

“Listening to the Unheard: Finding a Way to the Child with Musicality”

**How do Child and Adolescent Psychotherapists Understand Children’s
Unconscious Communications Through Music?**

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ABSTRACT

Free association is a fundamental method in psychoanalysis. In the context of child psychotherapy, the play and drawings of children and young people serve as ways of expressing their unconscious emotions and thoughts. Notably, Waddell (2019) argues that music shares characteristics with role-play and dreams, which are integral to free association; yet, it has not received commensurate attention from child psychotherapists.

This qualitative research endeavour aims to explore child and adolescent psychotherapists' understanding of children's unconscious communications through music in psychotherapy sessions. The term "music" encompasses a range of activities, including children's improvisations, singing, rapping, beatboxing, tapping, and drumming, collectively referred to as "musicality." Furthermore, a secondary objective of this study is to investigate the usefulness of music in working with traumatised children.

The research employs Constructivist Grounded Theory as its methodology. Data collection is based on semi-structured interviews with five qualified child and adolescent psychotherapists. The study's findings reveal a lack of clarity regarding what is considered music by CAPTs in psychotherapy sessions; the majority of young people they describe used music during the ending phase of therapy, and music is not only used in positive ways but can also be used as a defence. The detailed interviews with the participants demonstrate that the unique properties of music foster young people's engagement in therapy, allowing patients to re-work their internal conflicts and supporting children's meaning-making to conceptualise their experiences, which might not be possible without musicality. The conclusions and recommendations highlight a notable gap in the current literature and child psychotherapy

training, emphasising the potential contribution that a focus on musicality can make to helping children who might be traumatised or who experience other barriers in therapy, such as neurodivergence, as their voices may go unheard.

Keywords: Music; musicality; unconscious; communication; trauma; child and adolescent psychotherapy; constructivist grounded theory.

CHAPTER ONE: INTRODUCTION

“If I cry, would you hear my voice,
 In my verses, can you touch my tears with your hands?
 I wouldn’t know songs were this beautiful,
 And words were insufficient
 Before I get into this trouble.
 I know; there is a place
 Where it is possible to say everything
 I got pretty close. I hear it;
 I can’t explain it.”

Orhan Veli Kanık, *I Can't Explain (Moro Romantica)*

This research project explores how Child and Adolescent Psychotherapists (CAPTs) understand children’s unconscious communications through music in psychotherapy sessions. The researcher focuses on the impact of music on the therapeutic relationship during the transference and countertransference.

The study proceeds by analysing data from five interviews. Furthermore, it seeks to explore CAPTs' views on the particular usefulness of musicality for psychotherapy with traumatised children.

Background to the Research Study

My interest in children's use of music in psychotherapy sessions began when I worked as an honorary assistant psychologist at the Tavistock Outreach Primary School (TOPS) project. This was during my preclinical training course, entitled; "Working with Children, Young People

and Families: A Psychoanalytic Observational Approach¹" at the Tavistock and Portman NHS Trust.

During the early phase, my TOPS service supervisor played an essential role in guiding me to be receptive to the young person's communication and to maintain curiosity about what they might be communicating in the unconscious realm. In my clinical work, I have been struck by the richness of the unconscious communication that unfolds between the child and the therapist when young people bring music into the session. While presenting the clinical material in TOPS group supervision, I have had opportunities to hear other therapists' experiences of young people's use of music in therapy, which made me recognise its usefulness in psychoanalytic practice.

My clinical training took place in a pupil referral unit and a generic Tier 3 CAMHS (Child and Adolescent Mental Health Service) team, both located in highly deprived areas of London. The young people I worked with had experienced significant historical and current abuse and traumatic life events. I observed the power of the emotions evoked in me when young people used music in psychotherapy sessions. At times, the intensity of the intersubjectivity in these moments felt like an experience that can be described as magical yet sometimes full of horror and dread, and seemed perhaps the only way to reach an understanding of this particular young person's psychic pain. This made me consider how other therapists might experience and interpret these communications. My interest grew, and I decided to undertake a research project as part of my clinical training. I sought to design a study in order to learn about the child and

¹ The course's current name is "Perinatal, child, adolescent and family work: a psychoanalytic observational approach (M7).

adolescent psychotherapists' experiences of children bringing unconscious communication through music into their psychotherapy sessions. These experiences also gave me a particular interest in exploring the use of music with traumatised children.

Key Concepts

There are number of concepts that are essential for the reading of this thesis.

Musicality is defined as “1: sensitivity to, knowledge of, or talent for music, 2: the quality or state of being musical; melodiousness” (Merriam-Webster dictionary). In this study, I used musicality as a broad term comprising rhythms, songs, and melodies, including children's verbal and nonverbal sounds in psychotherapy sessions. I have used ‘music’ and ‘musicality’ interchangeably for simplicity.

Child and Adolescent Psychotherapists are “highly skilled and rigorously trained mental health professionals. They work with children, young people, and their parents or carers, including those with serious mental health difficulties, as a vital part of multi-disciplinary teams in the NHS” (Association of Child Psychotherapists). In this thesis, I refer to psychoanalytically trained Child and Adolescent psychotherapists as CAPTs for short.

Free association is a technique first referred to by Sigmund Freud in *Studies on Hysteria*. It is used with patients to release repressed emotions and the associated memories in the unconscious. (Breuer & Freud, 1895). Freud and Breuer define transference as the unconscious

phantasies of the patient, which are aroused in the therapist in the analytic situation and made conscious in the analytical process. (ibid).

Klein (1952) emphasises the importance of working through the transference as it allows access to the patient's unconscious and past experiences. She explains that patients project their early experiences, object relations, and emotions onto the therapist, which helps them address their deepest conflicts and anxieties. Klein distinguishes between positive and negative transference, which stem respectively from feelings of either love or hate toward early objects. She also highlights the interplay between these transferences, emphasising the connection between love and hate, aggression, anxieties, guilt, and various other aspects of objects. She states that an analysis of both negative and positive transference and their interlinking as an approach makes possible the psychoanalysis of very young children (ibid).

Bion (1970) argues that for an infant to survive, they need to be understood and supported by an external object. He explains that the attentive responses of the maternal figure over time provide a containing experience for the child. Bion suggests that when infants express their distress and overwhelming feelings, the maternal figure receives and processes these expressions and then returns them to the infant in a more tangible way, so that the infant can process them in a more manageable form. Bion refers to this process as 'container-contained.' He also refers to the maternal capacity for conducting this process as "reverie" (1962).

Throughout this thesis, I have used the term "young people" to refer to both children and adolescents.

Role as a Researcher

My research journey began at Istanbul Yıldız Technical University, where I pursued a combined degree in Educational Programming and Teaching, as well as Primary School Teaching Training. This unique blend of disciplines provided opportunities to engage with various aspects of both childhood education and lifelong learning while working as a part-time teacher trainee, gaining valuable insights into educational structures, policy, practice, and theory. My undergraduate thesis focused on developing educational programs to foster creative attitudes and behaviours in children. Conducting this project enabled me to recognise the vital role of research in developing theories.

In 2008, I began working with children under five and trained as an Early Years Professional at London Metropolitan University. I pursued a postgraduate certificate in Leadership in Early Years to enhance my skills. I dedicated my efforts to supporting 'hard-to-reach families'² in various educational settings, including Sure Start programmes in diverse communities across London.

Music has long held a central position within my family's traditions; it is as essential as the air we breathe and as nurturing as the food we eat. I was born in Istanbul as the first generation of my family who, like many others, left their village in Anatolia for a better life. My early recollection of music is listening to my father singing “Türkü³(ler),” about love, loss, and

² Parents who have very low engagement in services.

³ Türkü(ler): Turkish folk songs. “The historical depth, traditions and social events of the Turkish nation, folk architecture, folk medicine, animal and plant knowledge, religious knowledge, and almost everything about life in ‘Folk Songs’, and in this sense, ‘Folk Song’ is like the memory of the Turkish nation. (Eroglu, 2017, p78).

yearning. As the years passed, my father's türküler taught me a whole history of my roots in Anatolia and made me appreciate the experience of listening to him.

Music is a vital component of Turkish culture, as it is in other cultures worldwide. Music's importance dates back to pre-Islamic times when Turks lived in Central Asia as early as 600 BC, as documented in Chinese paintings (Yusupcan, 2009). In the Turks' nomadic lifestyle, music served as a means of preserving and passing down their traditions. The Turks have a long history of deep appreciation for nature. They incorporated music into their shamanistic rituals, using it for worship, healing, and connecting with nature to achieve harmony. Many of these musical traditions endured even after the Turks adopted Islam in the late 11th century (Vural, 2017).

My first exposure to a piece of foreign music was in my early childhood when I heard a Kurdish woman on television singing an 'Ağit' (mourning song) about the loss of a loved one. Even though I did not understand the lyrics, her singing resonated with me. I recall having goosebumps when I heard her jarring voice of sorrow.

It has been over twenty years since I left Istanbul, and London has become my home. Throughout this time, music has continued to play a significant role in my life and has always held a special place in my heart, fostering connection beyond language.

Music as a Phenomenon

Undoubtedly, music has many purposes. It is part of cultural identity, a form of self-expression, and a powerful way of communicating young people's emotions and state of mind, directly or indirectly. Moreover, it makes it possible to express emotions that otherwise would have been too painful to be in touch with. It creates another dimension which allows the young person to enter the emotional world it evokes, and an emotional state in the observer.

Different academic disciplines, including various psychological and psychotherapeutic modalities, have studied music as a phenomenon. The human search for understanding their uniqueness creates an appetite for seeking what is universal. Music embodies a sense of completeness. According to Patel (2010), anthropological findings indicate that all societies incorporate some form of music.

Paik-Maier (2016) identifies the musical elements within us, such as our breathing, heartbeats, and voices that create calmness and harmony in speech, as well as pauses in speech, which he emphasises make humans musical. Considering that musicality is experienced *in utero*, which will be discussed further below, it is no surprise that some therapists have investigated how music can facilitate the parent-child relationship. Wang and Oldfield (2018) draw attention to the use of music for strengthening parent-child relationships based on attachment theory. They report parents' feedback about music use, allowing families to observe and notice their child's non-verbal communication. They add that music is particularly useful for parent-child bonding in cases involving neglect, past trauma, bereavement and disabilities.

Wang (2015) emphasises, “The therapeutic value of music has been recognised since antiquity. Hippocrates (ca. 400 BC), the father of Western medicine, played music for his patients who were mentally disturbed; Arab hospitals of the 14th century contained music rooms; the medieval German nun Hildegard von Bingen was both a respected physician and a composer and encouraged her ailing wards to join in the daily sung mass as a part of their therapy.” (p.210).

Similar to Wang, Newberger (2020) highlights the healing properties of music and addresses grief and loss on both large and small scales in her work “Music in Times of Upheaval.” She discusses the need for individuals and groups to mourn, and the negative impact of not doing so, which can lead to despair and other pathological states. Additionally, she illustrates through clinical examples music's ability to bring about change and aid in recovery.

Moreover, Walter and colleagues (2021) emphasise that during the pandemic, when people could not meet in person, they found ways to meet through music by singing from their balconies or performing on online platforms together.

Music and the Brain

Neuroscience has made significant strides in showing how environmental interaction can profoundly impact the human brain. Altenmüller (2003) emphasises music's unique and vital role in stimulating both brain hemispheres. Meanwhile, Limb and his colleagues (2006) have studied how music can stimulate the primal brain systems. They explain that music can increase dopamine levels, improving attention, alertness, memory, and cognitive and executive functioning. Ferreri and colleagues (2019) explain that dopamine is a neurotransmitter which

plays an important role in our cognitive, emotional, and behavioural functioning. Moreover, it plays a direct role in the reward experience induced by music. They added that listening to pleasurable music often results in bodily responses, such as goosebumps or shivers down the spine, known as “chills.” They argue that chills are signs of musical pleasure, even though they might not be everyone's reaction to the music.

Rosenblum and colleagues (1999) investigate adolescents' inclination towards preferring music over other art forms through clinical studies. The findings highlight music's availability and how it can be replayed and shared with peers. They add that music activates the brain's preverbal parts, facilitating communication between the mother and infant. Rosenblum and colleagues explain that during live performances, the preverbal activation of the brain also empowers the lead vocalists and their audience to sing the lyrics reciprocally.

Greenberg and colleagues (2021) draw attention to the social neuroscience of music. They describe the “role of oxytocin in the neurocircuitry associated with rewards, stress and the immune system during musical activities in the brain as opposed to listening to music”. They state that “performing music involves cognition, mentalisation, empathy, and synchrony, which are also part of human affiliation and connectedness” (p. 1072). Oxytocin is a hormone produced in the hypothalamus and released into the bloodstream (Walter et al., 2021). It is also known as the love hormone. Lee and colleagues (2009) investigate the role of oxytocin throughout the lifespan, from uterine contractions to parturition, lactation, maternal behaviour, and bonding. They emphasise the role of oxytocin in social interactions and social recognition in adolescents and adults, as well as its role in learning, memory, anxiety and depression.

Similarly, Newberger and colleagues (2021) focus on the changes in human life during the Covid-19 pandemic and how music was used to cope with the loss of connection and isolation. They emphasise people's use of music to connect during isolation through activities such as singing from balconies and hosting live performances with instruments. Moreover, according to the authors, clapping serves as a rhythmic, ritualistic, and synchronised method to connect with others through music. They propose that individuals' adaptation of music during the Covid-19 pandemic could provide valuable insights into the social neuroscience of music.

Music and Trauma

The infant-mother relationship and the maternal capacity (Winnicott, 1965) to contain (Bion, 1962) the baby's infantile anxieties are at the heart of the further development of the infant's personality (Klein, 1921). Yet what happens when children and young people who have no experience of containment access psychotherapy? They might be deprived, maltreated, and emotionally impoverished as a result of parental mental health, trauma, intergenerational trauma, or dysfunctional home life (Van der Kolk, 2014). Could the young person access and engage in therapy in a state of trauma?

Trauma's impact on the human mind has been a primary subject of study in psychoanalysis from its early days. Breuer and Freud (1895) define “traumatic” events and experiences as a cause of hysteria and mental illnesses. Freud uses the concept of repetition compulsion to conceptualise the human tendency to repeat distressful situations (1914). In *Beyond the Pleasure Principle*, Freud talks about ‘the protective shield against stimuli’ as part of a barrier erected to protect the mind (1920). Furthermore, he emphasises the helplessness of the ego in the situation of ‘an excitation of traumatic events’ (1926).

In the UK, over the last fifty years, many CAPTs have continued to develop innovative approaches to reach children who have suffered from the devastating impact of trauma. Margaret Rustin (1982) describes her work with a six-year-old boy referred by the GP with concerns about the child's state of mind in her paper "Finding a Way to the Child". She discusses the importance of assessing the "child's emotional development, capacity for experience and whether the clinical intervention can facilitate the change" (p.85) as well as the need for adjustments in her technique. She states that the work indicated the child's limited capacity to form relationships, yet the child's desire in a primitive way 'to be listened to and kept in mind'.

In their work, *Psychotherapy with Severely Deprived Children* (1983), Mary Boston and her colleague Rolene Szur emphasise the necessity of providing treatment for children in care.⁴ They argue that children previously considered emotionally 'too damaged' can indeed be responsive in therapy. Furthermore, Boston (1989) emphasises the importance of finding an appropriate method for employing psychoanalytic techniques with children and touches on the dilemma that psychoanalytic psychotherapists face in providing data that is scientifically respectable while also furnishing results that are meaningful from a psychoanalytic point of view (Boston et al., 1983).

Kenrick (2006) highlights that looked-after children often exhibit a manic quality in their behaviour, which may be an enactment of their past experiences. She also emphasises that these

⁴ 'Children in care' definition: The legal term is 'looked after child', which is used in England and Wales under the *Children Act 1989*, and refers to "a child being accommodated by the local authority for a continuous period more than 24 hours and is subject to a care order" (DfE, 2015).

children can develop defence mechanisms that might lead to learning difficulties or result in them falling behind developmentally.

Similarly, Fagan (2011) examines the impact of relational trauma on late-adopted children by describing her work with two such children. She emphasises the complexities of providing therapy for these children due to their traumatic experiences. She suggests that neuroscience and child development research insights can enhance therapeutic support for these patients.

Black (2016) investigates what happens when the patient is not emotionally able to go through the process of creating dyadic subjectivity. She draws attention to the power of using Nebbiosi and Federici-Nebbiosi's (2008) close observations to note patients' embodied reactions to understand their experience. Using the mirroring function of neurons, Nebbiosi and Federici-Nebbiosi (2008) aim to open what is not consciously or emotionally available by imitating the patient. Moreover, Black highlights the process of an approach by the analyst, which is fluid and less self-conscious. She argues that the receptiveness of the analyst opens up more creativity and allows free associations (Black, 2016). Christopher Bollas (1983), cited in Black, describes the co-creation process undertaken by the patient and the analyst. He emphasises that the analyst's position is not about expertise but instead about being receptive to the process and allowing the mind to wander for free association.

Ricky Emanuel (2004) draws attention to the technical difficulties of his work with highly traumatised children in his paper "Thalamic Fear". Emanuel describes his work with an 11-year-old boy who experienced sexual abuse by his father and other men. His clinical observation emphasises the way neurological pathways are shaped in the presence of trauma

(Emanuel, 2022). He argues that the body has been neglected in psychoanalytical thinking, and often, the clinical formulation is solely based on mental activities. Furthermore, he emphasises the importance of a 'neuroanalytical' approach to interpret the patient material and help the patient understand their experiences. The author advocates for the incorporation of scientific evidence, particularly neuroscientific research on the traumatised brain, to underpin psychoanalytic clinical formulations and techniques when working with traumatised children. Rose (2004) highlights a contrast between trauma and music. He describes music as a place where self and others connect.

