

David's Music

An observation of musical interactions with a schizophrenic adolescent

By Gabi Frank

Abstract

The main goal of the paper is to highlight the ambiguity that often lies behind the interpretation of musical interactions. Dilemmas related to musical interaction will be presented through the course of twenty eight sessions of music therapy with a hospitalized schizophrenic adolescent. The vignettes will demonstrate interventions that are linked to music improvisations. The problems as well as the advantages related to teaching a musical instrument during music therapy will be described. The discussion will propose an analysis through various approaches and will suggest that musical interactions involve more than one connotation.

Introduction

David was seventeen years old when he was first hospitalized in a psychiatric hospital. Prior to hospitalization he was a normal adolescent, one of the best students in his class. He was a popular youngster, played basketball and loved music.

Six months before his breakdown, David started to lose interest in studying. After a little while he withdrew completely from school, refrained from seeing his friends and slept during the day. Through the nights, he gazed silently at the view outside his window, played computer games and listened to music for hours. He became increasingly argumentative and got into endless fights with his parents and siblings. His family became helpless, could not deal with his unexpected outbursts and assumed that he was going through painful but normal process of adolescence. His parents started to suspect that something was wrong when all of a sudden he began to blame his mother for poisoning his food. At one point he pulled a knife and threatened to kill her. Immediately after that they brought him to the local psychiatric emergency unit.

During the first few days David was in an acute psychotic condition, demonstrated tremendous psychomotor restlessness and was confined in the emergency unit. He banged on walls, yelled, attempted to run away and tried to take violent actions against patients and staff. One month later, he went through psychological and

psychiatric tests, which suggested an onset of paranoid schizophrenia. Consequently, his parents were advised to have him stay for further treatment.

Six weeks later after his hospitalization David's condition improved and he became less aggressive and more cooperative. Although there was a decrease in most of the positive psychotic signs he remained suspicious to his surroundings, avoided social contact and most of the time sat silently in the corner.

His parents kept on visiting him. In one occasion they told the staff about his love for music and suggested that perhaps listening to music would ease his loneliness. While I was skeptical about his willingness to respond to any suggestions, surprisingly he accepted my proposal to visit the music room.

Evaluation

On our way to the music room, David told me that he likes to listen to jazz, and mentioned that he had never played music before. His lack of formal musical knowledge did not seem to embarrass him. As we entered the room he approached the musical equipment with confidence, examined the instruments, picked up the electric guitar, turned on the amplifier and started playing.

His music was something I had never heard before. It was entirely improvised and was not structured by beat, melody or harmony. It was chaotic and difficult to listen to. Occasionally he would introduce a short melodic motive or would carry a short rhythmical pattern that was played rapidly and persisted for a few seconds only.

David did not show any intention of sharing his musical doings with me. While he played I sat next to him, watching and listening. During certain points in the session I tried to inquire about his musical background. However, he did not show any willingness to participate in a conversation and rather waited politely for me to finish talking so he could go back to playing. The session was forty five minutes long and when I announced that we had to stop he asked me whether he could visit the music room again.

David's music portrayed in a distinct and powerful manner aspects of his personality that were unfamiliar to me before. In the music room he showed motivation, initiation, confidence, creativity and daring that were contradictory to his behavior up until then. There was also a tremendous difference between his verbal communication and his musical expressions. When he spoke, his voice was soft and

monotonous. Quite the opposite was his guitar playing, which displayed intensity and variety of sounds.

It became obvious that music has a special impact on David. I assumed that music was an inspiring activity, and I hoped that music therapy would enhance participation and trust. But most important, it was clear that through music David could recover his creative powers that were probably damaged during the psychotic crisis.

Subsequently, David began to take one-hour weekly sessions of music therapy. The following paper will present twenty eight sessions which I have divided into three phases. This division was made for methodological purposes, while in reality the process developed gradually, sometime through regression to former stages or brief leaps into yet to come phases.

Sessions 1-4: Single Improvisation

During the following weeks David came to the music room, went straight ahead to the electric guitar and started playing. Soon, he began to experiment with the classical guitar and the piano. His playing remained invariable, and his unique style was carried through all the instruments.

David did not play within defined meter. His phrases were generated by plucking the guitar and pounding the piano in an idiosyncratic manner. I was not sure if he first heard the melodic fragments in his head and then executed them on the instruments, or rather produced them randomly by placing his hands arbitrarily on the instruments. His melodies consisted of a few notes without tonal center. He would repeat these mini melodies over and over again.

The music did not have a harmonic structure. However, I noticed that David was inclined to gather the same bundle of notes over and over again, but his seemingly harmonic choices could not be designated as conventional Western harmony. Rather, they reflected a unique harmonic structure that was invented by him and was part of his musical identity.

