingers, one hand, two hands. We improvised with two, three and four notes. We played legato, staccato, arpeggios and glissandos up and down the piano, tried out different rhythms and made up musical stories. Most of the sessions we played music and talked very little. Lisy started taking initiative: at times she was leading while at other times I led. We laughed a lot and had fun. It reminded me of young children in the sand box throwing sand at each other, laughing and enjoying their games.

Eventually we set the rules of the games aside, and improvised freely on the piano. Lisy's improvisations were characterized by soft playing. She stayed within the same scale; her harmonies were very simple and conventional (for example: I-IV-V-I). Even when she alternated with various musical gestures and rhythms, the general feeling of her improvisations was one of organization and order. I noticed that it was hard for Lisy to end her improvisations. Many times when I got a feeling that the music came to an end, she continued playing. She did not show any interest in playing other instruments, nor was she interested in using her voice. In an answer to my question, she said that she never liked to sing because she did not like her voice.

While we improvised together on the piano, I noticed that even when I played louder (*mf* or *f*), she continued to play softly (*mp*, *p*). When I shared my observation with her, she was surprised. She did not realize that she played only softly. When we tried playing a "Forte Improvisation" she stopped in the middle and said that it sounded very aggressive and it disturbed her.

Reflections

Lisy's first improvisations had order and clear organization and were very predictable. I perceived these improvisations as representing her façade that consisted of gentle playing, soft volume, and small finger movements. At the same time, the

fact that she improvised informed me of her ability to dare doing things that might come out unesthetically, to dive into the unknown, and to be spontaneous. Letting me play with her was a sign of growing trust and allowed for more intimacy. She let me in to be part of her journey in a more active way.

Her difficulty to end her improvisations reminded me of her difficulty to finish studying what she started at the university. Maybe when her psychology studies touched a scary, unknown territory, she stopped and started studying something else. The same with improvising: whenever the improvisation became unorganized and maybe touched a scary issue in the unconscious, she continued it in another, more structured direction.

Improvisations often present questions about the client's inner emotional world and indicate some of the answers. Insights are being gained through the musical improvisation and verbal processing. Lisy did not play loud and was not aware of it. Playing loud could mirror strong feelings of anger or aggression. (It can mirror other feelings too, like bravery, victory and happiness, but the texture is different). Maybe Lisy locked up aggression inside her and was afraid to face and deal with it. In the music one could easily run away from it by not playing loud. By improvising to a title of "Forte Improvisation" I could see Lisy's difficulty in a very clear manner. This musical problem—not being able to cope with playing loud—could represent an emotional problem and maybe could be seen as an indication of a traumatic event from the past.

Diving into the Unconscious—Exposing the Trauma

After 8 months of work I felt that Lisy was ready to go deeper and I started using analytical techniques. An open book was put in front of her and she was asked to concentrate on reading the book while improvising on the piano at the same time. Reading a book forced Lisy to focus on reading and not on playing, and therefore she was not aware of what came out of her fingers. After a few trials, her improvisations changed. She usually started in an organized manner, but soon the music became chaotic—she used both hands, accelerated the speed and varied the dynamics with the use of crescendos. She traveled up and down the keyboard, and her music became atonal and very intense. She continued improvising very fast and loud and started banging on the piano with her fists. In another improvisation she started playing softly, in an impressionistic style. She traveled to the high register, went down to the low register and all of a sudden the music became very dramatic and chaotic. Her fingers ran very fast, almost hitting each other. Usually, after a few seconds the intensity faded away and she went back to her more familiar style, but then, again, she went down to the low register and started hitting the lowest notes very fast and loud. The music stopped abruptly. I felt surprised at the amount of aggression that came out in her playing. I saw myself in the midst of a very stormy ocean with whirlpools and huge waves, crying for help. I experienced chaos, confusion, tension, aggression, and distress. I noticed that every time she played loud, her breath-

ing became faster and shorter. We discussed it but she did not know why this happened.

After a while I invited Lisy to try short projective improvisations. I said a word, and Lisy played a short improvisation to that word. I started with words like sky, ground, sun, moon, flower and tree; went on to words such as closeness, openness, sensitivity, intensity, power; and later introduced words like anger, being afraid, mother, father, childhood and femininity.

Lisy's improvisations became heavier as the words represented her deep issues. When we came to the third level of words (i.e., anger, being afraid, etc.) her playing became chaotic. To the word "father" she played with her fists on the piano, very loud and fast, suddenly stopped and started to cry. She knew that something must be terribly wrong but had no idea what it might be. She was scared.

In the following sessions the improvisations brought some traumatic images. Blurred pictures of being in her bed together with her father and being in her parents' bed caused her shock and distress. She started to feel scared and very restless.

Reflections

Lisy was almost raped by her own father. She blocked these traumatic events and pushed them away to the unconscious part of her consciousness. A secret was being created and it had to be protected. As said by Summit (1983), adults can keep the secret a long time after the abuse stops.