Greenberg (et al., 2016 as cited in Rosenberg et al., 2021) "found that survivors of childhood trauma listen to more music than other people" (p.2). Moreover, Adams (2019) emphasises the use of music chosen by adolescents when experiencing relational trauma. He argues that through their selection of music, adolescents can express thoughts and emotions which they may not be able to share with others through verbal communication.

In light of recent scientific discoveries regarding the human brain and considering the increasing workload of child and adolescent psychotherapists dealing with children who have experienced significant traumatic life events, it is important to understand how children's use of musicality can contribute to the therapeutic alliance and the transference relationship in psychoanalytic psychotherapy. Despite the growing body of data on this topic (Nagel, 2013), a noticeable gap remains in the literature regarding how CAPTs can understand children's musical communications.

Psychodynamic Music Therapy

Psychodynamic music therapy emphasises dynamic processes, the unconscious, and how these factors influence both intrapsychic and interpersonal interactions during musical activities between the therapist and the patient (Metzner, 2016). It originates from psychoanalysis and dates back to the late 1960s. “Contemporary psychodynamic music therapy integrates developmental theories, attachment, affect regulation, mentalization, symbolic theories, psychotraumatology, and neuropsychoanalysis.” (Metzner, 2016, p. 448). The clinical application of psychodynamic music therapy primarily focuses on mental health and psychosomatics, and it is adaptively used in special education. (ibid).

Furthermore, Kim (2016) states that in the context of music therapy, therapists apply psychodynamic principles differently based on their clients' needs and their own experiences. She highlights that modern psychodynamic approaches focus less on the therapist's interpretation and more on addressing the client's therapeutic issues, with improvisation playing a unique role in this process.

Rationale

It is not unusual for CAPTs to observe children bringing musicality into their therapy sessions. This can be in the form of tapping, singing familiar nursery rhymes, improvising lyrics, or discussing their favourite songs. Music allows for free association yet is often overlooked compared to other materials that young people bring into therapy, such as role-plays or discussions about their dreams (Wadell, 2019; Rose, 2004).

With the growing complexity of cases referred involving adverse childhood experiences and traumatic life events, and the vastly increased number of young people with autism and ADHD diagnoses seeking talking therapy, CAMHS experiences a high number of children and adolescents in crisis. Nevertheless, many such children and adolescents struggle to engage with CAMHS, as early trauma, abuse, or neurological limitations severely compromise their ability to build trusting relationships. Adopting changes in techniques to communicate with these young people is of paramount importance. In this context, music can be utilised to bridge the gap in communication and engagement.

Since psychoanalytic psychotherapy focuses on transference, it is essential to recognise the impact on the transference and countertransference when music is present in sessions and further understand the role of the CAPTs in the capacity of musical reverie. Feder and colleagues (1990) argue that “acoustic-musical experience and expression occupy an exceptional position in relation to other sensory modalities. Consequently, musical creations may be a primary source for insights into certain aspects of psychic functioning” (pp. xiv-xv).

Musicality can enhance young people’s unconscious communication and provide a space where they feel in charge and less threatened. However, very little literature about musicality’s usefulness in psychoanalytic psychotherapy sessions is available.

Given the significant changes in modern society and the alarming rise in mental health difficulties, not just in the UK but globally, CAPTs to ‘find a way to the child’ (Rustin, 1982) through the use of musicality can inform the clinical work and potentially overcome the technical difficulties of working with traumatised children, as well as neurodivergent children,

and helps therapists listening to the unheard voice of children whom might experience difficulties to have their voice.

Aims of the Study

The primary aim of this study is to explore how child and adolescent psychotherapists understand children's unconscious communications through music.

The study sought to understand further:

- What are CAPT's observations of children's unconscious communications through music? What generally went well in their experience, what helped, and what did not work well?
- How does CAPT's response to children's unconscious communications through musicality reveal what they notice in their countertransference?
- What examples of children's musicality did they observe and notice during the psychotherapy sessions?

CAPTs' clinical work spans the 0 to 25 age range, and the training provides a thorough understanding of child development, childhood psychopathology, and psychoanalytic psychotherapeutic techniques linked with direct experience of clinical work, which equips them to work with diverse presenting issues in various settings such as specialist services, educational institutions, the voluntary sector, and private practice, addressing a range of patients with various mental disturbances. High rates of trauma among children in psychotherapy makes it essential to explore effective therapeutic approaches. Moreover, many children experience complex trauma, which can impact their emotional, behavioural, and cognitive development, making it vital to overcome technical difficulties when working with this group of children.

The secondary aim is therefore to investigate the psychotherapists' views on the particular usefulness of musicality for children who have been traumatised.

CHAPTER TWO: LITERATURE REVIEW

Literature Review Strategy

Following the establishment of the initial research questions, the subsequent step entailed examining the existing research to gain insight into current findings, validate the originality of the research questions, identify gaps in current research, and make progress in developing a theoretical framework.

The timing of the literature review when using the grounded theory approach has been the subject of prolonged debate. Glaser (1992), Glaser and Strauss (1967), and Strauss & Corbin (1990) favour delaying the literature review until the completion of data collection and analysis to avoid preconceived ideas. They also emphasise that an early literature review can be more of a constraint than a helpful process.

Charmaz advocates that “the constant-compare method in grounded theory does not end with comparing the data analysis. The literature review can also be a useful source of comparison and analysis” (2014, p.305). Furthermore, she emphasises that the literature review can provide a foundation for the researcher's discussion. Charmaz highlights the importance of “clarifying researcher ideas, making comparisons, inviting readers to theoretical discussion and demonstrating how and where your work fits and extends the relevant literature” (p. 309). As the methodology of this project is Constructivist Grounded Theory (CGT), I will follow Charmaz’s principles in the literature review process.

Snowballing Method

In conducting my research, I employed the snowballing method to review both the reference lists for 'backward snowballing' and the citations for 'forward snowballing' (Badampudi et al., 2015) within relevant publications. This approach allowed me to identify new papers, enhancing the depth of my search. Furthermore, I compared the results obtained using this method with those from a traditional database search to ensure comprehensive coverage of the literature. This method was particularly useful as I had a specific topic to search for.

Database Search

Several databases from different disciplines were searched to provide a comprehensive review on 29th October 2022. The following databases were selected on the platform EBSCOhost:

- APA PsycINFO
- APA PsychoArticles
- PsychoBOOKS
- PsycExtra
- Psychology and Behavioral Sciences Collection
- The Pep Archive
- MEDLINE
- PubMed
- BioMed Central
- CINAHL Index
- eBook Collection

To comprehensively search the database, I identified keywords for the research question terms. In Search 1, I used the following words: music*, rhyme*, song*, rhythm*, sing*, lullab*, rap and solo. An asterisk (*) was used to shorten synonyms and include all variations of the search with the same root word, including plural forms of the words. I chose advanced search on the databases, first conducting individual searches for each synonym and using the Boolean operator "OR" to combine the results and retrieve the literature containing these words.

Once the combined results reached the first category, I proceeded to the next category, which included keywords: child*, adolescent*, teenage*, young person, kid*, infant, and baby. I followed the same principles of using an asterisk at the end of relevant root words and the Boolean operator OR to access the results of each word and the combined results.

In the following search, I used the keywords psychoanaly* and psychotherap*. Once the results were listed, I chose the Boolean operator OR for the results.

Music	Young person	Psychotherapy
Music*	Child*	Psychoanaly*
rhyme*	Adolescen*	Psychotherap*
song*	Teenage*	
rhythm*	Young person	
singing	Kid*	
lullab*	Infant*	
rap	Baby	
solo		
1205,701	9,719,634	498,731

Search 1, 2 & 3 Synonyms of Concepts and Results for each Search in the Database [Table 1]

Once each set of searches was completed, I combined the searches using the Boolean operator "AND" for all categories. The results totalled 35,233. During the first attempt, I conducted full-text searches; however, the results were irrelevant to my research topic. Consequently, I restarted the entire search and used the 'AB Abstract' in the search field.

Music	Young person	Psychotherapy
Music*	Child*	Psychoanaly*
rhyme*	Adolescen*	Psychotherap*
song*	Teenage*	
rhythm*	Young person	
singing	Kid*	
lullab*	Infant*	
rap	Baby	
solo		
204,307	3,494,585	119,340

Search 5, 6 & 7 Synonyms of Concepts and Results for each Search in the Database Selected Field AB Abstract

[Table 2]

The results of searches 5, 6, and 7 were combined using the Boolean operator "AND". In total, 258 publications were identified, and 219 were written in English. I limited the search to empirical studies to identify the current research in child psychotherapy. The search results comprised 12 publications. 8 out of 12 were unrelated to psychoanalytic psychotherapy. I expanded the search to psychoanalytically informed interventions as there was not enough research in child psychotherapy. For the database results that did not have a full text available,

I used Google Scholar to search online and some online journals. I contacted the author(s) through the Research Gate message board and requested a copy of some articles.

In August 2024, I conducted another search following the same steps to update my original search in October 2022. No new empirical studies were identified in the field of psychoanalytic child psychotherapy.

Selection of Articles and Inclusion-Exclusion Criteria

I sought empirical studies examining previous research on psychoanalytically informed psychotherapy treatments. However, the search results yielded only a few studies in psychoanalytic psychotherapy, which were single case studies involving children who underwent long-term or intensive psychotherapy. Since the studies were limited, I included publications focusing on using music in broader interventions—some of these involved systematic approaches. A total of 35 publications were examined and included in the literature review.

Music is commonly used in therapy for children on the autism spectrum or with other disabilities. However, studies specifically focusing on using music with disabled children were not within the scope of this research project and were therefore excluded. Similarly, studies in music therapy were excluded unless they specifically used a psychoanalytic approach. This criterion was based on the nature of the research question, which aimed to explore the use of music in treatment through a psychoanalytic lens.

Review

During these searches, I compiled a comprehensive literature review that merges psychoanalytic theory and practice with insights from various sources.

The literature review is structured into three sections that offer essential background information pertinent to my research. The first is entitled Music in the History of Psychoanalysis, followed by Infant's Pre- and Postnatal Life and Its Implications for Musicality. The final section is Psychoanalytic Papers and Studies on Music Across the Life Span.

This review process has been instrumental in dissecting existing research and identifying areas that need further exploration to solidify the research question and its objectives.

Music in the History of Psychoanalysis

Freud's early student, Sandor Ferenczi, in his paper "A Little Chanticleer", gives a unique example of how conscious and unconscious processes may influence children's choice of favourite songs. Ferenczi's observations highlight the use of music in the young five-year-old 'rooster-like' boy, which reveals his fear of castration for masturbation (Ferenczi, 1916). The significance of Ferenczi's paper lies in its vivid observations of the role of music in children's lives, reflecting what goes on in the child's internal world (Díaz de Chumaceiro, 2001). Additionally, the paper is a pioneer in discussing a child's preference for music from the perspective of its links to both conscious and unconscious dynamics. Freud and Ferenczi's correspondence highlights Freud's recognition of the powerfulness of the paper and the similar themes within Freud's (1909) Little Hans, *Analysis of a phobia in a five-year-old boy*.

Nevertheless, Freud famously described himself as “totally unmusical” (1936). Barele and Minazzi (2008) argue that “Freud’s rationalism, the primacy of words and representations, avowedly constituted a shield against the uncanny aspect of aesthetic abandonment” (p. 946, cited in Grier, 2019).

Anna Freud (1936) states that the development of the superego is achieved through the infant’s experience of the parental voice. She explains that the experience of early hearing and listening is the basis of infants’ mastery of the outside world. Moreover, Kohut and Levarie (1950), in “On the Enjoyment of Listening to Music,” argue that disorganised sounds represent the primitive dread of destruction. They explained that the enjoyment of music relies on the brain’s capacity to interpret nonverbal cues and emotions, which are crucial for creating a sense of joyful excitement. Additionally, the more energy invested in mastering music, the greater the enjoyment.

Another of Sigmund Freud’s early students, Theodor Reik, a close friend of his, writes about music and psychoanalysis in his book, *The Haunting Melody: Psychoanalytic Experiences in Life and Music*. In his writing, Reik (1953) aims to develop an understanding of what happens when a piece of music occurs again and again in one’s mind and whether this represents non-verbal emotions. He argues that a piece of music can embody and convey emotions emerging from the unconscious into consciousness. Furthermore, Reik questions how music can facilitate the emotion to emerge and what happens when a tune comes to one’s mind and is repeated, an experience described as the “haunting melody.”

Moreover, Kohut (1957) explores the psychological functions of music from a broader perspective. He argues that the significance of music for the structured human mind can be understood by focusing on the three parts of the structure: id, ego, and superego. This allows us to identify three functions of music: providing emotional release for repressed desires, allowing us to playfully confront trauma, and enabling us to enjoy submission to rules. These experiences occur in a nonverbal medium, outside the realm of most internal conflicts. Furthermore, Kohut emphasises that the importance of musical activity for earlier psychological stages stems from its ability to facilitate subtle regression through nonverbal modes of mental functions. This seems to help alleviate primitive, preverbal tensions that have not been adequately addressed psychologically. Additionally, it may aid in maintaining early emotional attachments through its association with an emotional form of communication.

Following Kohut's views, Noy (1967) states that music's primary function of conflict resolution may provide the listener with the ego-enhancing experience of mastery over difficulty. Furthermore, Noy (1968) focuses on music's effects on listeners' emotions, which he calls "primary empathy", emphasising preverbal and prewired sensitivity to the emotions of others.

Pollock (1975) emphasises the role of music in coping with bereavement. He characterises mourning as an intrapsychic process akin to grieving for the loss of a part of oneself. Pollock points out that music in the mourning process can involve creative expressions such as songwriting.

Salmon (2008) highlights that both music and psychoanalysis attempt to make sense of non-verbal communication in her paper “Bridging Music and Psychoanalysis”. Similarities between music and psychoanalysis, as a musician who is also a psychotherapist, she lists some common characteristics between music and psychoanalysis, such as listening, time, and affect.

In *Melodies of the Mind* (2013), Julie Jaffee Nagel argues that the connection between psychoanalysis and music is rooted in evidence about infants' innate musicality. She also states that psychoanalysis and music can inform each other and act as parallel pathways to unconscious emotional meaning.

Over the years, there has been increasing interest in the role of music in psychoanalysis. The growing body of data sheds light on how music functions within the psychoanalytic framework and contributes to shaping the clinical work.

Infant’s Pre- and Post-natal Life and Its Implications for Musicality

Music has been a part of human society since early history. The question of what inherently makes humans musical has been explored from various angles, including evolutionary theory and social relations.

Colwyn Trevarthen's (1979) observations of mothers' interactions with infants aged one to three months offer valuable insights into the prerequisites for human social life. His findings indicate that “infants are born with innate structures that are sensitive to other human beings, allowing them to express themselves as humans” (p. 321).

The study shows infants' capacity to process information through their caregivers' interactions in the preverbal period. Trevarthen focuses on the communicative expressions of young infants, including cooing and smiling. He emphasises the importance of 'dyadic communication' between the mother and the infant, which allows the infant to develop a mutual understanding even at such a young age (1979). Trevarthen suggests that the infant's skills develop to have shared mental control of the communication. Trevarthen states, "Infants must be able to exhibit to others at least the foundation of consciousness and intentionality" (p.322). He refers to this as the ability to act as an "agent of subjectivity." Trevarthen (1979) suggests that infants need to adapt their subjective control to the subjectivity of others and demonstrate intersubjectivity, which is the capacity to show, through intentional acts, that purposes are being consciously regulated.

Similarly, Daniel Stern (1985) focuses on mother-infant interactions from a psychoanalytic and developmental psychology perspective, demonstrating his skills as a psychoanalytic theorist and psychiatrist. He emphasises that the relationship between the mother and infant cannot be simplified to the mother imitating the infant. Stern observes that the interactions from birth to six months, where the mother repeats the infant's vocalisation or responds to the infant's facial expressions, begin to change when the infant reaches the ninth month. He says, "The mother adds a new dimension to her imitation-like behaviour, a dimension that appears to be aimed at the infant's new status as a potentially intersubjective partner" (p.167). Stern calls this "affective attunement," stemming from the mother's intention to share the infant's experience through maternal intuition.

Grier (2019) discusses the concept of attunement, which is “a metaphorical term derived from the music itself and of cross-modal expressions of such attunement and responses between mother and infant” (p. 830). The attunement process involves the mother using a melodious voice, facial expressions and behaviours with the infant. When attunement is successful, the infant feels that their inner state is shared with the mother. According to Stern (1985), attunement is a pivotal part of the infant's development of language and the capacity for symbolic play, which plays a vital role in the infant's emotional life and relatedness state.

Jill Newberger (2020) explores the attachment formed through music between an infant and mother, which continues to influence their bond throughout life. She emphasises how singing together fosters shared experiences and contributes to a sense of group identity. Newberger suggests that music communicates conscious and unconscious feelings and can help individuals connect with themselves and others. She argues that musicality communicates both the conscious and unconscious. She adds that music is not only about connecting with others; it also reveals the relationship with the self.

Suzanne Maiello (1995) further investigates the infant's experience of sounds at an even earlier stage by focusing on prenatal experiences of infants and intrauterine life. She highlights the auditory experiences of the foetus and how these proto-musical experiences could be the basis for prenatal object relationships. She explains that by the fourth gestational month, the foetus can hear medium and high sound frequency ranges corresponding to the mother's voice. The low-frequency range correlating with sounds from the mother's body, such as breathing, heartbeats and the digestive system, can be perceived even earlier. It has a calming effect on the foetus.