David tended to play his music through the entire range of the instruments. He would go from the lowest pitch to the highest, unexpectedly and apparently without a sensible reason. His dynamical choices were narrow and his articulations would vary from short accented notes onto sloppy and smeared quality

Four sessions had passed and David became growingly involved with the music. I became accustomed to his playing and grew to like it. Finally, I even perceived it as

"normal". Since he remained far away, I assumed the position of a distant audience. As a performing musician, I am well acquainted with situating myself on stage and off stage. Therefore, even with my appreciation to his music, I developed a feeling of hanging about behind the musical scene. This brought up in me feelings of apathy and frustration.

However, in some way I sensed that David was creating an interaction that pleaded for my focused and emphatic listening. In that respect, my role as an audience had a significant meaning. I decided to consent even though I was not clear in my mind about its meaning.

Sessions 5-12: Joint Improvisation

David was not showing signs of change from his solitary playing and finally I could not restrain myself from asking him straightforwardly to join him. He responded to my proposal with indifference, as if he could not care less if I played with him or not. At the same time, he did not show objection and did not reject my offer.

David did not guide me as to which instrument I should choose or how to play, and since he kept his silence I was not sure how he perceived my playing with him. I finally came to the conclusion that I would have to be the one to decide what is appropriate for the circumstances.

- ***Playing With a Beat***

Pavlicevic (1997) points out that music improvisation holds a powerful therapeutic potential that can be conveyed through the formation of a rhythm that is consented by both the therapist and the patient. Pavlicevic determines that the process must be achieved gradually, through negotiation and without pressure. If the process is achieved successfully, it might promote a sense of mutual confidence and trust. However, a traumatic clash might push both sides to ignore each other and to persist on keeping apart.

Pavlicevic refers to Nordoff & Robbins's claim, that when a child exposes inconsistency or unawareness of rhythm, it is the therapist's duty to restore the rhythm through musical experiences (1971). This procedure advances communication, and might become beneficial for a child that is deprived from social skills.

In this respect, I hoped that by forming a strong rhythmical support I might engage a mutual cooperation. For that purpose I made use of a deep sounding African drum. I decided to play repeated single beats in a medium tempo and speed. By doing so I bound our music onto a solid rhythmical frame. I had no intentions to break in forcefully or interfere with David's flow of playing. On the other hand, I kept the beat steady and did not surrender to his chaotic playing.

David did not rush to participate with my rhythmic intervention and instead, kept on playing his music. In seldom occasions we would synchronize, but after a few seconds he would move on to playing his style as before. I found those events to be precious, but nevertheless when I approached him with excitement and inquired about his standpoint, he mumbled briskly "you play on time".

I found his reaction to be not only surprising, but provoking as well; I could not understand why he would not recognize our musical meeting. Apparently, my attempts to create togetherness through rhythmical playing did not succeed, and according to David, I was the only one who played on time. On the other hand I noticed that once again, he did not stop me and his reaction perhaps meant that he allows me to continue with my attempts to reach him, but chooses to cooperate cautiously.

- **Musical Grounding**

David was devoted to his unique style and therefore complied only with his own personal musical rules. His urge to create and to live upon his innovative set of regulations was not only typical of normal adolescent behavior, but also conformed to some of the symptoms of schizophrenia. (Hirsch & Barnes 1996). This attitude enabled a remarkable inventiveness, but also placed him in an alienated and inaccessible position.

I assumed that by setting a pedal point, I could lay a foundation that might allow musical support onto his playing. I subsequently used the middle C as a pedal point and played it on the piano, simultaneously with him; I held on to it continuously, using the same rhythm that I proposed previously through the African drum. In this respect, the pedal note was a continuation of my former intervention, only this time it added tonal feature into it. Although this procedure could be experienced as intrusive, in reality, David's playing did not change dramatically. Unlike what I

anticipated, he continued playing in his fixed way, and seemed oblivious to my musical contribution.

Eight more sessions had passed, and the outcomes gave rise to feelings of discomfort in me. Although in some way I was discontented I was still hoping that my attempts had a valuable therapeutic meaning and I chose to continue with them anyway.

Sessions 13-28: Studying the Guitar

As time passed by, both of us spent more and more time improvising music together. David maintained his interest in the electric guitar, while I chose to accompany him with the African drum and piano. Gradually, our playing turned out to be a routine, and slowly but surely we became familiar with one's musical nuances. On the thirteenth session David approached me with an unexpected request: he asked me whether I would agree to teach him the guitar.

Since I did not formally play the guitar, I did not accede to David's request right away. Furthermore, I was accustomed that a learning process is something to do with music education rather than with a therapeutic procedure. Therefore, I was not sure about the therapeutic value that such an activity would offer.