Now I understood more clearly Lisy's need at the beginning to play written compositions and why was she so afraid of improvising. She needed to keep the secret in order to go on living. I understood the need to control. She had to be numb in order to survive. As Whitfield (1995) observed, most children and adults who were being mistreated or abused frequently became numb to their inner life. Lisy the child could not share the experience with anybody and had no one to validate it. Therefore, she had to go into hiding and shut down her inner life (Whitfield, 1995). The image I had while Lisy was playing at the beginning of the process—a white plastic bag that protected but also choked her and did not let her sounds come through it—was clear to me now, and I realized that it was a metaphor of Lisy's story—she needed to protect her secret, but it choked her (and me).

The Dream

During one session Lisy shared with me a dream she had during the previous night. The dream was based on the children story of "Little Red Riding Hood." She dreamt that Little Red Riding Hood was walking in the woods and was being attacked by the wolf. Little Red Riding Hood was very frightened and tried to run away. The wolf roared and groaned, tried to attack her again but at the last minute changed his mind and ran away. She fell on the ground, crying. I suggested improvising the dream. She wanted to play Little Red Riding Hood and asked me to be the wolf. Her playing was fragile. When she played the wolf, she improvised very fast and loud, with fists of both hands all over the keyboard. She stopped

playing very abruptly, hit her head on the keyboard, started crying and had flashbacks of a specific event in her childhood when her father tried to rape her.

Reflections

Freud (1965) explained that the dream's task is to be the guard of past forgotten experiences. Jung (1968, 1969) looked at dreams from a broader perspective and believed that there is a collective unconscious in addition to the personal unconscious. Lisy's dream was based on the children's fairy tale "Little Red Riding Hood." The tale, that already had characterization of the good and bad figures (Little Red Riding Hood and the wolf), together with the musical processing, made it possible to give a concrete and live expression to these figures. The blocked trauma was brought into consciousness in a fuller manner. This cathartic experience, the release of Lisy's rage that was buried in her inner world for such a long time, was facilitated by Lisy's playing the role of the wolf.

Processing the Trauma

Through the use of a technique called "My Life Story," Lisy improvised her history and started to be more aware of the associations between the sounds she made and events, situations, and people in her life. She re-experienced her early development (i.e., "I am a fetus in my mother womb," "I am getting out of the womb and being born," "I am one year-old," "I am two years old," etc.). Pictures from her childhood that included physical contact between her father and her, as well as specific situations of her father trying to touch her in intimate places of her body came up more. The music exposed these situations and allowed Lisy to express her emotions.

This stage in therapy was full of very difficult, painful feelings. The initial shock, the rage toward her father and other members of her family, anger toward herself and a heavy load of guilt feelings brought pain, suffering and deep sadness. She felt dirty and could not understand how she had let something like this happen to her. She expressed the pain through improvising in the lower part of the keyboard. Her improvisations were characterized by playing mostly in minor scales, slow and soft. She named some of these improvisations "Requiem." She mourned her childhood and her illusion of a happy childhood that was replaced with a traumatic one instead.

Reflections

For years after the abuse Lisy continued to feel loved and special by her father, who had sexually abused her. She blocked the trauma in order to be able to accept her father's love. Only later in life, did she experience difficulties in her intimate relationships, difficulties in making decisions and knowing what she wanted to study, and suffered from health problems and from inability to concentrate. Lisy processed the trauma and mourned her loss through expressing the pain both musically and verbally.

I felt so much pain for her. There were times when I felt scared and insecure. I started asking questions such as: "Does

expressing all this pain help? Does it have a purpose? Where does it lead? Can she overcome the trauma? Does expressing the pain musically blow up the trauma to such proportions and cause more damage? What if there is no way back?" At the same time I understood that the improvisations that Lisy created in this stage were musical acts that served as a vehicle to process the trauma and to express painful feelings and emotions. Through the active act of musicking, Lisy started to understand what happened to her in the past. The improvisations reached her unconscious and could also be seen as a symbol of her unconscious material.

At this point, Lisy's problems and conflicts were being expressed and processed almost exclusively musically. While Lisy's improvisations at the beginning stage of therapy mirrored her façade and how she organized her external world, her later improvisations mirrored her inner world.

Insights concerning the trauma were gained both musically and verbally. Through the use of specific techniques, I encouraged Lisy to explore unconscious areas. These techniques (reading a book while improvising, short projective improvisations and "My Life Story") were used in order to go deeper into Lisy's inner world and find the way to bring unresolved issues to consciousness and to explore blocked emotions.

Integration, Growth and Renewal

Slowly Lisy started to digest the trauma. At the same time, she started to discover her power. Together with improvising and processing the trauma, she wanted to play her favorite compositions again. This time, in contrast to the beginning stage of therapy, she played them very dramatically. There were times when she started crying while playing and stopped playing. I encouraged her to continue playing while crying in order to give full expression to the rage and the pain.

During the second year of our work, Lisy started dating a man she described as very sensitive and warm. After getting to know him a little better, she shared with him what she discovered about her past and told me that he was very understanding and very caring. After a few months, she felt ready to be more intimate with him, and she told me that the sexual experience felt less traumatic for her and she even had minutes when she enjoyed it.