Maiello suggests that object relations could start as early as the foetus experiencing the sound and the absence of the sound of the mother's voice, which forms the prenatal proto-object. She refers to this as 'the sound object', building her hypothesis on Bion's theory that the absence of the breast is the basis of thinking (1995). Maiello argues that despite the intrauterine life offering continuity, separateness is experienced through the mother's voice being present or absent. She states that the unpredictability of the maternal voice can evoke defences when the infant feels that they have no control over it, which is similar to the infant's experience with the breast (ibid).

Subsequently, Maiello argues that based on the infant's experiencing prenatal sounds, they may begin to form object relations in the uterus and some defences to cope with frustration, which might develop further as a response to the more diversified frustrations after birth (1995, 2001). Maiello's hypotheses evoke thoughts about the lives of traumatised children, as often their experiences take a different course, dating even from the prenatal stage due to possible maternal distress, substance and alcohol abuse, and other hindering environmental factors which impact the foetus. These pre-natal rhythms are perhaps disrupted very early on, which undoubtedly shapes the capacity of infants to relate to others.

Maiello (1995) emphasises the significance of psychotherapists paying attention to the sounds in the patient's material and listening with a "musical ear." Building on Maiello's insights, Black (2016) revisits Freud's concept of unacceptable libidinal or aggressive impulses that are constrained by ego defences. She adds that a primary task for the analyst is to help the patient

release themselves from their own “imprisoning defences” through analysis. This process involves disentangling a person's internal fantasies from external reality.

In that case, it is valuable to consider the concept of communicative musicality in this context. Malloch and Trevarthen emphasise that the human body utilises sounds creatively. They argue that “music comes from how knowing bodies prospectively explore the environment using habitual ‘patterns of action’, which we have identified as our innate communicative musicality” (2018, p.9). They highlight that intersubjectivity and vocalisation form the basis of infants’ communicative musicality. Malloch and Trevarthen also suggest that the capability for musicality contributes to humans’ well-being and to experiencing ‘emotions of social resistance,’ as they believe one's emotional strength can support others' endurance. They describe consciousness as a built-up part of the continuous understanding of ‘self-in-movement’ with which we perceive and interact with our environment. Their case studies on infants highlight the centrality of movement and bodily knowing in the shared vitalities.

Psychoanalytic Studies of Music Across the Life Span

The exploration of the relationship between music and the unconscious mind has been growing in recent psychoanalytic work. The human mind undergoes enormous changes from infancy to old age, and music has a special place in this journey of emotional growth and development. The section below comprises selected papers and studies from the last two decades that incorporate music into psychoanalytic and systemic psychotherapies across the entire lifespan.

In his work “On the Psychoanalyst’s Reverie: From Bion to Bach,” Victor Våpenstad Eystein (2014) presents a clinical example of a five-year-old girl undergoing psychoanalytical

treatment who initially had no words. Våpenstad draws on Bion's concept of 'reverie' as the mother's impression of the child and keeping the child in mind (Bion, 1962). He emphasises the alpha function of the reverie, in which infants' primitive feelings are received by the mother and made tolerable. He highlights that, similarly, in an analytic setting, acute receptivity can create a new form of connectedness between the analyst and the patient. He concurs with Di Benedetto (2001) that "music is the artistic form best suited to refine the analyst's capacity to listen to the affective component of unconscious communication". He describes it as "a unique musical way of experiencing that can transform sensory stimuli into sounds that can become the precursor of vocabulary and later language, and he terms it acoustic reverie," as cited in Eystein (2014). Eystein discusses the utility of acoustic reverie in understanding the transference. He argues that acoustic reverie enables vividness and the making of connections beyond consciousness. Moreover, the process enhances one's capacity to endure the unknown.

Most publications focus on either preschool or adolescent children, but there are some papers about latency children's use of music in psychoanalytic psychotherapy. In "Compassion, sadism, words and song: Development and Breakdown in the Intensive Psychotherapy of an Adopted Boy", Catty (2019) describes the case of an eight-year-old boy who experienced severe trauma at the hands of his mother during the first five years of his life. Catty vividly demonstrates the difficulties young Marco faced when the rhythm of his life was disturbed early on and its implications. Moments in therapy capture Marco's attempts to communicate his extremely painful emotions by using music as a medium for expressing what could not be spoken about otherwise. His powerful way of reaching out and Catty's listening with a 'musical ear' demonstrate the containing quality of their communication in therapy.

Also, Sara Harris (2021) writes about a latency boy in “When it is OK not to Think: Using the Music of Silence, Sound, and Language to Recover a Live Object for a Child Frozen into a ‘Robot’ State of Mind by Trauma.” Harris brings to life the journey of eight-year-old Richard after his mother's death and his subsequent move to live with his father, whom he barely knew before, following a relocation to the UK from abroad. She highlights the bodily responses to trauma and describes the moments in therapy when her patient brings out destructive and non-thinking aspects of himself. She argues for the necessity of neuro-psycho-education about the body and mind for traumatised children, acknowledging that the impact of the trauma requires a different way of responding to the child, which might be unorthodox in psychoanalytic psychotherapy. Harris describes young Richard's “frozen, robot-like” state and his despair after the death of his mother. However, as young Richard finds a containing object to project into, he gradually frees himself to use what he had with his mother, which Harris describes as rather musical and “tuned-in.” She emphasises the importance of the musical maternal voice in the interaction between the infant and the mother, reflecting on her feeling of being silenced in the countertransference.

Oklan (2017) highlights the importance of music in adolescents' lives, as it helps them find their identity, represents their culture, and enables self-expression. Similarly, McFerran-Skewes (2000) discusses the beneficial aspects of music for adolescents. She writes about a music therapy project involving six bereaved teenagers who participated in “From the Mouth of Babes: The Responses of Six Younger Bereaved Teenagers to the Experience of Psychodynamic Group Music Therapy in Australia”. The author utilised qualitative research methods, focusing on phenomenology, which allows the researcher to derive meaning from an individual's experience. The six teenagers, aged 13-15, were recruited and offered ten 1.5-hour sessions of interventions that involved group improvisations and shared songs, conducted by

the researchers in the teens' school settings. In the findings, the author highlights the value that teenagers placed on the programme, expressing that it allowed them to take control of their feelings, express their emotions nonverbally, and show compassion (p. 17).

Rosenblum and colleagues (1999) argue that when children transition into adolescence in Western cultures, they begin using music to express their conflicts and defences. They explain that nursery rhymes and imaginary play no longer satisfy this age group due to their changing needs. Furthermore, through citing clinical cases, they describe how various genres can speak out about young people's experiences, such as rock and roll and rap, which underline a person's differences from others. They highlight that one of the adolescents' tasks is to move away from their parents and search for self, involving grief processes linked to a sense of “parental loss and disappointment”. They emphasise the adolescent state of mind where dependency is pushed away, and the ego is fragile. They point out that popular music often speaks to the adolescent experience, allowing young people to express themselves indirectly and reassuring them that they are not the only ones in feeling a certain way. They share that, as adolescents search for “ego ideal” singers, bands can be used for this purpose when they move away from their parents.

In 2016, Dingle and colleagues conducted a study called “Tuned in Emotion Regulation Program Using Music Listening: Effectiveness for Adolescents in Educational Settings.” The study involved two groups of adolescents aged 14-17 in Australia. One group comprised 41 “at-risk” adolescents attending an educational re-engagement program. In contrast, the other group consisted of 216 female students in secondary schools—the intervention aimed to utilise music to enhance emotional responses and teach emotional regulation skills to the participants,

and the research studied its effectiveness. The mainstream group participated in a two-and-a-half-day workshop, while the at-risk group received eight sessions. Pre- and post-surveys were used to assess the participants' self-awareness, ability to identify feelings, and confidence in employing effective strategies. The researchers acknowledged the study's limitations, including the absence of a control group and the lack of follow-up assessments. The study underscored the accessibility of music to adolescents and its importance as a coping mechanism for emotional distress. The findings demonstrate that the program helps build emotional awareness and regulation amongst at-risk and mainstream adolescents.

In a similar study, Oklan (2017) focused on adolescent groups and explored the effectiveness of Recorded Music Expressive Arts (RMEA) with ten adolescent boys (aged 14-17) in alternative education in the San Francisco Bay Area. Hourly RMEA sessions were conducted over 7 to 19 weeks, and a mixed-methods approach was used. The author rationalises the use of a mixed-methods approach in the absence of a control group as necessitating a pre- and post-design, where participants act as their own controls. The study comprised a background questionnaire, a drug use motives questionnaire, a youth self-report, interviews, and data on school attendance and suspension. Despite potential limitations to the methodology, the findings demonstrate a notable impact on effectiveness, showing that the program collectively improved the outcomes in the adolescents' lives.

Oklan reports that RMEA helped participants develop more self-affirming coping strategies, reduced substance misuse and misconduct, and increased school engagement of pupils in alternative education. He thoroughly explores the qualitative findings and presents them through thematic analysis. Despite the small sample group, the chosen methodology effectively

enables readers to grasp the students' perspectives and the overall process. Oklan emphasises the therapeutic value of music in these therapy groups, particularly in helping hard-to-reach adolescents feel comfortable with self-disclosure.

Blimling (2019) highlights the connection between music and memory, citing studies demonstrating how music can evoke responses in the hippocampus similar to those triggered by smell. He shares that Alzheimer's and dementia patients who are being treated for their cognitive impairment with music therapy can recall autobiographical memories. He describes an adult patient who experienced relational trauma and came to treatment for his anger outbursts and failing relationships. He uses music to encourage the patient to share their painful emotional experiences; otherwise, it would not have been possible to think about them, in view of the strong defences the patient had in place.

Hillary Palmer (2014) aims to explore and develop family therapists' experiences using systemic art and music techniques in a CAMHS setting in her research as a family therapist trainee with a background of working as a music therapist. She suggests that music therapy has its roots in psychoanalytic traditions. She argues that it should not be seen as a substitute for verbal communication but as a way to complement psychotherapy with its therapeutic benefits. Additionally, she points to previous studies where clinicians have used music in family therapy; it is used as a tool to encourage engagement, which is increasing in this area, i.e., in the area of family therapy. Her research underscores the value of music as a means of therapy. Palmer's detailed descriptions of the group sessions with the clinicians shed light on the subject.

In contrast to Palmer, Evan (2004) focuses on mature adults with dementia and the use of music as a means of recovering memories. She talks about the early stage of dementia being anxiety and explains the manifestation of Freud's concept that only the ego feeling pressure increases the risk of dementia. She adds that the early stage of the condition starts with a feeling of panic connected to the fear of being alone and, therefore, a fear of losing the ability to be alone. Rose (2004) states that not all genres of music would work with individuals with neurological deterioration. In his clinical example, he talks about a patient at a late stage of vascular dementia who suffers from panic and agitation. Classical music brings back calmness in the patient, which Rose links to early experiences of internalised soothing, which can help the patient connect with a core sense of identity.

Furthermore, in her publication "Beyond Forgetfulness", Evan (2008) calls attention to the contribution of Melanie Klein and Wilfred Bion to psychoanalysis about the psychotic and fragmented state of mind, when considering dementia from a psychoanalytic perspective. She highlights that some dementia patients' scans show no structural changes to the brain. However, patients can develop dementia-like symptoms without any organic causes. She emphasises that emotional networks in the brain can be retrieved by music and smell in cases of Alzheimer's disease and other kinds of dementia.

Overall, these selected publications shed light on music's profound impact on the human mind throughout life and demonstrate its properties in enabling patients to connect with others, which may be the only means of contact for some.

Conclusions of the Literature Review

By conducting this literature review, I aimed to introduce the major contributions made in this research area, identify the key issues, demonstrate the key concepts and theories used in this study, and identify the gaps in the current literature. The scope of the literature has been limited to published papers written in English. Although most of the studies are based in the UK, I also cite research from Europe and the USA.

The literature listed in the three subsections of the literature review demonstrates the crucial role of musicality, which begins in the uterus and continues to be a significant part of the human experience from the cradle to the grave. Musicality possesses healing properties, fosters mental development, and facilitates social connections. However, despite some single case studies, no empirical study has been conducted on its use in psychoanalytic child psychotherapy. Through this research study, I aim to shed light on children's use of musicality in psychotherapy sessions. With the findings from my data analysis, I aim to contribute to the field of child psychotherapy by exploring whether musicality can serve as a means to reach vulnerable children, even when their voices may be lost or unheard.

CHAPTER THREE: METHODOLOGY

Research Design

The development of qualitative research has been significant in the field of psychoanalysis. Margaret and Michael Rustin argue that establishing systematic methods of qualitative analysis in the social sciences, including some fields of psychology, was a precondition for the emergence of qualitative research methods for investigating psychoanalytic phenomena. They emphasise their “adaptation of qualitative research methods from their original fields of sociology and psychology to study the distinct phenomena of unconscious mental life in psychoanalytic inquiry” (2019, p.4).

In *Researching the Unconscious: Principles of Psychoanalytic Method*, Michael Rustin (2019) highlights that grounded theory, as a methodology, is designed to analyse unstructured data, which differs from testing hypotheses. He emphasises that grounded theorists proposed that theories should emerge from the data of observation and description itself. Starks and Brown Trinidad (2007) emphasise the importance of researchers adopting an approach that considers the study's purpose, current knowledge in the field, and the desired research outcome.

Before selecting Constructivist Grounded Theory (CGT) as the research design, I also considered the suitability of Interpretative Phenomenological Analysis (IPA: Smith et al., 2009). IPA aims to explore and analyse how people make sense of their lived experiences (Smith et al., 2009). However, given the limited research on this topic and the fact that this will be the first empirical study design to analyse multiple CAPTs' experiences and understanding, the epistemological design of CGT seemed to be the most appropriate for this project as CGT is known for being a good fit for under investigated areas of study. Miller (2023) highlights that “CGT is particularly well-suited for researchers in pursuit of developing a deep and abiding

understanding of under-examined issues, where shared knowledge and experience, and where in-depth collaborative discussion between the researcher and the researched is required to expand a body of knowledge and generate a new credible theory” (p.4).

Constructivist Grounded Theory

Historically, GT has been criticised for being “silently authored” (Mills et al, 2006). CGT redefines the relationship between researchers and participants during the research process, highlighting the concept of the researcher as an author (ibid). CGT brings relativity and subjectivity into the epistemological discussion of theory (Charmaz, 2014), which is highly relevant to this research project as it aims to explore the child psychotherapist's subjective understanding of children’s musicality in psychotherapy sessions. Therefore, the data collected will consist of the individual CAPT's experiences, and the term music will also be defined differently by various participants. This unique approach allows for a more nuanced understanding of the subject matter. CGT posits that data and theories are not merely found but created through the interplay between the researcher and the participants (Charmaz, 2000, 2006). The co-construction of meaning, where the researcher and participants collaboratively construct data with a flexible and adaptive approach in the research process, along with theoretical reflexivity, facilitates contextual understanding as a key principle of CGT. This differs from Glaser's Objectivist Grounded Theory, which focuses on discovering objective reality, while CGT emphasises co-construction.

Moreover, Strauss's Systematic Grounded Theory emphasises systematic coding and theory development, whereas CGT prioritises flexibility and contextual understanding. An inductive method is employed for coding, as the study aims to derive theory from data, rather than test

existing theory. Miller (2023) emphasises that establishing a transparent audit trail provides CGT researchers significant opportunities to affirm the confirmability of their research aims, objectives, and findings.

Ethical Review

The Tavistock Research Ethics Committee (TREC) provided ethical governance. After a thorough review process, TREC approval was granted in January 2021 (Appendix 2).

I followed the NHS research ethical framework to prepare for potential ethical issues that may occur. The consent form provided participants with information about the project and the interview, enabling them to make informed decisions about their participation. The participant information forms also clearly outlined responsibilities and accountabilities. Transparency was maintained by providing a detailed participant information document addressing confidentiality, data protection, data storage, and disposal.

The nature of the study did not require any enhanced ethical considerations.

Collecting Data

Recruitment

I initially planned to interview 6-8 qualified CAPTs with experience of working with children bringing music into psychotherapy sessions. I approached the Association of Child Psychotherapy to request the publication of my recruitment leaflet in their upcoming bulletin (Appendix 3). Despite their positive response, it took three months for the advertisement to be published. Eventually, one potential participant contacted me after seeing the advertisement.

However, due to communication delays, attempting to have the recruitment advertisement published in the next ACP bulletin proved to be challenging. This experience highlighted the need for proactive recruitment strategies.

To overcome this, I sought the support of my research supervisor and shared the recruitment advertisement with members of the ACP at my training school. This effort led to four additional potential participants expressing interest in the project, bringing the total to five. However, the sample size was slightly smaller than I had initially planned. However, given the research scope and time limitations, under supervision, I decided I could proceed with the available participants and re-evaluate the sample size after completing the data analysis. It was agreed that the sample size was sufficient for the project's scope.

Participant Inclusion Criteria and Rationale

The study focused on ACP-registered, qualified therapists and excluded trainee CAPTs, considering their ongoing learning process and that they were not yet at a stage where they could work independently.

The participants' demographic details were intentionally not recorded, which aligns with the research design. This small-scale project does not seek to represent any specific population within the target group.

No specific criteria were set regarding participants' musical backgrounds, as the aim was to broadly explore the implications of children using music in psychotherapy sessions rather than

focusing on the aesthetic quality of musicality. The first participant had no musical background, while the remaining four had prior musical experience. Most participants held senior and leadership roles, working in both NHS CAMHS and private practice.

