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## MUSIC THERAPY AND LOVE

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by

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Chambers 20th century dictionary defines love as 'to regard with benevolence'. This sounds to me to be a weak and passive kind of love and I prefer the Chinese definition of Jen in the ancient Confucian commentary: "Jen is to love men joyously and from the innermost of one's heart". It sounds robust and active and capable of giving happiness to both the giver and the recipient. A more modern definition appears in "The Road Less Travelled" (Hutchinson 1983) by the Christian psychiatrist Dr. M. Scott Peck. It says: "I define love thus: the will to extend one's self for the purpose of nurturing one's own or another's spiritual growth". Here we have the idea of loving oneself as well as others which brings us to Christ's command to 'love your neighbour as yourself'. But there is no loving of self or other without having been loved first. To love one's neighbour as oneself one has to be able to love oneself, and to love oneself (or anyone else) one has first to have been loved in a way that one's feelings were understood and one's true self respected; not perfectly understood and respected but at least well-enough. (See Dr. D.W. Winnicott's concept of the 'good-enough mother' p.145 in "The maturational Processes and the Facilitating Environment" Hogarth Press 1965).

Therapy is about this special way of loving, and music therapy offers the additional dimension of subverbal communication with loving meetings via sound patterns. The therapist offers a maternal holding to the client. S/he improvises reflectively on the more primitive themes offered to her meanwhile mirroring her emotions as a good mother might. In the music the therapeutic couple relive the preverbal communication of the earliest age of life with its mysterious loving and incubating qualities.

In real life loving takes different forms at different periods of life. First there is the symbiotic love of the mother and infant, essential for life in its earliest stage but stifling if it continues to a later stage. This produces the primary narcissism and healthy delight in self of the young child which is the basis for self-esteem throughout life. Next comes the reciprocal love of friends. It may have been this kind of love that Freud was writing about in Vol.14 p.312 in the Standard Edition of Freud's works (Hogarth Press 1961) "Side by side with the exigencies of life, love is the greatest educator; and it is by the love of those nearest him that the incomplete human being is induced to respect the decrees of necessity and to spare

himself the punishment that follows any infringement of them".

Later on comes the genital love of lovers which may set in train life-long responsibilities and commitments. Lastly there is the protective and nurturing love of parents, teachers and therapists, the latter two sometimes have to make up for omissions in the love of the former.

There can easily be an imbalance in the love of self and love of neighbour and, curiously enough, I have found in my exploratory music therapy practice that most of my clients needed help in being able to love themselves. For example a young student came to me saying that he used all his leisure time being involved in political activities. After twelve sessions he came to see that he was neglecting his own self-development and he decided to spend some time working for a further qualification.

Sometimes the client is trying to love himself in the other. The student was struggling to help the under-privileged working classes instead of giving the under-privileged working-class aspect of himself a chance to develop. Naturally it is not a case of loving either one or the other. He ended up with a better balance between loving himself and his fellows.

People in caring professions teachers, priests, nurses, therapists etc. - very often project their own unhappy 'inner child' on to their clients and try to care for it there. The result is that their own deprived child self becomes starved and they

often spend more and more of their time on clients to avoid confrontation with this ravenous side of themselves. In exploratory music therapy we help them to regain their inner child by improvising musically as their client, pupil or therapist. Spending time and loving attention on the ensuing emotions can gradually help to heal the hurt.

A paediatrician client discovered that she was projecting her inner child on to her little patients and then found it so difficult to communicate with them that she almost came to hate them. She was able to trace the lost and unhappy child part of herself back through the years; through her music she at last discovered her creative, happy child aspect and played a lovely, lively improvisation playing first a rather rigid Doctor and then the bouncing, lilting rhythms of the child. This was largely done through the Splitting Technique in which the therapist and client take turns to play two aspects of the client, or the client and the other person on to whom she is projecting certain aspects of herself. The client comes to see the other person in a different light and finds out what she is projecting on to this person. This usually makes the subsequent relationship with that individual easier and more realistic. In playing two aspects of herself, the client brings these two sides together so that they can give each other some of their qualities and make a useful cross-fertilisation.

Greater love of self and of life and others is the ultimate aim of all exploratory music therapy but

sometimes one has to discover the hate first. Prof. Ole Teichmann Mackenroth in a letter described how a widowed lady had needed to work through her antagonism towards her late husband before she could admit to the ways in which he had influenced her and she had lovingly followed him.

For a time I saw a partially autistic man of 24 and his mother. They sat side by side not touching one another until after a session in which we verbally explored how they behaved when they were angry with one another. At the next session they held hands. The exploration of their negative feelings allowed them to express their love and closeness.

A male patient in his sixties expressed a false self who loved his wife in an idealising, passive way but was seething with rebellion unconsciously. Gradually he became able to express this rebellion and could tolerate his ambivalence to his music therapy but not yet to his wife. However, he did not know what he wanted out of life, only what he did not want. Until he worked through his hate and rebellion and discovered the real 'I' who can reject people, things and situations, he cannot love in a creative way. He played a really fresh, dynamic improvisation about not wanting to come to Music Therapy. There was no doubt that his real self created this wryly expressive music.