At this time in therapy she was willing to start playing more musical instruments in addition to the piano. She mainly played the Tibetan bells, the wind chimes and the bongos, on which she tried out various rhythms and dynamics in a very spontaneous and free manner. We improvised on piano, bongos and other instruments as well. She was playful and very "child-like." There were many moments of pain and sadness, together with moments of playfulness, creativity and joy.

Towards the end of the second year we started talking about terminating therapy. We both felt that she was more capable of accepting the past, facing the unknown, taking risks and making decisions in her life. I told her that she could come back whenever she felt a need for it. Lisy ended therapy feeling that she had the power to deal with what life brings with it, and with the realization that by letting herself experience

very difficult moments, she could also experience power and creativity. In our last session together, Lisy asked to play Chopin's Waltz no. 10 for closure. Her playing was very different than the first time she played it. It had a flow, more energy and was full of emotion.

Reflections

The processing of the trauma is the main task before integration and renewal. Together with her own will and motivation, the main force that allowed Lisy to process the trauma and begin the transformation was the music. In her music, Lisy made an intimate contact with the most difficult, painful events that she experienced in her childhood. At the same time the music allowed her to make a contact within her own creativity through the sounds that she herself created. Lisy got in touch with her "music child" (Nordoff & Robbins, 1977).

As the therapist, I wanted to help Lisy awaken her inner "music child"—identify her unique qualities as they were expressed in the music that she created. The music she played helped her recognize and process her feelings, sensations, thoughts, perceptions, images and will. It was important not to ignore suffering, pain, difficulties, and conflicts. Instead, Lisy learned to accept these elements as part of the process of living and tried to find creative ways for expression, release, and struggle.

In the process of renewal Lisy brought more of her rich inner world into expression not only in her piano improvisations, but also in discovering and playing other musical instruments. It is interesting to note that the use of other instruments came only at this late point and not before. Probably without the piano Lisy could not have gone through her journey. She revisited her childhood, in which the piano played an important role. The piano was the instrument through which she explored all kinds of feelings in a secure way—she was afraid to leave it and use other instruments.

Lisy's improvisations developed, became more spontaneous and playful, and brought her meaning and satisfaction. The connection with me was stronger, but not dependent. She became more self-confident and her ability to trust others increased. Lisy could feel love and closeness without these being automatically connected to pain and anxiety. Much of the confusion and chaos disappeared and made space for a clearer distinction between "good" feelings and "bad" feelings to take place.

Outside therapy Lisy started having more of a social life and found a man with whom she started having a meaningful relationship. This was a corrective and healing experience. Lisy finished therapy feeling stronger and more capable of dealing with life's challenges.

Post-script Reflections

Even though many years have passed since I worked with Lisy, I am still full of admiration for her. I admire her courage, her commitment to finding her real self and becoming a whole and complete human being. I am still affected by her authenticity. To be a witness to such transformation is a powerful

experience, and I am so thankful for having had the chance to do it. Sharing Lisy's journey was a very meaningful experience for me as a therapist, but primarily as a human being.

I still remember moments when the pain was so big that I could hardly contain it. I would come out of some sessions completely exhausted. Sometimes I wasn't sure if she was going to make it. I had moments of doubt. At times I was so involved that I found myself going through the same emotions and feelings as Lisy—I was furious at her father, and also at her mother. I had to work hard and separate myself from her in order to help her. I remember that after my sessions with her I sat down at the piano and played. It helped me to release my emotions. I also wrote in my journal and reflected on the process that I was going through.

I learned a lot from Lisy. She showed me that even when the past is so dark, there is hope for the future. She showed me the powerful place music has in such a journey.

Summary

For traumatized individuals to get better, the knowledge and the memory of the events that they have suffered may need to become part of, and integrated into, the individual's conscious existence by being worked through instead of being walled-up in some avoided area of mental activity. Their meaning for the individual has to be discovered, even achieved, so that the individual's response makes sense to him or her, and can be thought about, rather than the trauma's being dismissed as bad luck, a meaningless 'accident,' or fate (Garland, 1998, p. 5).

This paper explores the role of improvisational music therapy in finding meaning and trying to integrate a traumatic experience of sexual abuse into the individual conscious existence. The case study shows the power of improvisational music therapy in giving the trauma a voice and bringing harmony to the soul. Throughout the process, the client's playing served as a mirror to her inner being. Playing only classical compositions at the beginning of the process fulfilled the client's need to feel secure and showed her strong need for control. As the process continued and more trust was gained, the client was able to improvise. These improvisations started the journey into her inner world and served as a vehicle to expose the trauma and to evoke emotions, images, memories and events that were connected to it. Through the improvisations the trauma was processed and dealt with. By telling the story of the trauma, grieving the pain and working through it, both musically and verbally, the traumatic memory slowly transformed into a healthier memory. At the same time the client's music started to be richer and freer—her inner creativity was awakened by the sounds she created, sounds that waded the way for growth and renewal.

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