Setting up the Data Collection

I opted to employ semi-structured interviews to obtain comprehensive data. The project proposal received approval shortly following the initial year of the Covid-19 pandemic. Given the unpredictable nature of the situation and the rapidly evolving Covid restrictions, I decided to conduct the interviews remotely. Moreover, by organising the interviews online, I sought to broaden the reach to a broader pool of potential participants, given the disparate approaches to in-person or remote sessions by various services during that period. Notably, I encountered the need to reschedule two interviews due to participants falling ill with the virus.

Upon expressing interest in the project, I distributed an 'Information for Participants' document to each participant. This document contained details about the project, engagement expectations, supervisory and ethical oversight, and consent and withdrawal. Participants were asked to sign an informed consent form.

All interviews took place on Zoom, with participants connecting from their respective child and adolescent mental health service clinics or homes. The interviews varied in duration from 40 to 75 minutes, contingent upon the participants' availability and the time they took to answer the interview questions.

I asked each participant a series of questions, following a semi-structured schedule developed to consider how they might be facilitated to address the research question. A briefing was given before the interview, and a debriefing followed each interview session. The interviews were conducted informally; the questions were designed to prompt the participants to discuss their experiences. Before the initial interview, I undertook a pilot interview to rehearse the process and make any necessary adjustments.

Charmaz (2014) suggests conducting interviews sequentially using constructivist grounded theory principles, which involves conducting an interview, analysing it, and then moving on to the following interview. Nevertheless, in practice, this approach was not always feasible, as I had to take advantage of the window of opportunity for each interview. When interest was shown in the project, an interview was arranged immediately, regardless of how this might shape the direction of the data collection. The first interview was in May 2022, and the process continued from July to the end of September 2022, depending on the participants' availability.

Recording Data, Confidentiality and Data Storage

The interviews were recorded using Zoom's video recording function. Additionally, an audio recording was made on another device as a backup. To maintain confidentiality, participants did not use the patients' real names or refer to overly identifying information during the interviews. Any lapses were redacted in the interview transcripts, along with any other information that could identify the participants. The raw data from the project, including interview recordings and transcripts, will be stored until the project is completed; at that point, it will be securely deleted.

I chose Zoom as the platform to record the interviews because it is widely used and easy to set up. However, when it was time to transcribe the interviews, I realised that the transcribe function was unavailable as I only possessed the free version of the software. Therefore, I used Dragon and Otter applications to transcribe the interviews. After transcribing, I went through each interview and highlighted the emphasised words used by the participants. I also preserved repetitions to fully capture the participants' responses, including verbal and nonverbal communication.

The Research Diary

After obtaining ethical clearance, I documented my thoughts and ideas in a dated diary. This allowed me to encapsulate my real-time insights into the study's analytical process. Subsequently, these entries played a pivotal role in bridging any gaps in the data and in developing preliminary theoretical categories through memo-ing.

Data Analysis

Although following the data-collecting process sequentially, as suggested for CGT by Charmaz, was not possible, I found journaling and memo writing to be helpful processes. My early reflections from each interview provided some indication of the need for future interviews to explore common themes and compare the data. The steps in data analysis are listed below.

Initial Coding

I followed the chronological timeline of the interviews to capture the development of the analytical theory-building in CGT. According to Charmaz (2014), the first step in the CGT process is coding, where researchers ask analytic questions about the collected data. Charmaz

defines coding as “categorising a segment of the data with a short name that simultaneously summarises and accounts for each piece of data” (p. 111), highlighting that “coding is the pivotal link between collecting data and developing an emerged theory to explain the data” (2014, p. 113). Reading the transcribed interviews at least twice and following the ‘line-by-line’ coding was a significant starting point in the analytical process, especially since it was the best fit for the research.

Each interview was read at least twice and coded meticulously, following Charmaz's recommendations. While this process took considerable time, it was essential to break down the data into significant units (Charmaz, 2014). During the initial coding phase, I utilised several ‘in vivo’ codes to capture the participants' words directly (Manning, 2017), ensuring authenticity (Charmaz, 2014) by employing the exact phrases articulated by them. These in vivo codes were crucial in maintaining the participants' voices and perspectives.

Focused Coding

Upon completing the initial coding phase, I progressed to focused coding to examine ‘large batches of data’ (Charmaz, 2014, p. 138). Charmaz emphasises that “focused coding can help researchers articulate a phenomenon that many individuals have experienced but have not yet fully conceptualised” (2014, p. 140). This stage of coding identifies the most significant or frequent codes and categorises them. Focused coding helps synthesise and organise data.

Memo-ing and the Research Diary

Memo-ing and research diaries help progress with data analysis. According to Charmaz (2014), “keeping a methodical journal containing methodological dilemmas, direction, and decisions

would facilitate memo writing” (p.165). Furthermore, she emphasises the importance of journaling in engaging in reflexivity and avoiding preconceiving data.

Charmaz differentiates between “early memos” and “advanced memos,” emphasising that early memos are likely to be more tentative and less theoretical due to the limited data, codes, and categories in the initial data analysis phase. However, this approach has the advantage that it can facilitate early discoveries in the research process. She adds that when raw data is recorded by memo-ing, the evidence for the analytical ideas is present from the beginning (ibid). Charmaz draws attention to the importance of tolerating ambiguity in the process of memo-ing and highlights that memo-writing is a phase that fosters discoveries. She adds that “treating focused codes as tentative categories prompts the researchers to develop and scrutinise them” (p.189).

In the process of clustering the categories, I reviewed the relevant literature and samples of CGT data analysis processes to understand the method. During the data analysis phase, I considered using CGT analysis software and experimented with some options; however, I concluded that engaging with the data and developing my own structure to present the analysis progress would be the best fit.

I utilised a working document that displayed all the focused codes for each interview separately. Then, I printed the codes, cut out each focused code, searched for patterns, and began constructing tentative categories by placing all the codes on a wall to create a visual table for categorisation. (See Appendix 9). Once the focused codes and memos were grouped,

the tentative categories were organised. The movement between the categories helps identify the major concepts (Charmaz, 2014).

The process allowed me to engage deeply with the data and revisit it in constant comparison while remaining flexible and open to new insights. I noticed overlapping themes that enriched my analysis, providing a nuanced understanding of the phenomenon. I created sub-themes, identified central themes that encompassed multiple sub-themes, and explored how these themes intersect or influence one another. To avoid repetition, I considered merging similar themes, which helped create higher-level categories and focus on the distinct aspects of each theme. This approach allowed me to build a robust theory.

Theoretical Sampling, Saturation and Sorting

Once the focus codes and memos were clustered, the tentative categories were organised. The movement between the categories helped identify the major concepts (Charmaz, 2014). Bowen (2008) analyses the concept of saturation in qualitative research. He argues that “the claims of saturation should always be supported by an explanation of how saturation was achieved and substantiated by clear evidence of its occurrence” (p. 150).

During the phase of theoretical saturation, I contemplated the following questions put forth by Charmaz (2014) regarding theoretical saturation:

- Which comparisons do you make between data within and between categories?
- What sense do you make of these comparisons?
- Where do they lead you?

- How do your comparisons illuminate your theoretical categories?
- In what other directions, if any, do they take you?
- What new conceptual relationships, if any, might you see? (p. 214).

Examples of the comparisons made and how they formed the overarching CGT are introduced in Chapter 3 and discussed in more detail in Chapter 5.

The initial themes and subthemes were read again and compared. The irrelevant codes and subthemes to the research question were discarded, and the final five categories were sorted into fifteen subthemes.

Reflexivity

The role of the researcher is central in the data analysis process, as our personal beliefs, perspectives, and biases can significantly influence the direction of our analysis. Rustin (2019) advocates a research approach “free from predetermined theories, in line with the original grounded theory analysis” (p. 173). He further stresses the importance of “psychoanalytic researchers using grounded theory to operate within a psychoanalytic framework from the outset while remaining open and receptive to new concepts” (Rustin, 2019, p. 46).

The constant awareness of the researcher’s own bias, perspective, and preconceived theories, which is specific to the GT process, became a familiar and significant duty, and so did the management of the uncertainty implicit in the theory was a familiar and significant process. As a matter of course, CAPTs focus on being aware of their emotional responses and managing the anxiety of the unknown. This is well supported by the mandatory personal analysis throughout their training. I approached the research as a child and adolescent psychotherapist,

yet felt mindful of my impact, from data collection to analysis. Fortnightly research group seminars and termly research tutorials assisted me in progressing and completing the research.

The researcher's lack of formal musical training is taken into account. However, in a small-scale, focused empirical study such as this, it is not considered to present a handicap.

When I embarked on this research, my understanding of how young people use music in therapeutic sessions was not fully formed. However, I noticed my increasing maternal countertransference in the musical moments, a sign that I was grappling with something together with the young person at an unconscious level. This led me to a gut feeling that children's musicality in the sessions was significant, sparking a desire for further investigation and understanding in the field. I shared my proposal with the research team to gauge their interest in this topic. Their feedback, which was not just encouraging but also exciting, further fuelled my passion for this research.

Undertaking this study has been a lengthy process. While progressing in my research, I also completed my training and continued my professional career as a qualified CAPT. I noticed a significant boost in my confidence in my role, due to the knowledge and experience acquired through training and clinical work. This, in turn, improved my skills as a researcher.

Following the CGT guidance was instrumental in managing the anxiety about tolerating uncertainty. Additionally, receiving regular research tutorials was invaluable in maintaining focus. Although the fortnightly group research seminars were helpful in the initial two years,

their absence in my final year, especially when my training was extended for an additional two terms, was felt.

The research process challenged me in various ways, helped me reflect on aspects of myself as a researcher, and provided opportunities for growth. As a professional, completing the project was exciting and fruitful, with its potential for further development and research possibilities. On a personal level, it was also important and meaningful. This research journey highlighted the profound importance of music and its cultural representations for me. As a speaker of English as an Additional Language, I observed that music possesses unique attributes that resonate deeply with me. It serves as a vessel for cultural elements, anchoring my sense of self and my roots. Moreover, music can encapsulate memories and particular eras in one's life. Through active listening, I found that music enables one to revisit memories and keeps them alive.

Notably, during my initial years of residing abroad, embracing music in my mother tongue provided a source of comfort. Throughout this project's journey, as both a researcher and a therapist, I became aware of my lived experiences and relationship with music.

The topic reminded me of my relationship with music and the importance of my father's role in it. Unfortunately, my father's sense of self and his memories have begun to fade progressively since being diagnosed with Alzheimer's two years ago. At times, writing about this topic and revisiting my early memories of listening to my father, who loves türkü(s), has been enormously painful; yet, overall, it has been incredibly valuable.

CHAPTER FOUR: RESULTS

Introduction to the Results

This section of the paper is dedicated to sharing the results of semi-structured interviews with the participating CAPTs. I carefully examined the interview data obtained from five participants using a CGP approach. The data from five categories and their respective sub-themes were selected based on their relevance to the research topic and consistency across all five participants. The results are detailed in Findings Table 1, providing a comprehensive overview.

The Categories & The Subthemes

Therapist's Understanding of Musicality as a Concept	<ul style="list-style-type: none"> • What is Defined as Music in Psychotherapy Sessions
	<ul style="list-style-type: none"> • Musicality and Psychoanalytic Child Psychotherapy
Contact via Musicality	<ul style="list-style-type: none"> • "Moment of Connection"
	<ul style="list-style-type: none"> • "Touched My Heart": Claiming the Therapist
	<ul style="list-style-type: none"> • Wanting to be Remembered
The Usefulness of Musicality in Psychotherapy Sessions	<ul style="list-style-type: none"> • Musicality as a Container
	<ul style="list-style-type: none"> • Musicality and the Notions of Transitional Phenomena and Transitional Objects
	<ul style="list-style-type: none"> • Processing and Meaning-making
Musicality as a Defence	<ul style="list-style-type: none"> • Retreat to a Phantasy World
	<ul style="list-style-type: none"> • Regression and Emotional "Stuck-ness"
	<ul style="list-style-type: none"> • Omnipotence
The Contributions of Musicality to the Growth of the Young Person's Personality	<ul style="list-style-type: none"> • Wholeness, Separation and Intersubjectivity
	<ul style="list-style-type: none"> • Reworking and Integrating
	<ul style="list-style-type: none"> • Seeking Identity
	<ul style="list-style-type: none"> • Growth of the Mind: Symbolic Thinking and Conceptualisation

Before discussing the categories, I shall provide an overview of the broad characteristics of the children and young people discussed by the interviewed participants. The project does not focus on analysing the characteristics of any of the young people described. However, outlining some common characteristics reported by the participants should provide readers with an understanding of the cases the CAPTs discuss. The aim is to offer a comprehensive understanding of the context of the specific themes that emerged from the data analysis.

Characteristics of the Young People

During the interview, the participants discussed their cases and the period in therapy before they observed musicality, highlighting the engagement of the young people. All the participants emphasised that the majority of young people they worked with had been traumatised by their caregivers, which negatively impacted their engagement. P3 also spoke about working with a group of young people with neurodevelopmental challenges and the potential effect this had on their ability to engage. P4 described a young person who avoided intimacy in the sessions, and P2 similarly talked about a patient who “was very traumatised and avoidant. Often words sort of slid off him, or he didn’t want to engage.”

There were a number of cases reported where the child or young person would not speak or was physically aggressive in therapy sessions. P3 talked about a young person who had not spoken for a number of weeks since the start of the treatment. She added, “he was so violent and aggressive and very hard to make contact with, very hard to communicate with. In the sessions, he was silent, throwing things away and destroying everything in the room.”

P5 similarly discussed a young person who was nonverbal during the sessions. Any words from the therapist could not be tolerated; instead, they would make her slam things in the room or make her scream. She was frightened, often curling up in an empty wooden toy box, shutting the lid, and feeling completely cut off. Another young person was similarly described as having mistrust and suspicion towards adults and treating the therapist like an abuser.

A broad range of observations about young people's level of containment in the psychotherapy sessions was reported. P1 described his commitment,

I was persistent and consistent, but he would attack the sessions and the connection. [...] He would speak to or not speak to me, attack the session and my capacity, my role, you know, week after week, and obviously, I remained committed.

P1 discussed moving to remote sessions towards the end of the assessment period in the first lockdown. Progressive disengagement by the young person almost led to discharge after nine months of online work; however, the young person re-engaged after the return of in-person sessions. On the other hand, in another case, P1 mentioned having already completed over a year of in-person sessions. Nevertheless, the patient "did not break stride" when moving to remote sessions, which continued for two years before the sessions resumed in person and began working towards an ending.

Several participants spoke about using musical instruments in sessions, including sharing thoughts about the patient's access to these in remote sessions. P2 mentioned young people

accessing an instrument during the remote sessions, as the room chosen by the parents contained a musical instrument. P3 emphasised the importance of providing basic musical instruments in the therapy box and for digital musical instruments to be available in the remote sessions. P5 and P3 reported the use of devices by young people to play and produce music.

Linked to their consideration of music, participants commented on aspects of the setting, including boundaries. P2 said, “Usually, I was very allergic to children bringing their phones into sessions, but I did notice that with him, it was quite developmental; he was somebody who could make music, not just play music [by using his phone].”

The cases the participants used to illustrate their thoughts about music often concerned children and young people living with challenging external realities. P1 talked about a young person in care: “In the midst of all of the sort of quite a lot of violence that he would take out on the foster placement, the family, you know, the police would be called.”

P1 described another young person,

He was trying to communicate to people a lot of fear, a lot of mistrust, a lot of suspicion, treating me like an abuser, so suspicious of me, so mistrustful of me. Absolutely terrified of me, in a way which was only communicated by trying to terrify me and trying to alarm me constantly, like never letting me settle, never letting himself settle. The connection that we have felt invasive, and it felt like he's opening himself up to something that is going to be terrible.

He explained that at times, the young person attempted to “grope” the therapist, an enactment that left the therapist feeling pulled towards having to prioritise “health and safety.”

Another theme that came up in the participants’ discussions was that some of the young people were aggressive and violent. P1 talked about one of the young people’s enactments being very traumatising for the foster parents. He added that the young person was “seen like a monster”. P2 described one of the young people as: “Sort of really ungathered child; very, very disturbed, very traumatised, very hard to really hard to be with actually, very hard at the start of the therapy.”

P3 discussed the parental concerns about the young person: “There was something where the parent was really terrified, and he [the young person] could be quite terrifying. He was quite tyrannical.”

Overall, the young people discussed by the participants were described as needing time to settle into therapy and engage in the work.

Therapists’ Understanding of Musicality as a Concept

The study aims to investigate CAPTs’ understanding of young people’s unconscious communications through music. Consequently, the initial interview phase was to hear the CAPTs’ view of the music used by the young people in therapy sessions. In the participation information sheet, I defined music as singing, rapping, improvising songs, using rhythm,

creating sounds and non-verbal rhythms, and talking about a song or musical piece. This definition was shared with the participants at the beginning of the interview. The discussion about music in psychotherapy sessions led to different views from the participants. Some reflected on the place of music in the clinical work of psychoanalytical child psychotherapy. The following sub-themes were identified.

“Children bring music in different ways”: Therapist's Definitions of Musicality in Psychotherapy

“Musicality” is not a term commonly used by CAPTs. I chose the word musicality to define the project's purpose. As mentioned above, the participant information leaflet included a section on the definition of musicality for the research. This was revisited at the beginning of the interviews to gauge participants' understanding of the term. P1 expressed:

In all my cases, I think music tended to appear as a sort of internet meme or dance, sometimes as popular culture songs for young people and children. Yeah, it's not so obviously musical, but it did involve music, singing, or chanting. So, I think the way I processed it was as communication rather than as music, so I think there was probably a lot of music going on or musicality going on in my sessions. It is just that I didn't really register it in the kind of way that we are talking about.

P2 reflected that:

When I first heard about the research, I was thinking about music in a much more limited way. I was thinking, “Well, I don't think I really had any children bring music.”