Love can be compared to a spring of water. Music therapy - like most other therapies - is used to clear away the blockages to the spring but unlike them it is also used to express

the joy of the spring itself. In music we have celebrations of a happy event, a beautiful memory or a notable achievement. A psychotherapist friend said he can do this with his clients too but I am sure there is not the immediacy of mutual joyous expression that we can experience in musical improvisation.

A middle-aged woman client expressed verbally and musically her venomous feelings towards her second husband. He contrasted unfavourably with her young first husband who died in an accident. She gradually found that in her sadness (sadness often follows anger and vice versa), she needed the physical closeness of her present husband and from here their sexual relationship revived. Having expressed all her frustration with him, she was surprised to find some supportive and amiable sides to him. Expressing the hate allowed some love to flow.

A young wife and mother had always been frigid. After discovering delights in sound improvisations, she drew a picture of animals in pens representing her sexual life and improvising on the picture, imagined freeing these animals. After 19 sessions she had found a formerly unexperienced delight in sexuality. (Unfortunately this extended to everyone but her husband).

In the duet improvisation there can be a loving that allows the client to be, that enfolds her with appropriate sounds or challenges her to be herself and show her feelings. There can be a warm, reciprocal sharing of feelings; no cold Freudian

mirror here. The improvisation can be (but is not necessarily) an expression of true feelings which can be put outside the self and shared with the therapist. In order to do this there must be some trust (which is part of love) on the part of the client, and some giving of psychic space by the therapist. This is another kind of love, a listening love, a resonating love, a giving of permission to be. I say that music is not necessarily the expression of true feelings because I am currently treating a young schizophrenic woman, Theresa, who presented at first with two personalities (subsequently there were four). There was the high, flat-voiced conventional personality that she takes on when with her mother, and at first with me, and a disjointed, emotional and deeper-voiced personality which she came to take on with me when the therapy was going well. Her improvisation was straight out of No.1 personality and a real negation of feelings. At the 4th session she asked me what sort of a girl I saw her as and I told her about the two personalities. She managed to express them in music with the second one, though extremely short, being much more lively, spontaneous and imaginative. Through this improvisation she managed to be more loving to herself in allowing herself to have a deeper musical expression. At first she was given space to fill but had a terrible fear of filling it with true feelings.

Love is the essential ingredient in therapy. The client's transference love for the therapist enables her to struggle to overcome her weaknesses and find substitute,

symbolic love objects in the world outside the session to replace the tantalising untouchable therapist. Therapists' love for the client is not a sentimental or pitying love but a true empathy enabling them to see life from the point of view of the client's feelings and understanding, but at the same time not to lose their own orientation. It is very difficult to work with a client affectively before this balance of love is established.

On the other hand the therapist's love for her or himself and caring for their own self are important as they make it unnecessary to project their inner child on to the client while starving themselves of loving care. Not to allow the client to take more time than the hour and not to allow her to overwhelm the therapist with letters or phone calls requires a special sort of loving from the therapist and creates a special sort of loving in the client. There is a balance of respect and love. The therapist respects the client's ability to contain her feelings just that bit more than she thought she could and the client respects the therapist's frail humanity.

The client's love for the therapist does not exclude hate. Love and hate are two poles of the same continuum; they do not cancel one another out; each exists in its own place. Perfect love may cast out fear but it does not cast out hate which is the negative aspect of love. Often the love only gradually works its way up to the surface via the hate.

The therapist's love for the client can be a shield. A client,

remembering her dead father, first recalled his strictness over her faulty piano playing and his beatings. Then she wept when she remembered thinking that if she now performed well enough in concerts perhaps he somehow would hear her. The therapist, who had recently lost his own father, was able to hold the client in loving concentration and was thus enabled to look away from his own sorrow and concentrate wholly on the client during the session. But after the session the therapist felt quite depressed on his own behalf and shed tears.

Loving can be holding someone close, physically or emotionally, but it can also be letting go. As parents of adolescents gradually let their children go, the therapist gradually lets the client go and the client gradually lets the therapist go as she reaches out to the life outside the session. Any kind of holding back smacks of lack of trust on the part of one or other of the parties and is indicative of lack of love. But of course there are plenty of difficulties on the way, but loving is

toleration of the chaos that precedes creativity and daring to discover the hidden treasures in the heart of the client and oneself as therapist even though they are guarded by monsters.

A special love of the music therapist is the love of music. Not just the polished pearls of the composed music of the masters but the ability to cloth all kinds of emotion in a musical form. This can be a wonderful freedom and a delight, and to have an intimate, nonverbal, musical exchange also with clients who cannot speak either through mental handicap, physical disability or catatonic states, can be a richly rewarding experience for both therapist and client.

The contrast between the clinical, measurable side of music therapy seen in research and the immeasurable waywardness of love is great and may pose a special problem in the future. But it will be necessary to keep both in mind in order to understand the positive results of music therapy.

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