Despite my doubts I decided not to reject his request instantly. Rather, I tried to recall my experiences with my trumpet teachers from the past. I recalled the teacher who was impatient, who could not stop looking obsessively at his watch, waiting for the hour to pass. I remember the one who asked me thoughtlessly to keep on blowing my horn, while he was busy talking on the phone. But most of all, I could not forget the teachers who gave me hope, who facilitated a significant change, who escorted me during fragile moments, who advanced my creativity and showed faith in me. These memories, along with my understanding of David's pathology, made me realize that his request is something that should be taken into consideration.

I finally suggested that we start off working with a guitar book for beginners. The book illustrated the very basic methods of guitar playing, and came with a play-along cassette. I let David borrow a classical guitar. He held on to it proudly, and carried it everywhere around. We started with common chord progressions, and then moved on towards scales and simple melodic patterns. Every session I assigned him two exercises which he consequently practiced and played for me the following week

David virtually deserted his former style of playing and concentrated on his course of study. While performing the exercises, I noticed that his playing became stiff and compulsive. He was mainly concerned with playing the notes "right", and when he made a mistake he would start all over again. This became a habit that caused him to sound mechanical and emotionless.

His range of concentration was quite limited and as he strove for perfection, he made more and more mistakes. Through these occasions he would lose his patience, and switch into his old style. David continued playing alone; only this time, he was a student who attended a lesson, and I was the teacher who supervised his homework.

My musical contribution to David's understanding of the guitar was rather limited. However, as I was praising his achievements, he became proud and showed a great deal of satisfaction with his musical progress. By now, our verbal communication extended, and became direct and versatile; we both engaged into conversations and discussed the subjects of study. David exhibited a larger range of expressions: he would show a sense of humor, and at times he would also display cynicism, cheek, and frustration.

David became more compulsive about the music. He requested to visit the music room more often, asked me to start the session earlier than the appointed time, tried to stay over the time and demanded that I photocopy the entire guitar book for him. I found that his enthusiastic approach towards the learning process symbolized a change in our relationship. Up until now David perceived me as someone to keep distance from. Little by little, I turned out to be a good object that provided him with some goods (Tervo, 2005). Moreover, his apprehension did not only reflect his realization that I was a good object, but also expressed his willingness to recognize his dependence on me and to accept it.

Discussion

David's avoidance of activity outside the music room was something to be expected from an adolescent who is recovering from a primary psychotic crisis (Schaeffer & Ross 2002). But besides his pathology, David's attraction to music was typical to a youngster of his age. In this respect, his initiation and motivation suggested that despite his psychotic crisis, music making facilitated meaningful experiences which connected him to normal behavior.

Music had an advantageous influence on David. It was a resource that allowed him to express his creativity and restore his sense of control. To a greater extent, music enabled him to achieve these accomplishments within a relationship. Music-making had also allowed for the attainment of decision making, satisfaction and pleasure. His music was difficult to listen to, but despite my discomfort I did not disapprove of his playing. Rather, I attempted to create an environment that meant to be experienced as supportive and non-judgmental.

David's unspoken demand to keep me in a passive state was reflected by his almost autistic attitude which probably signified his fear of intimacy that would have been provoked by mutual playing. As time went by, I noticed that his attitude held back the social and communicative aspects that usually go together with music making. I was hoping that by initiating joint playing I could create a musical framework that would strengthen the experiences of mutuality and togetherness. Therefore, my offer for joint playing had to do with my role as a music facilitator, i.e. someone who is called to take a musical action.

Taking a musical initiative on my part was something that took some time to mature. I was worried that a premature intervention might interfere with David's flow of musical creativity. It was difficult to determine whether his attitude presented a musical style or symbolized a wider pathological manifestation that needed to be changed, or else employed a combination of both. It also seems to me that it was difficult to know what was the most facilitating presence of the therapist: Whether a quiet observing, 'accepting' stance, or whether he was expecting an active participation, although not being able to ask it, or even to know that that is what he wants.

Gradually, it became clear that David's omnipotent and almost autistic attitude was an obstacle, and he progressively became aware of its limiting implications. He noticed that I do not force him to act against his will, that I listen to him patiently, and that I accept his music as is. This comprehension enabled him to trust me and change his attitude. Within the music's framework he felt confident enough to experience creativity and pleasure which emerged through the musical interactions. The ongoing mutual musical experiences had consolidated the grounds from which David could expand his interests onto learning. Teaching the guitar was not an educational technique that was implemented onto the therapeutic process by me. On the contrary, it was a process that was initiated by David himself.

Frequently, I encounter clients who wish to be taught an instrument or ask to be told how to play. Some of them conceive music-playing as something that needed to be done "right". Sometime they express anxiety when playing an instrument unknowingly, or tend to devalue musical outcomes that seem to be childish. In other occasions they express doubts regarding their aptness to music therapy due to insufficient knowledge of music-playing. As a music instructor, my primary goal is to bring my students to master the subject of study. However, as a music therapist, I am not necessarily interested merely in having the client achieve mastery. Rather, I am mainly concerned with the therapeutic implications that are manifested through the entire learning process.