But then I thought again, and I thought, actually, I would say probably in some form or another, **every**⁵ child has brought music into the sessions in some way.

P3 explained that she trained in working with children on the autistic spectrum, with undefined neurodevelopmental delays. She mentioned the children's gravitation towards music and how important music could be. She added, "Music is important and magical, and a quite transformative thing, really."

P4, similarly to P1 and P2, said: "Children of all ages bring music in different ways, and I don't think particularly frequently, though. I think it is, in my experience, the patients I worked with not so frequently [who did so], with less examples than more."

P5 described the concept of musicality in psychotherapy sessions more broadly:

I think in different ways children bring musicality. [...] In the way that they speak sometimes, in having sort of a more standard way to have more singing style in the voice, so they extend the words, their vowels, become a bit more musical and sometimes playful and the way that they can do that. I think even the sounds that they make, you know, are popping, tapping, and all sorts of stuff. I think you could consider all those kinds of musicality in a session.

⁵ The words are written in bold to demonstrate the participant's emphasis on particular words in the interview.

“An Emotional Response Inside Us”: Musicality and Psychoanalytic Psychotherapy

Participants drew upon their clinical examples, their knowledge of how musicality was noticed or unnoticed and reflected on their experiences as CAPTs. P1 expressed the challenges of thinking about musicality in clinical cases during training despite its likely presence. He added that perhaps someone “more experienced or musically minded” would have been more aware of its occurrence.

P2 commented that,

I think it is that listening—a particular way of listening and thinking about a melodic line, but also a kind of internal voice. I think it is quite a musical thing to be involved in child psychotherapy. I think it is quite a musical endeavour.

P2 reflected on the aesthetic aspects of musicality and wondered,

There is something about it[musicality] that feels like maybe it's something that we don't think about as living in the transference, or don't take up in the transference. It feels like it's an aesthetic moment, and maybe it's not quite, so it doesn't readily fit into the sort of map that we have in our mind of a transference relationship.

P3 said, “It[musicality] is so difficult to sort of think about it as countertransference [...] It sort of pulls you out of the transference because it feels so emotional that the music has an emotional response inside us.”

Towards the end of her reflection, she added:

As therapists, we have our theory as a good object to accompany us, but perhaps music takes us somewhere much more pre-verbal, intense and emotional and our own emotions and impact are much less protected from the impact on us.

P3 highlighted the intensity of the emotional responses, yet there seemed to be no clear view of where to place musicality, whether it was pulling the therapist away from the transference or if the intensity of emotions in the countertransference was too powerful.

P5 drew attention to the challenges of tracking the communication from the young person, which is not exclusive to musicality. He explained,

First of all, we must recognise our countertransference, which is very hard. Let's hope we get to the point of figuring out what was going on, because sometimes you don't know. I think that is everything in the session, but music can be a bit like smells or other kinds of things; it creates certain memories and associations within us. You might get with the other sensations. I think music does that by hitting those emotional triggers inside us.

The participants held varying perspectives on the place of musicality within the psychoanalytical framework. Some reflected on their surprise at realising the extent of musicality in psychotherapy sessions, even if they had not initially noticed much musicality.

Contact via Musicality

The majority of the young people discussed by the participants in the interviews seemed to find it challenging to settle into therapy due to their traumatic early experiences. Participants talked about the implications of these traumatic life events on the children and the barriers to engaging in therapy. The timing of when the children started to use musicality noticed by the participants varied, and all the participants described their observations of the shift in the sessions when young people used musicality. These shifts appeared to be significant moments in the therapy, where they felt attuned and noticed their maternal and paternal transference towards the young person. From their reflections, the following subthemes were identified.

“Moment of Connection”

When the participants thought about the young people’s musicality in treatment, some reflected on their contact. P3 emphasised how vital music was in connecting with the young person. She said:

Over time, I found it remarkable how many of these parents could have a moment of connection with their children – who are so different and difficult to connect with, or whose behaviour is so difficult – actually when they sang or danced.

P3 added that, in her experience as a therapist, “music was a connection we could have with children who were very difficult to connect with.” She gave an example of one of the young people who had not talked for weeks, but then he started humming and singing a song. She added that her recognition of the song and her comment on it sparked a conversation about the young person’s wish to be like the band that produced the song.

P2 emphasised that sometimes, the only way she could connect with some young people who were developmentally delayed or had other neurological difficulties was through music and singing. She talked about rhythm as part of musicality:

I think when it was just the rhythms, it was more dyadic. It was more – I drum, you drum, I drum, you drum; I go faster, you can follow – which a bit feels like it is a different **order** of functioning, much earlier.

P4 mentioned an instance where a young person wanted to show a music video on her phone. He articulated, "I think on reflection, what we made of it was, you know, some sort of working together, perhaps for the first time in therapy." In another case, P4 reflected, "The singing was quite touching, really. I think singing is one of the most connected things one can do sometimes in a therapy setting."

P5 talked about the progress of musicality in a long-term case, which started when a young person was hiding in a toy box during therapy sessions and could not tolerate the CAP speaking. Yet, one day, the therapist heard the little tapping sound she was making when she was in the box. Then, eventually, the therapist responded by tapping back. He added:

What I felt was the sort of need to try and find a way [to communicate] that was tolerable, but also that would go alongside rather than trying to impose something, just to sit alongside her in a sense and to try and copy her sounds after a while. It was an important part of being able to connect.

“Touched my heart”: Claiming the Therapist

The interviews with the participants brought up the efforts of the young person at times to create a dyad. P2 stated, after thinking about how much musicality was present in the sessions,

“It was quite interesting because I realised that there was something very musical about the **encounter** between me and the child.”

P2 said the young person “made a song about her tears and how her heart was breaking.” She added, “It was an **incredibly** powerful, very beautiful voice, and she was singing this tiny voice. It was quite unbelievable and very moving, **heightened** intense communication from her. It really touched my heart.”

P4 talked about one of the under-five cases of singing a nursery rhyme repetitively during the assessment period. He noted the presence of significant external challenges impacting the young child at the time, emphasising the heightened anxieties observed during the sessions. He commented that:

You can make it [the song] go all day long. [...] It is something mum and dad would sing to a little child, wanting things to go on and perhaps having to wait between sessions for eternity as a child in that session.

P3 said one of the young people she worked with wanted to sing with her in the final session, and her choice of song was about being loved. P3 reflected,

Over time, I realised that she tried to build something with me that was like singing lullabies to a baby, so it was a really remarkable thing. After a third of the way into the

work, I felt like I was with a much smaller child, really kind of baby-like, that she was asking me to sing to her, like lullabies, and it was very moving.

P3 mentioned that in the final session, another young person brought in a song and asked the therapist to sing it together. The young person wanted to sing a song about being a survivor.

I remember thinking I was in the clinic, and I thought I didn't care. It was very important that she was there, and we sang loudly. I think she wanted to be known and understood, which was that she had really survived terrible things. But she still needed to be known.

P3 and P4 mentioned looking up afterwards, some of the songs and video clips a young person brought into the sessions, if they were unknown to them, so that they might make sense of what the young person was communicating.

P5 reflected on his response to a young person singing in a session. He highlighted,

What was interesting is that I did not find it, aesthetically anyway, let's say, a beautiful singing voice. But I found it incredibly heartwarming that she brought this song, because I think it was a way for her to show vulnerability and something that was not maybe so nice, and I was able to like something that was not particularly great.

Wanting to be Remembered

Participants in the interviews noted that musical elements were present in the psychotherapy sessions at various points. They observed that some young people displayed a musical connection from the beginning of the sessions, whereas in many cases, the musical aspect

emerged later in the therapy process, often close to the end, such as in the penultimate or final session.

P5 talked about a young person signing a song in a final session. He said,

There was something about the need to be remembered by her [...] “I am not going to forget you, and of course, you are going to remember me”, which I thought was right, actually. It is interesting because songs enter into you in a different sort of way and have a different sort of thing. You know, they can be very memorable. So, it's interesting how it works with your memory as well about sessions.

The Usefulness of Musicality in Psychotherapy Sessions

The participants reflected on the usefulness of musicality in the therapy. They noted that some young people may have difficulty tolerating interpretations and trusting adults due to past traumatic experiences. Furthermore, they may struggle with symbolic thinking, especially if their experiences made them detached to cope with painful life events, or their ability to develop symbolic thinking might be compromised due to a lack of ‘good enough’ experiences. With its structured nature, music was seen as potentially helpful in providing much-needed structure in young people’s internal lives, especially if they had a traumatic early life. The results were divided into the following three sub-themes.

Musicality as a Container

In the interviews, one of the recurring themes raised by the participants was their observation of containment when the young person used music in the sessions. Additionally, the participants highlighted the observable shifts and changes within the sessions.

The CAPTs mention that some young people created their own music during the sessions. P2 talked about a very traumatised young boy, asking her to write down the words when he was composing music. She said, “It was something that we did together that joined us; it was also a way of us coming together.” She reflected that,

The songs allowed for expressing stuff that couldn't **just** be said in words. **Too painful**, too difficult in words. The rap gave it a **form** that could carry something and contain some of the feeling. [...] I guess it is the kind of musical structure that can carry so much more than just words in its rhythm.

P3 reflected on the work with one of the young people:

She couldn't bear any interpretation I made about her anger or frustration with me. What she would do sometimes, she could use the songs. So, she would get angry with me; she would switch off. She would find a way of cutting off completely, and then she would come back almost as when the thought had been digested. She would come back with a song, which felt completely irrelevant sometimes, but sometimes the lyrics were communicating something.

Another example P3 gave was about an under-five case. She described him as very unsettled, not speaking in the room and needing to create constant chaos. She explained that when he sang “The Finger Song” in the room, one finger was mummy, one was daddy, and one finger was the teacher, and he listed everyone in the clinic, too. P3 added that the child knew that the professionals were people who held him in their mind. She commented,

Singing was so important because I think he could sit at a distance and sing, and it was a really calm moment. It was the calmest he could be when he was actually singing, so I do not know what that may have felt like for him. Maybe it was a moment when he could really sit and sing and breathe and slow down and be at a distance; I just wonder whether there is something about singing or producing music in his own body that helped kind of contain him in some way, because that's the best way.

Musicality and the Notions of Transitional Phenomena and Transitional Objects

P2 discussed a child in remote child-parent sessions at home “accompanying herself” with her adopted parents’ guitar, “strumming and singing songs.” P2 explained that the presence of the guitar and the way the young child used it were important and informative.

Moreover, P4 talked about one of the young people’s likes for emphasising certain words in the raps in the sessions, as the young person could not speak about his feelings more directly.

P3 reflected on how musical instruments could provide a connection with the young person. She explained that

The girl just did not want to talk at all, but what she could do was also kind of love drumming, and I drummed back on surfaces. When we had to move on to Zoom because of the lockdown. We found an online piano and an online drum kit. I think the drums are very important; they are powerful. She really has a real adoration for it, I guess, quite masculine things, but powerful things, and this is what the drums represent. But she was also someone in the beginning who was really not interested in the slightest in making some kind of connection. But somehow, this musical connection worked.

Moreover, P3 drew attention to the adolescents' choice of songs from the artists they liked and admired. She said, "I think that there is also something in the way that young people, children, you know, they look at the singers."

Furthermore, all the participants' discussions contained themes of music providing space between the child and the therapist, which served as a transitional space and allowed the young to have some control in the sessions, providing a sense of safety.

Processing and Meaning-making

P1 talked about a young person who had a background of witnessing domestic violence and having severe mental health difficulties in the family. He explained that the young person could not think about the painfulness of his life events. He said,

He [the young person] started using fun-to-watch videos, like he had done when we were on Zoom YouTube videos, with a bit kind of the theme of bullying in them. He was doing that, and then I commented on finding it hard to be together today, and then he put on this grime music, quite aggressive in terms of talking about violence, talking about sexual violence. Talking about women, misogynistic, threatening violence against him.

P1 explained that when the young person disengaged and began to watch the video on his phone during a session, he began commenting on the words the young person was listening to.

He said, “Yeah, just quite innocently commenting [...] what they are talking about? Who were they threatening? Who were they so angry with? Who were these women that this guy seemed to hate, and so on?”

After the therapist’s comments, the young person played another rap song about love and loss. He explained,

It (the song) was about a man and a friend who he lost, maybe someone who got killed. It is just such a stark shift [...]. He was courageous in the sense that he was putting stuff out there and allowing me to think about it and receive the pain of it.

The young person’s musical communication, as observed in watching musical videos with lyrics and melodies, seemed to provide an opportunity for the therapist to think about the verbal and nonverbal aspects of the encounter, which in turn created meaning.

P5 similarly talked about his experience of commenting on the music a looked-after young person brought to the sessions. He said,

I was paraphrasing it [rap]; you know, there is no emotion connected. It did let him think about it, and he started thinking about it. He wrote to me in short sections of his rap; he allowed me to read it and comment on it. He allowed me to know how much he hated his mother and how much he was angry with her.

P5's account of the session describes a reverie in which the young person was initially emotionally detached. However, when the young person used rap music, there seemed to be a sense of coming together, and the therapist could use their reverie to help the young person grapple with what was communicated in the song.

Furthermore, P4 emphasised the sense of the unknown in the countertransference. "I think it was trying to stay curious about what she was bringing me and what this might mean at that stage in the therapy." Tolerating the unknown aspects of meaning-making was essential yet challenging for young people; the properties of music seemed to allow the therapist to accompany the young person so that the unknown and raw emotions could be thought together and understood.

Overall, the young people's choice of music seemed significant and informative about their internal and external realities. The musicality seemed to provide opportunities for young people to tolerate painful thoughts and emotions, and to begin making sense of their experiences with the help of CAPTs, which would perhaps not have been possible otherwise.

Musicality as a Defence

Most participants reported that the quality of the music did not always feel communicative and was sometimes used defensively. They described those moments as feeling excluded, isolated, sad and full of dread at times. It was noted that these moments assisted in understanding the young person's internal world through countertransference. The internal and external worlds of these young people were characterised as chaotic and confusing.

Another theme of the participants' reflections was about a young person's escape to the phantasy world from their harsh external realities and their regression to being emotionally much younger inside. The subthemes were as follows.

"Retreat" to a Phantasy World

During the interviews, I asked participants if young people always used music positively or if it was sometimes used as a barrier.

P4 talked about a video clip of a song a young person shared via their phone in the therapy session; he reported:

Conceptually, there was absolutely a psychic retreat; it is a narcissistic sort of retreat, and working in tandem endure someone was completely new, and I think in that sense, it was a very important moment. The music sort of came in and also had a meaning to us of the work already [done], if that makes sense.

He explained that the young person and the therapist's worlds were very different, but also, "something where adolescents are immersed in fantasy (laughter). You know it is very much this patient, living in the hard reality of her life and difficult situations, hence the retreat."

P2 stated that:

I am not sure if I can think of a way that music was used as a **barrier**. I mean, I think it might have initially felt as if it was a sort of a **retreat** from something that might have

felt too much like a verbal encounter, but I think music always did bring us in quite a direct way to the real feeling, the real feeling in the child.

The question was whether music was used as a barrier by young people in psychotherapy sessions, and the P2 and P4 talked about a retreat they observed in the session. P2 explained that the initial feeling might be like a retreat from intolerable verbal encounters, yet music provided a direct way to the young person's real feelings. In P4's example, he talked about a young person's escape from the external harsh reality to the fantasy world, which he called a narcissistic psychic retreat. Nevertheless, he emphasised the importance of music having meaning for the young person and the therapist, which is very different from the sort of psychic retreat, which is a state of mind where the patient is rigid and has little opportunity to develop or change. (Steiner, 1993).

P5 answered the question of whether music was used as a barrier in the therapy session by stating:

I think all things are very changeable. You know, what could be something connective initially might very quickly change, and I think that with everything that's brought into a session, you have to keep an eye on it and think about what communication is going on at this particular point so I don't think music is always interactive or defensive, you know, and it can take time.

P5's response highlighted the importance of observing the stream of transference in the session, with changes in how young people use music being no exception.

“Repetitive Traumatic Pattern”: Regression and Emotional “Stuck-ness”

The participants expressed that when young people communicate their sense of “stuck-ness” through musicality, they often observe the young person’s regression in the sessions. When I asked if the participants noticed whether traumatised children used musicality differently, P3 replied that one of the young people she was working with expressed how much she loved a particular musical. P3 explained that the young person “could probably present with very autistic traits but was actually very traumatised.” P3 described her response as,

How would I say it is different [use of musicality]? I would get bored. I think it is because it was very repetitive. So, there was lots and lots of music, the same songs over and over and over again. Furthermore, it is thought that perhaps she is stuck in something. You know, we are kind of almost like a trauma of trauma—a repetitive traumatic pattern.

Similarly, P5 talked about a young person and his experience of the music brought in the sessions:

It [song] was high, quite computerised, and played on repeat. It was loud, and anytime I tried to speak to them, he would really block me out, but it also made me so frustrated and angry and feel like I had no control over the session at all... I mean, it was absolute torture to have this, really. Also, this is really interesting as well. It would stick in my mind so after the session, you know he had got inside me in this horrible way, this real awfulness, so that I would then, for the rest of that day, or sometimes I remember I woke up at something like three o'clock in the morning with this song in my head.

Another young person described as being “stuck” was mentioned by P4. After months of listening to the young person sing “Old McDonald Had a Farm”—a nursery rhyme with a repetitive structure in which different animals are introduced to the story—with a “jarring voice” going through every single animal possible, he realised she was “really stuck in a very unpredictable world, both internally and externally.”

Moreover, P1 talked about a case explaining the young person’s “need for noise, the need for chaos, the need to blast me [therapist] with whatever. So that was not... that was music, but it did not register as music.” He reflected on his countertransference and said:

It is just terror... like being bombarded, sensory bombardment, and so music was just another form of that. It was another kind of medium of bombardment, filled with wanting to get out, wanting the session to be over, and looking at the clock, wondering if we were going to get through this session and if we were going to have to finish the session or stop the session early, so very much around high anxiety, high stress, and terror.

“He was this gangster, who did not need me”: Omnipotence

Another common theme in the session was the omnipotence of the young person communicating the music they brought. P1 talked about young people listening to gang-related music in the sessions, which he described as “quite mindless.”

P4 talked about a young boy, singing raps about gangs, and yet being groomed by the local gangs. The therapist highlighted the conflicted feelings the young boy had.

The boy was just terribly humiliated, particularly about his body [...]. Dealing with this emerging physicality, you know, causing him to realise that he is actually still very much the little boy who has got some high needs for dependency, emotional dependencies, and he wants to be big.

P4 discussed some of the young people's choices of music to express their differences, such as ethnicity and social class. He emphasised that the music was communicative to show the difficulty of being a young black adolescent boy in the UK.

P5 shared similar observations; He said,

Probably after the first year of working together, he [the young person] started to bring many rap songs. What I found interesting was that he initially blocked me out, and I think he wanted to highlight our differences, so I was **not** the same as him. He was this gangster who did not need me; in fact, to him, I was this white posh person and very different and not from his world, and what could I possibly understand about his world? It was to do drugs, but also, in the rap, he had very sort of derogatory aspects of women, how he thought of women.

The communication of these young people, through their choice of music, seemed to reflect their conflicted emotional world, where the internal object was fragmented and cruel. Therefore, they adopted defences to protect themselves with their omnipotence, that they were mighty and part of their gang, and they made the CAPTs feel different and alienated.

The Contributions of Musicality to the Growth of the Young Person's Personality

A large proportion of the young people whom the participants discussed were intensive psychotherapy cases that were seen multiple times weekly for a year or beyond. The weekly sessions varied from a year to four years and beyond, during their training or after qualification. The intensity and duration of treatments allowed the participants to evaluate the young person's gains in therapy. The participants discussed the young person's developmental progress during therapy and their use of musicality in the sessions. The following subthemes were identified:

Wholeness, Separation and Intersubjectivity

P2 described the progress of the sessions, which seemed to show the young person processing the sense of separateness in the therapeutic relationship. She reflected that one of the young people in the sessions would often be "cut off," and when she returned to the sessions, she would bring a song. P2 reflected, "What I realised over time was that she also tried to build something with me."

P2 said some of the song's themes seemed to resonate with the young person's life experience:

So, you know it was so important for that patient. I think because when you are interested in – when you show an interest in their music, I think they really like it. It is as though you are getting to know something about who they might like to be, or, you know, what they sometimes are, or the lyrics might have meaning.

P5 talked about his urge to stop the online sessions when a young person played a computerised tune on repeat. He reflected that he was "tempted to" but thought, "Hang on a second, this is, of course, he is communicating to me something." He added,

So, I tried to say that things were unbearable or that it was just too much. If it is very difficult to get through to someone, I shorten my language, simplify things, and even go too much or make a sound. Why can't you use your own musicality in a way? I could not comment, and I could not have a separate mind or anything like that. Yeah, I think that actually what I commented on that did get through was about not playing together, that he didn't want to play together.

The themes from the interviews highlighted the challenging nature of building a therapeutic alliance with the young person, with variations in presentation. Some young people were emotionally “cut off” or else desired to attach to the therapist adhesively to cope with the anxieties of being separated.

Re-working and Integrating

All participants emphasised the young people’s potential strength in communicating about very painful situations and their ability to show vulnerability.

P5 talked about the progress of a particular young person, whom he explained brought a chess set after many weeks of blocking him with music. He said,

Rather than playing music at me, he lined up chess pieces and actually put them from my end. [...] he could think about it more from my perspective. That's really integrated him. We played. He continued to bring his music into the sessions, playing the same song face-to-face, but it felt very different. Being in the room with him felt incredibly different. It felt far more tolerable, and he changed some of that, so there were other music and songs as well.

In P5's account, the emotional "stuck-ness" of the young person seemed to change once the intolerable feelings were communicated through the repetitive digitalised song, and the therapist's reverie provided containment by thinking about the emotion aroused in his countertransference. As a result, the reworking process seemed to provide more space in the young person's mind for other songs and tunes to come in the sessions.

P2 reflected on the progress of a young child strumming with the adoptive parents' guitar and, in the last session, singing her song about being in care and telling her life story. P2 also spoke about another patient's progress in therapy, stating, "he started to think of himself as a musician, and actually, towards the end of his therapy [...] He was using his music to kind of express things, and it became something about his identity."

She added that:

Music became more and more important in terms of how he thought about himself. He also started to take pride in it because, at school, people would know he was somebody who was musical; he really struggled with school. It was no doubt very difficult for him. But yeah, that was the sort of evolution of something, that music became more and more central to his sense of self.

P2 commented on young people's admiration for the performers and its importance in developing their sense of self. She added, "I think there is also something about the way that young people, children, you know, look at the singers."

The participants talked about their patients' courage through their use of musicality in the sessions. P1 described the young person as "Really brave; he was really kind of courageous in terms of facing the sadness and facing the hatred of me and his love of me."

Growth of the Mind: Symbolic Thinking and Conceptualisation

P2 expressed an idea about the reciprocity of the musical encounter in therapy, representing a dyadic communication that could then progress into the symbolic. She said:

In music, we think of a very early dyad, musical rhythmic reciprocity, mother and baby, but it is dyadic. I think that as soon as we introduced words, our containment, and our use of interpretation, we moved into something triadic.

P2 talked about a young person who wrote rap songs. She added:

They were quite angry songs. They were always about a Papa, a papa, a dad, who was somewhere very far away, eating all the food. So, I think he found a way to express his longing for a father through rap.

She gave another example of a young adopted child singing to express her own experience: singing her own song, the girl was "using the music, putting her own words to it that really fit with her own experience."

On the other hand, P3's description drew a contrast between a child's musical expression and symbolic play. She explained,

I probably learned from my supervision how to be responsive when something came up, and often the thing that they could reach for was something musical rather than drawings or, rather than, you know, playing in the way, the symbolic way that other kids might be able to play.

She added, "Sometimes it [musicality] is a shortcut because of lyrics, a bit like poetry; they are full of meaning in a short kind of verse or stanza." She drew attention to the fact that when repetitive songs were played repeatedly in the sessions, they could also lose their symbolism and meaning.

CHAPTER FIVE: DISCUSSION

Study Overview

This study aimed to investigate CAPTs' understanding of children and young people's unconscious communication through musicality. It sought to shed light on what happens when young people bring musicality into psychotherapy sessions and explore the CAPTs' views of the particular usefulness of musicality in working with traumatised children.

The influence of music on the human mind is complex and often described as magical, as if it is, in some ways, incomprehensible. Kennedy (2020) touches on the inexplicable qualities of music, stating:

In a way, music, like the human soul, remains elusive. On one hand, we are enveloped by sound, which has a material basis through sound waves. Yet music is a human endeavour, sustained by human relationships; it vanishes into the air once played; it exists in a virtual space of the imagination. It is both material and immaterial, even spiritual, both real and not real. (pp. 22-23)

My fascination with young people's use of music in psychotherapy sessions grew during my clinical training. It was further fuelled by three clinical cases I encountered while working on my research proposal. One case involved an early adolescent girl who had suffered severe neglect and abandonment by her biological mother. The second was of a young boy who had been exposed to significant domestic abuse and had a disrupted early care experience. The third patient was a young boy who had undergone two years of intensive therapy to address severe anxieties and unprocessed intergenerational trauma. In each instance, music was utilised in various ways, and I was intrigued by the responses it elicited, both from the patients and myself.

I was amazed by the possibilities it offered for profound communication that could not be expressed through words or conscious thoughts.

Over the past decade, a few psychoanalysts with previous music training, such as Julia Jaffee Nagel (2013), Francis Grier (2019), and Ludovica Grassi (2021), have highlighted the neglect of music in the psychoanalytic world. Kennedy (2020) argues that recent scientific discoveries in neuroscience are shedding light on the effect of music on the brain and that this is starting to gain attention in the field of psychoanalysis.

CGT was used to analyse the data in the present study. Five interviews with CAPTs were analysed and summarised into six themes: *Therapists' Understanding of Musicality as a Concept, Contact via Music, The Usefulness of Musicality in Psychotherapy Sessions, Musicality as a Defence, The Contribution of Musicality to the Growth of the Young Person's Personality and The Functions of Musicality in Child Psychotherapy.*

After completion of the data analysis, I revisited the literature review. Some of the themes identified in the data analysis were similar to those discussed in the literature review, particularly regarding the dyadic communication between the young person and the therapist, which resembles the relationship between an infant and their primary caregiver. Another consistent theme was the use of musicality to establish engagement in the therapeutic work with traumatised children. The importance of music in providing a sense of security was another recurring theme.

One notable difference from the literature review discussion was the observation that the participants seemed to have their own views of what constituted music in the sessions. Their definitions varied widely, from a standard definition of music to a much broader concept that even included silence.

Another theme from the data analysis, echoing the literature review, was the role of music as a transitional object. Participants cited examples of how children relied on music to cope with separation, anxiety, and negative emotions during the sessions.

The publications discussed in the literature review emphasised the positive effects of young people using music to enhance engagement and functionality in various aspects of their lives, such as school and home life. My data analysis indicated that all the therapists acknowledged the positive impact on the therapeutic relationship when young people used music in sessions. However, they also noted that music could serve as a defence mechanism. The literature also highlighted the positive outcomes for young people resulting from psychoanalytic interventions involving music; however, the limitations of the interventions were only discussed in some of the larger empirical studies. My participants discussed the progress made in therapy but also recognised that some young people would need further therapeutic input due to their early traumatic experiences, providing a balanced overview of treatment outcomes.

I will now explore the findings and overarching themes derived from the data analysis and how they relate to the literature.

Therapists' Understanding of Musicality as a Concept

The therapists' definitions of music in the psychotherapy sessions varied. The participants had been sent participant information beforehand, in which I defined what I referred to as music within the context of psychotherapy treatment. Although all participants shared the same training school, it was striking that their definitions of what they considered as music varied. Their responses were organised into two sub-themes: *What is Defined as Music in Psychotherapy Sessions* and *Musicality and Psychoanalytic Psychotherapy*. I shall discuss the sub-themes below.

Several factors could have influenced the varying responses of these CAPTs. The diversity in their answers could be linked to the complexity of music's properties. Music has existed since early human history (Suckhulkin & Raglan, 2014; Killin, 2018). Moreover, music also represents identity and culture (Neguyen & Ferguson, 2019; Good et al., 2021). Additionally, Kennedy (2020) argues that a single discipline cannot explain the complexity of the emotional experience of music.

In addition to the complexity of the emotional experience of music, an individual's relationship with music also shapes their view of it. During the interviews, two participants mentioned that they were trained musicians before undertaking their child psychotherapy training. Another talked about growing up in a family of musicians, where music had been a significant part of their lives. One participant noted that patients' involvement with music concerned being a listener to specific genres. Another did not discuss their relationship with music despite having a formal musical background, so the influence of that on their thinking is unclear.

The participants mentioned their emotional responses when young people brought music into the psychotherapy sessions. P2 wondered,

I think it is interesting that I did not remember the music so much until I went back and thought about it. I wonder if there is something about it that feels, maybe, it is something we don't think about as living in the transference, or we don't take it up in the transference. It feels like it is an aesthetic moment, and maybe it doesn't readily fit into the sort of map we have in our mind of a transference relationship.

Freud (1905) defines transference as “new editions and facsimiles of the impulses and phantasies that are awakened and brought to consciousness during analysis. However, these experiences are distinguished by the fact that they replace a previous individual with the figure of the physician. In other words, a series of psychological experiences are revived not as belonging to the past but as pertaining to the physician in the present moment” (p.116). Strikingly, Freud initially viewed transference as an ‘obstacle’ and believed it should be eliminated by informing the patient that their feelings towards the therapist were irrelevant to the analysis process (ibid). However, transference is now considered an essential tool in psychoanalysis.

Considering the central role of transference in child psychotherapy, reflection on its impact is necessary. The participants talked about moments when the young person communicated through musicality and their sense that unconscious material was emerging to the surface through this process. CAPTs indicated that there might be a range of transferences experienced at such times: sometimes they were seen as a desired ‘good object’, while at other times, a

perverse transference might be operating, and they were attacked with words or retreated from into repetitive uses of music, perhaps to prioritise the young person's safety and boundaries.

In addition to the implications of young people's communication in the transference relationship, one participant also wondered if therapists were less protected from the emotional impact when music was introduced to the session. As I have mentioned, Freud initially viewed countertransference as a hindrance. He stated, "We have begun to consider the countertransference, which arises in the physician as a result of the patient's influence on his unconscious feelings and has nearly come to the point of requiring the physician to recognise and overcome this countertransference in himself" (1910, pp. 144-145). However, Freud later acknowledged the importance of countertransference. Participants reflected on their countertransference during moments of musical interaction.

Music can hold sensory experiences and preverbal memories (Erel-Brodsky, 2016). Reaching these unconscious, preverbal memories might divert the focus from the patient, and in the countertransference, can evoke emotional responses that belong more to the analyst. Alternatively, reaching the patient's unprocessed emotions can elevate their intensity. As the training schools do not take into account the role of musicality in the transference and countertransference dynamics, there seems to be an absence of clinical information on how children's musicality shapes clinical work and the implications of this for psychotherapeutic techniques.

Contact via Musicality

The data showed that most young people who used music in the sessions were at a late stage in their therapy, particularly after the therapy's ending phase had been announced or when continuing with the work. On the other hand, some young people have used music from the beginning, and CAPTs have described them as already being 'musical'. Furthermore, the CAPTs also talked about some of the young people's experiences of early trauma and of receiving diagnoses of ASD and ADHD. Additionally, many of the young people discussed by the participants were looked-after children or had experience of being in care. However, some of the CAPTs commented that these diagnostics were "questionable", considering the significant trauma young people had.

The subthemes of this category were "*Moment of connection*"; "*Touched my heart*": *Claiming the Therapist* and *Wanting to be Remembered*.

Early trauma can lead to developmental delay, emotional dysregulation, and difficulty in managing intimacy and social interaction (Music, 2017). Reid (1999) highlights the similarities between the symptomatology of trauma in the first two years of life and autism; she emphasises that traumatic events can activate biological and genetic dispositions in the infant. Furthermore, a clinical study by Berg et al. (2016) shows a significant correlation between the diagnosis of ASD and one or more reported Adverse Childhood Experiences.

Fuld (2018) highlights that despite an increase in recent years, there is limited research into the field of trauma and autism co-morbid symptomatology. Gravestock (2018) argues that the complex nature of trauma and attachment issues can sometimes be overlooked amidst a wide

range of “signs and symptoms” that could serve as early indicators of the need for intervention, especially in the population of looked-after children.

Alvarez's (1992) analysis adeptly addresses the technical challenges of working with groups of children with severe deficits. She argues that “while the traditional psychoanalytic approach focuses on interpreting a child's emotions, some children may need assistance recognising and articulating their feelings before engaging in the interpretive process.” She emphasises the importance of the therapist's need to produce something more vitalising and intensify an insistence on meaning, in the presence of both the self and the internal object, who have deficits.” (Alvarez, 2012, p.147). Alvarez builds her theory of ‘reclamation’ of the child based on the research on infants’ social capacities, including proto-type communications between infant and mother (Trevarthen, 1979; Stern, 1985), along with the psychoanalytical concepts of containment and maternal capacity.

In the interview, P2 gave an example of a child drumming and her response of drumming back, which created dyadic communication. She highlighted the function of drumming very early on. P2 describes ‘affective attunement’, which comes from the mother’s intuition of sharing the infant's experience. It seemed to her that ‘the therapist-mother’ was attuned to the child in the analytic setting.

P5 describes one of her cases like this:

She was very badly abused when she was younger. When she first came into the room at the beginning, I think she was so frightened; we had large wooden toy boxes, and the

one in my room was empty. Moreover, she would go into the toy box herself and shut the lid and crawl up in a little ball, and she would not be able to do much, and she found anything I tried to say utterly intolerable.

After many sessions of being hidden inside the shut box, one day, this child began to tap, which was responded to by the therapist tapping back. P5 said that their tapping back and forth continued, and gradually, the child raised her head and slowly started using words, eventually coming out of the box. The example shows the incapacitating effects of trauma in the clinical setting, where the neuro-physiological effects of past relational trauma are too prominent in the present (Fagan, 2020), and how musicality can be used to reach the child despite this.

Goren (2020) suggests that some traumatised children may not be prepared to effectively participate in the traditional transference relationship or benefit from interpretation. When working with highly traumatised children, the level of complexity hugely increases. Henry (1974) describes the inability of these children to use help with her term "doubly deprived." She explains that the first source of emotional deprivation comes from the external world beyond the child's control, and the second comes from internal sources, affecting the quality of the internal object the child develops, thus preventing them from accessing external support. Louise Emanuel (2002) states that a third deprivation occurs when professionals, faced with the child's projections, end up repeating the child's defences against anxiety.

The enactment of previous traumatic relationships can result in loss of placements for these young people. All the participants discussed the risk of school and foster placements stopping and the result of such breakdowns. When both the internal and external worlds are often

unpredictable for these groups of children, the therapy might be their only safe place. If the young person experiences rapid changes, the CAPTs will likely be one of the only people they have had consistent contact with over the years. These young people's unfortunate circumstances could intensify their difficulty in connecting with the therapist.