Unlike therapists at other fields of psychotherapy, music therapists are associated with their curative medium in more than one way. Many music therapists are qualified as music instructors. Some are involved in instrumental or vocal performance and others are active in composing and arranging. Versatility might be advantageous, but it can also lead to a great deal of ambiguity. Hence, an important aspect in music therapy is the constant need to define the boundaries between musical activities that are therapeutic and musical activities that are used for other purposes (Aigen 2004). I usually make a clear distinction between the fields of music education and music therapy, and do not tend to merge the two together. However, this time I was not certain where the boundaries actually lie.

Thinking of David's request I felt that this time the distinction between the fields was not only an ethical distinction but also functioned as a mean of my own defense. I became aware of my need to remain in control and confronted the anxiety of losing my self-confidence. As I realized that by teaching the guitar I will not disrupt the therapeutic process, nor would I risk my position, I found it easier to agree to his request. I assumed that by expanding David's musical skills he may discover new options and choices of expressions. Through learning, David experienced commitment and aspiration. He became aware of his musical progress, challenged his limitations, and planned further musical deeds for the future.

Davidson (Davidson 2004) links the role of a teacher with the role of a parent. Davidson claims that teaching incorporates thoughtfulness, acceptance and care, but at same time it also implies assertiveness, commandment and order. In this respect, the learning process could have been interpreted as David's unconscious desire for guidance throughout the reconstruction and reinforcement of rules in general. Through learning, David related to me just like a child who is nourished by

empathy and compassion, and at the same time is reassured by rules and boundaries.

My efforts to integrate David's musical manifestations onto a broad understanding were parallel to David's advancement. He had begun with chaotic playing and ended up rearranging his musical expressions within clear boundaries. This gave rise to integration and common grounds, which, against the harsh symptoms of schizophrenia, offered hope and strength. My constant attempts to understand our mutual musical interactions challenged my values and beliefs and showed me that interpretations can hardly reach a single or final conclusion.

Epilogue

Eight months later, David was ready to go home. On the last session, he played the two exercises as usual. He then stopped his playing, waited to hear my remarks, and did not bring up our parting. Once I complimented him for playing the exercises correctly, I reminded him that it was our final meeting. David gazed at the guitar, asked me laconically to photocopy for him the rest of the guitar book and then went back to playing.

His concrete reaction was not what I was waiting for. I had wanted to put into words the meaningful moments the two of us had shared, and to summarize our joint journey. I realized that I may not be able to say goodbye the way I wanted. Nevertheless, I felt that in his own special way, David told me that just because he is released from the hospital does not mean our bond has vanished. In a subtle way, he signaled that he feels the need to keep in touch with me. Through the book he will continue studying, and with it he may keep me with him.

Reference

- Aigen, K. (2004). Conversations on Creating Community Performance as Music Therapy in New York City. In: M. Pavlicevic & G. Ansdell (Eds.). *Community Music Therapy*. London: Jessica Kingsley Publishers. p. 212.
- Bruscia, K. E. (Ed.) (1991). *Case Studies in Music Therapy*. Phoenixville, PA: Barcelona Publishers.
- Bruscia, K. E. (1987). *Improvisational Models of Music Therapy*. Springfield, Illinois, U.S.A.: Charles C. Thomas Publisher.
- Bunt, L. (1994). *Music Therapy: An Art Beyond Words*. London: Routledge.
- Davidson, J. (2004). What can the Social Psychology of Music Offer Community Music Therapy? In: M. Pavlicevic & G. Ansdell (Eds.). *Community Music Therapy*. London: Jessica Kingsley Publishers. pp. 114-128.
- Hirsch, S.R. & Barnes T.R.E. (1996). The Clinical Treatment of Schizophrenia with Antipsychotic Medication. In S. R. Hirsch (Ed.). *Schizophrenia*. Oxford: Blackwell Science Ltd. p. 443.
- Nordoff, P. & Robbins, C. (1971). *Therapy in Music for Handicapped Children*. London: Gollancz
- Pavlicevic, M. (1997). *Music Therapy in Context: Music, Meaning and Relationship*. London: Jessica Kingsley Publishers.
- Schaeffer, J. L. & Ross, R.G. (2002). Childhood-Onset Schizophrenia: Premorbid and Treatment Histories, *Journal of American Academy of Child & Adolescent Psychiatry*, Vol. 41, No.5, pp. 538-545.
- Trevo, J. (2005). Music Therapy with Adolescents. *Voices: A World Forum for Music Therapy*. Retrieved October 19th 2005 from <http://www.voices.no/mainissues/mi40005000169.html>