All the participants reflected upon the dyadic communication between the young person and the therapist. Furthermore, they talked about maternal and paternal transference when listening to the young person's voice singing or creating music, or when being invited by the young person to sing or compose together. Erel-Brodsky (2016) states,

Music allows the formation of a new, shared space for the analytic dyad, a 'sonorous bath' fostering a primal holding for the analysand. The musical reverie, the song unifying the word and the tune, allows in its nonpenetrative presence gentle and intimate holding and symbolisation of primal, traumatic, and dead areas in the psyche. The need for this holding is included in the baby's sensory needs at the beginning of life, when the sense of hearing is a part of the maternal holding. (p.581).

Young people using music in their penultimate or final sessions might desire to be kept in the therapist's mind. The most basic human emotional need is to know and to be known (Maslow, 1943, 1954), and those children, without their therapy, might not have the opportunity to experience it. That the young people described in the present study instinctively sought this containment through music may be linked to the fact that, as Storr (1992) states, music comes from an "emotional need for communication with other human beings prior to the need for conveying objective information or exchanging ideas" (p.16). According to Klein (1950), when therapy ends, patients experience a sense of parting similar to weaning. The examples of young

people's music in the final sessions had a common theme of loss and longing; it seems that this shows the young people's ability to be in touch with the loss of the therapeutic relationship.

The Usefulness of Musicality in Psychotherapy Sessions

As previously highlighted in Chapter 4, the participants discussed some of the challenges young people face in engaging in therapy. Some children were detached and had difficulty establishing a connection with the therapist due to their traumatic life experiences. The identified subthemes in this category were *Musicality as a Container*, *Musicality and the Notions of Transitional Phenomena and Transitional Objects*, and *Processing and Meaning-making*.

The participants' reflections on their countertransference in the moment of musicality mentioned that music, in addition to being informative about the patient's unconscious mind, could also provide a holding environment through its structure, allowing the young person to be separate and feel safer.

Moreover, the CAPTs' emotional response in those moments was compassionate, demonstrating their attunement. Catty (2019) draws attention to unconscious and nonverbal thoughts communicated through music. She emphasises the containment aspect of listening to the patient by emphasising the use of 'countertransference reverie', particularly when working therapeutically with traumatised children whose rhythm of life is disrupted. In her paper, Catty describes a traumatised young boy finding a gradual sense of containment. She observes the boy singing lullabies to toy animals and gaining confidence in using his voice more freely, improvising rhythms during the sessions. In the course of his singing, she wonders if the boy

“has been taking control of the ‘sound object’” by using his voice, referencing Maiello’s (1995) concept. She notes the boy’s use of the therapist as a container with a ‘musical ear’, who is taking in and thinking about his sounds and rhythms, which involves “a subtle process of reciprocal observation”. She wonders whether the boy noticed she was listening to his singing with interest, since he responded by using his voice more confidently. (pp. 12-13).

Erel-Brodsky investigates musical reverie as one dimension of reverie as a phenomenon, describing it as “[one] whereby the therapist experiences a kind of daydreaming that includes songs with both lyrics and tunes” (2016, p.578). She emphasises that musical reverie is not limited to daydreaming; it may also “provide a similar holding in the analytic process and the possibility of an ‘authentic togetherness,’ particularly with patients in whom parts of the self are dissociated from their experience and who, due to trauma, have lost hope. The reverie allows the dropping of ‘artificial walls’ and the recovery of the ability to think” (p. 579).

The participants discussed various moments in therapy that illustrate musical reveries, from singing together with the young person to improvising or facilitating the process of musicality.

Winnicott describes “an infant’s babbling and, in a way, an older child going over a repertory of songs and tunes in preparation for sleep” as “transitional phenomena along with the use made of objects that are not part of the infant’s body yet are not fully recognised as belonging to the external world” (1971, p3). Similarly, the CAPTs discussed some young people’s choice of songs, such as lullabies or repetitive rhymes, that some children used during these sessions. Sabbadini (1997) emphasises that vocally repeated familiar tunes are important in transitional musical experiences, which arise from both the child’s inner self and the external world,

providing a satisfactory relationship between the two. Furthermore, in his discussion of the role of music in human development, Blum (2013) considers it particularly in relation to the early dyadic relationship and highlights its contribution to social bonding and relatedness.

Furthermore, during the discussion with the participants, some young people were mentioned as accompanying themselves with musical instruments. Winnicott emphasises that transitional objects symbolically stand for some part of an object, such as the breast (1971, p. 6-7). P2 talked about a young child accompanying herself with her father's guitar in the therapy sessions, which seems to be an example of a musical instrument being a transitional object. Moreover, in their study, Mohajer and Zonlikov (2023) highlight musical instruments as part objects for adult musicians, containing paternal or maternal qualities.

Notably, P2 and P3 discussed their awareness of the therapeutic value of the musical presence of some of the patients they worked with, highlighting the importance of providing musical instruments in the sessions. P3 explained, "I am not providing music therapy. That is not the aim. It is organic. It emerges from the session, and I think for young people with disabilities or small children with disabilities, it is incredibly important." Due to the nature of these children, the musical instruments are less frightening than an adult's presence, and they create a transitional space between the therapist and the child; otherwise, the therapeutic experience might feel like suffering, especially for young people in their isolated world. This is also similar to traumatised children, as their previous experiences have incapacitated their capacity to have adult interactions. In both cases, the object relationships might be paralysed, and the musical instruments might feel safer to have as an external object the child can possess and project into (Winnicott, 1971).

According to Foehl (2022), trauma can be viewed as a tear in the ‘being’ of experience, disrupting the process of meaning-making and hindering the transformation of implicit experiences into symbolic forms. Language is pivotal in interpreting symbolic meaning, transforming the patient's unconscious meaning, and bringing it to consciousness (Harrison, 2011). The further implications of past trauma in the clinical setting need to be considered concerning the young people discussed in the interviews. P2 talked about a young person who was composing music; P2 emphasised that what the young person expressed could not be spoken of; the rap song provided a form to contain it. Traumatized children often experience internal conflicts and confusion in the world they inhabit. In such difficult circumstances, music offers a structure with a beginning, middle, and end, which is enormously supportive for the young person and indeed necessary.

Similarly, Black (2016) emphasises that the contemporary relational clinical process is more complicated than transcending language and explicit meaning-making through psychoanalytic interpretation. I agree with Black’s argument as the clinical work of CAPTs is complex, characterised by multilayered past and present traumas, along with significant disturbances common amongst the clinical population. Furthermore, Black suggests that clinical material, like music, offers a direct pathway to human experience.

Like Black, Grier draws attention to the important role of analysis as ‘reverie,’ a method through which analysts engage with the unconscious aspects of both the patient and the analytic couple. While visual imagery is frequently used to explore this concept, music is often

mentioned only metaphorically. The investigation of a musical dimension in reverie and clinical analysis remains underdeveloped.

All participants gave clinical examples of how children's musicality felt as a significant moment in the therapy. At an unconscious level, the choice of their music seemed to reflect their personal experiences, such as using rap songs about women to illustrate their reality of being abandoned, neglected and perhaps abused by their biological mothers, or songs about loss and longing when faced with incredibly difficult external realities which they could not talk about or allow the therapist to name.

According to Grier (2019), songs have the properties of verbalising unprocessed trauma. The young people discussed by the participants seemed to use the songs in various ways. For instance, P2 talked about a young person improvising a song, expressing his longing for a father, and P3 similarly talked about a young child singing her own song about being in care. This links to Knoblauch's (2019) argument that improvisation provides an entry into a deeper emotional connection with the self.

Musicality as a Defence

The participants talked about times they observed young people using music as a defence to cope with the anxieties provoked in the sessions, blocking their thinking and becoming a way to disconnect from the therapist. The subthemes that emerged from this category were *Retreat to a Phantasy World*, *Regression and Emotional Stuck-ness*, and *Omnipotence*.

All the participants discussed how young people use music to sing, rap, or create tunes and rhythmic patterns to express emotions and situations that cannot be talked about in other ways. P2 and P4 mentioned the young people's use of regression and retreat as coping mechanisms for their physical pain. Steiner (1993) acknowledges the patient's need for peace and protection from any meaningful contact with the analysis or reality. However, he highlights that this 'defensive organisation' could hinder the patient's progress and development.

In the cases discussed, the participants gave accounts of young people's phantasies, such as choosing songs about idealised or denigrated parents. Although some participants used the term "retreat", they were referring to a range of ways in which music functioned. Some young people used music to retreat *from* contact, but in due course, therapists and the young person were able to use the music to make contact. So, the participants seemed to be not so much describing where music reinforces the "stuck-ness" but musicality being used more fluidly, such as in the service of retreating initially, yet potentially opening things up and helping the young person to emerge. The participants highlighted the significance of music in these sessions as a direct way to understand the child's real feelings (P2).

Regression and emotional "stuck-ness" were also highlighted in the type of music young people used in the sessions, such as repetitive nursery rhymes (P4) and digitalised heightened sounds (P5). Kohut and Levarie (1950) emphasise that an infant's first exposure to auditory stimuli can imply there is a threatening outside world, and that noise is the earliest warning of the danger of total psychological destruction. They state that the disturbing, chaotic sounds in infants' early experiences are gradually replaced by organised and meaningful ones, such as the mother's voice and the feeding experience, rocking and rhyming. (p. 4). Strikingly, P1 also

discussed a case where a young person created chaos with online videos and bombarded the therapist with noise. The situation the young person created seemed similar to Kohut and Levarie's observations on the primitive, chaotic noise they described. The examples shared by the therapist seemed to have a common theme of infantile anxieties and a state of emotional "stuck-ness" in their musicality when musicality was used as a defence.

Another aspect of young people's music discussed by the CAPTs concerned the young person's feelings of omnipotence. P3 described a young person playing music and telling the therapist that he and his gang would be in a band like the group whose music he was playing. Some of the other young people's choices of music included aggressive rap about gangs and power. However, in reality, the young person was either bullied by gangs or felt powerless in the situation they lived in. The feelings of omnipotence among these young people may stem from the painfulness of their reality and their way of coping with their internal conflicts.

Klein argues:

The denial of psychic reality becomes possible only through strong feelings of omnipotence, which is an essential characteristic of early mentality. The unconscious denial of bad objects and painful situations equals annihilation by the destructive impulse. It is not just a situation or an object that is denied and annihilated, but the object relation that suffers this fate. This means that a part of the ego, from which the feelings towards the object emanate, is also denied and annihilated. (1946, p.7)

Furthermore, Alvarez (2012) advocates that children who suffered from early trauma and who had little ego development are required to be reminded of their strengths beyond their frightening realities. She advocates the need to carry the hope and aspirations on behalf of the child rather than simply interpreting their mental state as omnipotence. The participants' compassion towards the young people and their recognition of the young person's struggles, as well as the function of the child's defences as a way of protecting themselves from their psychic pain, were evident in the interviews.

The Contribution of Musicality to the Growth of the Young Person's Personality

The participants discussed the progress made by young people in therapy through the use of musicality. The subthemes were *Wholeness, Separation and Intersubjectivity; Reworking and Integrating; Seeking Identity; and Growth of the Mind: Symbolic Thinking and Conceptualisation*.

Kennedy (2020) states that substantial evidence supports the idea that the human ability to perceive and process music has biological roots. This evidence is based on evolutionary findings and the interactions between mothers and infants, showing that even very young children naturally gravitate towards music. These interactions demonstrate how early intersubjectivity intertwines to create our musical abilities. He suggests that emotional connectedness and mutual attunement are indispensable components of musical performance, potentially linked to the fundamental early principles of intersubjectivity in music.

The participants' discussions highlight examples of intersubjectivity in interactions between young people using music, such as when a young person performs or creates music and the

therapist joins in, or when the young person asks the therapist to sing together. The participants emphasised the connectedness in those musical moments and discussed their attunement in the countertransference.

Winnicott (1967) emphasises the role of the mother in “mirroring” the infant in the family and the growth of the personality. He says the mother’s bond and unconditional love allow the child to become a “true self” without worrying about rejection. The process of mirroring within the family plays a crucial role in fostering individual personality growth. He adds that in dysfunctional family lives, children are unlikely to have mirroring experiences, and this is one of the deficits that can impact their sense of self and personality development.

Two-thirds of the young people discussed by the participants were removed from their biological families, which indicates the dysfunctionality of the family lives these young people experienced. Winnicott (1967) advocates that if the mother is not good enough, the individual can achieve the experience of good enough mothering in analysis. The receptiveness of the CAPTs, as shown in the interviews, was impressive. The young people participants had described seemed to be challenging to be with and not always pleasant; yet, the participants shared moments in therapy when children used music, describing the connection they then felt as courageous and human. P4 and P5 mentioned that the young people's singing might not feel like an aesthetic moment. Nevertheless, the young person’s capacity to show something, even something not particularly great, made those moments significant in the therapeutic relationship.

The therapeutic relationship and its accompanying processes are fundamental to psychoanalytic psychotherapy. When the CAPTs are open to the young person's projections and allow these to serve as a source of reverie, they can internalise what the therapist offers, enabling them to embrace less tolerated aspects of themselves through their dependence on internal good objects (Meltzer, 1967). Over time, this process fosters greater integration of the personality, which may have been fragmented or split previously (Klein, 1958). Rose (2004) explains that music can promote a reintegration of feeling experience with perception, and psychoanalysis aims at a similar reintegration with memory. Thus, both contribute to an “enhanced sense of wholeness in a person's experience” (p. 3). Flam (1992) talks about the Ghetto of Lodz, Poland, and the inhabitants singing during captivity. She provides examples of how listening to oneself singing could also help one feel less isolated.

During the interviews, the participants talked about how some young people's sense of identity was shaped by their relationship with music, and how music had become a part of who they were. Slevin and Slevin (2013) bring attention to "El Sistema," a program that first brought free classical music to underprivileged communities in Venezuela and later expanded to the United States in the 1970s. The program emphasises that the lack of material resources and psychological poverty are not the same. The program aims to provide children with a structured experience and a supportive community that values individual contributions. The authors argue that classical music can give shape, structure, and intensity to the challenging experiences of childhood, adolescence, and young adulthood. They suggest that art, including classical music, can mobilise and give form to conflict and destructive forces, ultimately resolving them with new structures and understandings.

Like Slevin and Slevin, Carnevali and her colleagues (2024) describe a project that has been ongoing for over three years in which migrants hosted in refugee shelters meet secondary school pupils. They demonstrate how psychoanalysis can be applied in community settings and is open to group settings, particularly through art and music, while continuing to hold its psychoanalytical structure. They draw attention to the psychoanalytical group setting in the project as an important transitional space where these people can integrate their experiences entering the new country, and also for adolescent students in their passage to adulthood. The authors emphasise their wish to investigate music further as an element of this project, and they consider the use of music in psychoanalysis to be particularly representative of ‘playing’ and ‘listening’.

Faber (1988) highlights children’s indulgence in nursery rhymes at times as a means of managing separation from their caregivers. He says nursery rhymes have properties which allow children to repeat and rework the basic issues of maintaining primary attachment and dealing with traumatic separation. P4 gave an example of young people singing a nursery rhyme repetitively; strikingly, the external world of this child was described as “unreliable and the foster placement was at risk of breaking down.” In the context of their patient’s external reality, the rhyme singing might have a dual function: helping the young child cope with the traumatic separation and communicating her emotions through the rhyme.

Play’s role is vital in symbolic thinking; Winnicott emphasises that play is a way of thinking (1971). Furthermore, Bion states that the capacity to form symbols depends on grasping the whole object, integrating the splits, and moving towards the depressive position (1953, p.26). The participants talked about the limited capacity of some of the young people’s ability to

engage in play as a result of their traumatic lives, and many of them had external realities that were less than ideal. The moments of musicality described by the participants seemed to create a space for some playfulness, and the young person began to use music symbolically. P2 mentioned a young person in the room making up a rhyme about a lost pencil sharpener, saying, “Come back to your owner”, which resonated with the therapist, making them think about a “lost object” in the baseline of their work. The structure of the rhyme appears to foster playfulness in that moment for the young person.

Erel-Brodsky argues that

Musical reverie brings together the pre-mental and the mental. The therapist's ability to process the experience into α elements will enable the return of emotional movement and the rehabilitation of the psyche, even in barren, dead places. With patients whose bodies experience a severe trauma in dissociation from their mind, the musical reverie might offer a way to connect body and mind, and the pre-symbolic and the symbolic. (2016, p.588).

Anzieu (1995) discusses the importance of holding auditory reflections, supporting the child not only in producing sounds but also in learning to listen to and enjoy them, as well as recognise them as his own. He explains that for ‘echoing’ to take place, the empathic and containing voice of his carers is an indispensable sounding-board to the child's voice: only by being talked to and listened to by those who love him, the child will learn to listen to himself and thus gradually develop an individual identity. He emphasises that this process is also crucial for an individual's future ability to appreciate, perform, and compose music.

The Functions of Musicality in Child Psychotherapy

The interview data revealed therapists' understanding of children's musicality and how they respond to and utilise musicality. In this section, I will discuss the functionality of musicality and its clinical implications.

In her study, Gandz (2023) draws attention to the early stages of psychotherapy with adopted children who experienced traumatic starts in their lives. She argues that in the initial phases of treatment, looked-after children tended to 'be nice'. According to Gandz, this behaviour is a defence mechanism used by children to cope with feelings of abandonment by adults, which is often enacted in therapy. Moreover, Salzberger-Wittenberg (2013) discusses the anxieties that arise at 'beginnings', touching on feelings of fear and loss due to the unknown nature of the situation. She states that when starting a therapeutic relationship, young people may experience a variety of anxieties, leading them to become withdrawn, detached, or only show pleasant aspects of themselves as a way to protect against overwhelming emotions.

It is not uncommon for CAPTs to notice that young people initially tend to be pleasant before bringing the less desirable aspects of themselves into the sessions. P4 talked about a young child; during the early assessment sessions, the child began to sing a nursery rhyme ("Old MacDonald") and lined up all the animals in the therapy box before the animals came to bite and kiss the therapist interchangeably. Perhaps one of the many functions of singing the song at such a moment is being nice before more destructive aspects of the young person emerge in the session. Children who experience early trauma often develop complicated relationships with their caregivers, especially if they are part of the traumatic lives they had. Fagan states that "many 'late-placed' [adopted] children from disturbed backgrounds relied on splitting to

manage overwhelming feelings" (2011, p.132). Therefore, the enactment of previous defences in therapeutic relationships is expected.

Harris (2021) talks about ways of using her soothing voice to work with a young boy who was keeping her at a distance. She reflects, "It was only later on in the work that it seemed to me that words did not matter. [...] Any helpfulness now came from my sounds being like the sort of music that is both soft and steady." (p.210). The clinical discussions with the participants highlighted the importance of using their own musicality in the sessions. P2 and P3 talked about providing musical instruments to some young people who might be unable to make contact otherwise.

P5 discussed another example of the functions of musicality in the sessions. He said he was left to experience the emotional "stuck-ness" of the young person when he played the same tune on repeat for a substantial proportion of the ongoing sessions. Margulis (2013) says the interplay of melodies, rhythms, and harmonies in music can convey and evoke emotions. Repetition and patterns aid in recognition and memory, while most music tends to resolve its theme on the tonic note of the key. Margulis's hypothesis about emotional awakening sheds light on the participant's account of some of the functional aspects of repetitive music.

Blum (2016) emphasises that music is more than humans can understand. This extra quality becomes its strength when we accept it and listen comfortably, which is similar to the experience of psychotherapy, where a lot of emotion and experience drive our thoughts and feelings. He reflects on his year of psychoanalytic psychotherapy with an adolescent using music and musical theories. He highlights his realisation that he had used music in many

ways—for distraction, catharsis, safe storage of emotions for future experiences, or as a way to think and feel with others before the necessary words become available.

The participants talked about the function of children's music in reaching direct emotions in children and utilising the progress in the therapeutic work. The data exhibited examples of the transformative power of musical listening. P5 said,

Although he was trying to let me know about particular aspects of him, but it [a rap song] also showed his great numbness. He would come up with lyrics, and slowly, he did allow me to comment that there was no emotion connected. It let him think about it, and he wrote me in short sections of his rap, allowing me to read and comment on it. He allowed me to know how much he hated his [birth] mother, and how much he was angry with her.

Kennedy (2020) emphasises the relationship between musical and psychoanalytical listening. He explains that “analytic listening is responsive, receptive and affective of the patient's 'music', their underlying communicative musicality and unconscious thoughts and feelings.” (p.141). Nagel (2008) argues that music can help loosen defences as part of its transformative effect.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

In this chapter, I will present my concluding thoughts on this study's findings, analyse the project's strengths and limitations, and review this study's implications for current research, clinical practice, and training in child and adolescent psychoanalytical psychotherapy. I will also provide recommendations for potential further studies.

Strengths and Limitations of the Research

A mix of male and female CAPTs were interviewed. The length of their clinical experience varied, and most were in senior roles in their profession. Their musical backgrounds also varied; some participants had had formal musical training before becoming CAPTs.

The data from the interviews were rich, and the analysis provided valuable information regarding young persons' unconscious communication via music, which sheds light on the importance of musicality to psychoanalytic child psychotherapy.

After the ethical approval was granted, the initial literature review was conducted from January to October 2022. The project's completion was delayed due to the researcher's clinical work and training process. Therefore, another literature search was conducted in July 2024, and the literature review was finalised in August 2024.

The participants discussed young people from all age groups and diverse backgrounds. The population of the clinical cases was broadly reflective of young people seen in CAMHS settings.

The CGT methodology provided a deeper insight into the project topic, supported my understanding of the findings better as a researcher, and made sense of my own experiences of such a complex phenomenon.

The systematic comparisons between observations and categories were evidence of the methodology's credibility. Moreover, the categories offer new ideas, challenge the current concepts and clinical work, and provide insights to expand on them, demonstrating the research's originality. The research's potential to inform the current clinical work indicates its usefulness.

The advertisement for participant recruitment was published in the ACP Bulletin to reach CAPTs from various training schools. It stated that the interviews would be conducted remotely to accommodate CAPTs living outside London and possibly overseas. However, only one participant was recruited through this process. The rest of the recruitment was done within the researcher's trust. The participants had all trained in one of the five training centres across the UK; therefore, the results only reflect the experience of specific CAPTs from one training school.

Conclusions

The healing power of music has been recognised since ancient times and is supported by modern scientific research. However, music's therapeutic benefits are not only overlooked in psychoanalytic child psychotherapy but also in some of the other modalities of psychological therapy. In a recent publication, Clulow (2020), who is a musician as well as a scholar,

discusses the underappreciation of the use of music in couple and family psychoanalysis and highlights the gaps in this field, despite the acknowledged importance of rhythm in infants' and parents' preverbal proto-conversations. We still grapple with understanding the mind without fully grasping the music within us.

In this research study, I aimed to explore how CAPTs understand children's unconscious communications when children use music in psychotherapy sessions and investigate the particular usefulness of musicality in working with traumatised children.

The study's results revealed that children's musicality can go unnoticed by the CAPTs. This was expressed by most participants in their reflection, expressing their surprise when they thought about the cases and realised how much musicality was present. Perhaps linked to this, there was a striking lack of clarity on CAPTs' understanding of what was considered music or musical. Very little literature is available on children's use of musicality in psychoanalytic child psychotherapy. There is growing interest in musicality in the analytic encounter with adult patients as analysts recognise the power of music on the human mind. Nevertheless, most of the existing papers are written by analysts with previous musical training, and many of these papers combine the jargon of musicology and psychoanalysis, which can be intimidating for CAPTs with non-musical backgrounds and could cause therapists to shy away from the topic; therefore, music as a part of everyday life might be overlooked.

The gap in the current literature on child psychotherapy and music as a topic that has not received any focus from the current training schools is the explanation for the lack of clarity in defining music in child psychotherapy, and for the patient's musicality being unnoticed in

therapy sessions. There is a lack of theoretical foundation, and its use in clinical work is still described as “unorthodox” (Harris, 2021). This highlights the need for further research and development in this field.

Moreover, the unnoticed musicality and CAPTs’ uncertainty about its clinical significance in the transference can be confusing, as it can be unclear whether musicality helps or hinders the transference and the countertransference. Nevertheless, despite the lack of focus on this topic in the child psychotherapy literature and research, and its absence in training, the CAPTs interviewed described their view that the musical moments they experienced were informative and significant in therapy.

Another conclusion from the data was that the therapists observed that musicality was often brought into sessions during the final phase of therapy. They described some young people who used music much earlier in their sessions as ‘musical’. The absence of observations regarding the timing of children’s musicality in therapy again highlights the wide gap between the literature and clinical work.

Although the literature available primarily emphasises the positive aspects of musicality in therapy, little is written about music as a defence. The CAPTs’ reflection on their clinical work consisted of examples of the use of musicality to connect and, at times, as a defence. They emphasised the changing functions of musicality in therapeutic sessions, which one needs to track and be aware of, as it can oscillate between having contact and disconnecting. This differs from the views expressed in existing papers and provides a more balanced perspective that

recognises the use of musicality by the young person and its potential usefulness for the therapist.

The primary tool of psychoanalysis is listening (Grassi, 2014; 2021). Unnoticed musicality is a missed opportunity to thoroughly embrace what the young person brings to the session, especially considering that a more traditional interpretive approach may not be possible or accessible for many of these young people. The participants expressed feeling moved by the bravery of young people, who used the containing aspect of musicality to allow their pain to show through. CAPTs are skilled in listening to people whose voices have been unheard and whose pain goes unnoticed.

The Usefulness of Musicality in Working with Traumatized Children

The secondary objective of this project was to investigate the usefulness of musicality in working with highly traumatized children. The results demonstrated that the majority of young people discussed by the CAPTs in the interviews were challenging to engage with. Strikingly, in more than half of the cases discussed by the participants, these children were looked after or placed in special guardianship with their extended family members. These groups of children were described as displaying high needs and vulnerabilities in their chaotic internal and external lives and had experienced the breakdown of placements; their traumatic life events hindered their ability to make use of therapy and build new attachments, at times resulting in these placement breakdowns.

The recent discoveries in neuroscience demonstrate the devastating changes in the brain caused by traumatic life events stemming from adverse childhood experiences. Rose (2004)

emphasises the loss of a sense of *wholeness* of the self in trauma. He explains that the complex mixture of emotions can create an inability to trust one's body and mind, fracturing one's sense of self and destroying two aspects of the ego necessary for self-representation and reintegration. He argues for the "relevance of the illusion provided by music (and art) for the therapy of traumatic stress by enabling the person to recognise and feel what had been unformed and therefore inexpressible" (p.121).

The participants' discussions highlighted that music was sometimes the only way to connect with young people; its structured nature contained the young person, and its use was described as less intrusive. The preverbal aspects of music made it more accessible for the child.

This is especially significant if children have had traumatic life events and where their trust has been betrayed by adults who were meant to protect them, leaving them confused and lost. Their ability to symbolise and mentalise might be affected. The participants' discussions revealed that musicality can serve as a bridge to connect with others and form healthy attachments, or its use can function as a transitional space, fostering reconnecting with and recovering parts of the self.

Recommendations

1. The data demonstrated that children can become more aware of themselves through musicality, especially the less tolerated and understood parts of themselves. Moreover, music is not only the road to free associations and a direct way to the child's true feelings, but it also contains qualities which can help metabolise conflicts, since it is meaningful to the young person as it signifies their sense of self and cultural identity.

With all its richness, a focus on children's musicality should have its place in psychotherapeutic training, so that CAPTs can recognise its value and embed its use in their clinical work.

This can be achieved by emphasising the significance of musicality in child psychotherapy. For instance, providing topic-related key papers during theory and child development seminars in pre-clinical training, acknowledging musicality as a way to the unconscious, and enriching the transference relationship without interference. Incorporating music into child psychotherapy training programs involves moving beyond the narrow definition of music as merely an art form and recognising it as a medium for free association.

Furthermore, CAPTs' observational skills can utilise their ability to tune into children's material and provide avenues to connect with highly traumatised children and those with neurodiversity by adapting techniques. This aligns well with more recent training requirements for Equality, Diversity, and Inclusion seminars within the training course, enhancing CAPTs' understanding of the topic. In addition to this, the focus of the topic in the training could potentially draw attention from CAPTs, resulting in a greater presence of children's musicality in Journal of Child Psychotherapy publications.

2. Further research studies on this topic are necessary, given the significant gap in the existing literature. This project was undertaken to complete a doctorate in child and adolescent psychoanalytic psychotherapy training. Future studies are recommended to give a fuller view of CAPTs' understanding of unconscious communication

when children use music in psychotherapy sessions. The sample group consisted of a mixture of male and female CAPTs, with most of them having musical backgrounds. It would also be helpful to capture the views of CAPTs with no musical background, as music is not always the predominant first career choice for child psychotherapy.

3. Children's musicality can contribute to developing more effective techniques for working with traumatised and neurodiverse children. The current recognition of the importance of a trauma-informed approach, having the voice of the child at the centre of therapeutic interventions and tackling issues of EDI in children's mental health, highlights the significance of further research on traumatised and neurodiverse children and young people as the targeted group in potential future research.

4. Both trauma and developmental delays can leave young people unheard and isolated. The CAPTs' clinical examples included not only the children who had experienced developmental trauma but also those who were neurodivergent. Across the board, CAMHS services are overwhelmed by lengthy waiting lists for therapeutic interventions and diagnostic assessments. Vulnerable young people with a history of trauma or neurodiversity might need the most help, yet do not always manage to receive input from therapy. Musicality has enormous potential to engage this particular group of young people in treatment. Child psychotherapy has a long history of pioneering and implementing new techniques and improving the lives of children. Humans are musical; children's musicality is a way to listen to the unheard voices of young people, where their mentalisation and symbolism might be limited or underdeveloped. It can

spark curiosity, foster thinking, enable new attachments, and promote healing and growth.

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APPENDICES

Appendix 1

List of Acronyms

ACP: Association of Child Psychotherapists

ADHD: Attention Deficit Hyperactivity Disorder

ASD: Autism Spectrum Disorder

CAMHS: Child and Adolescent Mental Health Service

CAPT: Child and Adolescent Psychotherapist

CGT: Constructivist Grounded Theory

EDI : Equality, Diversity and Inclusion

GT: Grounded Theory

NHS: National Health Service

M7: Working with Children, Young People and Families: A Psychoanalytic Observational Approach

M80: Doctorate in Child and Adolescent Psychoanalytic Psychotherapy

RMEA: Recorded Music Expressive Arts

P: Participant

TOPS: Tavistock Outreach Project of Schools

TREC: Tavistock and Portman Trust Research Committee

Appendix 2

The Tavistock and Portman 
 NHS Foundation Trust

Quality Assurance & Enhancement
 Directorate of Education & Training
 Tavistock Centre
 120 Belsize Lane
 London
 NW3 5BA

Tel: 020 8938 2699
 Fax: 020 7447 3837

Gulseren Sonmez
 By Email

21 January 2022

Re: Research Ethics Application

Title: How do child and adolescent psychotherapists understand children's unconscious communications through music?

Dear Gulseren,

I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

The assessor has suggested the following advisory comments for your consideration and I strongly advise that you discuss this with your supervisor in the first instance. Please see extract below:

I wonder what might be included in a term such as musicality. For example, I wondered if a child's/client's speech or silence, and the way they use their body in the room or how they enter and leave the room, could count as musicality. You say, 'Musicality is defined as the quality of having a pleasant sound; melodiousness.' But I wondered if this is rather a restrictive definition of musicality. What about dissonance as a form of musicality? What about musicality that jars and disturbs? I wondered too if the ways in which the therapist and the child speak, move and are silent together might count as musical and or rhythmic at different times.

Please note that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

**Paru Jeram**

Secretary to the Trust Research Degrees Subcommittee

T: 020 938 2699

E: academicquality@tavi-port.nhs.uk

cc. Course Lead, Supervisor, Course Administrator

Appendix 3



The Tavistock and Portman
NHS Foundation Trust

How do child and adolescent psychotherapists understand children's unconscious communications through music?

This is an exciting opportunity for qualified child and adolescent psychotherapists to participate in research, reflecting on and sharing their experiences of children and young people bringing music into psychotherapy sessions. The research is part of the Psychoanalytical Psychotherapy Doctorate course at Tavistock and Portman NHS Trust, which a trainee undertakes as a path to becoming a qualified child and adolescent psychotherapist.

Participation would be based on an interview with the researcher to discuss two or three current or past cases that use music in the sessions. The interviews would be via Zoom and last approximately 60-90 minutes. The time of the interview would be flexible based on the clinicians' availability.

If you are interested in becoming a participant or if you would like to know more about the research, please: GSonmez@Tavi-port.nhs.uk

Gulseren Sonmez

Child and Adolescent Psychotherapist in Doctoral Training

Information Sheet for Participants**How do child and adolescent psychotherapists understand children's unconscious communications through music?**

Thank you for considering participating in my research project. This information sheet provides key facts about the project to help you decide if you are willing to take part.

What is the project about?

This research will be a qualitative exploration of child and adolescent psychotherapists' understanding of children's unconscious communications through music.

I will ask the child and adolescent psychotherapists about their experiences of applied psychoanalytic work.

The findings of this research will contribute to our profession's understanding of meaning-making when communication is through music and inform future practice.

Who is doing the research?

I am conducting this research as part of a Professional Doctorate in Child and Adolescent Psychoanalytic Psychotherapy.

Dr Jocelyn Catty, Professional Doctorate in Child and Adolescent Psychoanalytic Psychotherapy Research Lead, JCatty@tavi-port.nhs.uk, supervises the research.

If you have any concerns about this research project, you can contact Simon Carrington, Head of Academic Governance and Quality Assurance, at academicquality@tavi-port.nhs.uk.

What will taking part involve?

If you agree to participate, I will arrange an interview with you over Zoom. The session will last approximately 90 minutes and can be arranged at a time that suits you. I will use Zoom's record function to record audio and video interviews.

During the interview, I will ask about your experience of children and young people using music in psychotherapy sessions.

I will ask you to sign a consent form to confirm your participation agreement. Before the interview, I will send you a brief prompt sheet to stimulate your thoughts before the interview.

What happens to the data from the interviews?

After the interviews, I will transcribe what was said and use grounded theory as a research method. I will use all of the transcripts to establish themes.

The research will comply with the university's Data Protection Policy. Data confidentiality is subject to legal limitations.

To protect your confidentiality, the transcripts and subsequent writing about the project will not include any names or information that could identify you. My dissertation and any subsequent publications might include direct quotes from the interviews. I will ensure that these cannot be traced to any individual clinician; however, if you were to read any subsequent publications, you might recognise your own words.

No information will be discussed or shared with any other Tavistock and Portman NHS Trust member unless I am concerned about somebody's safety.

If you decide that you would like some or all of your interview data removed from the study, you can withdraw at any time until an agreed-upon date outlined in the consent form.

I will ensure that the data and all related materials are stored securely for the duration of the project. Once the study is complete, the original interview recordings will be permanently deleted.

If you would like to know more about the research, please email me at GSonmez@tavi-port.nhs.uk.

Thank you for your interest in my research.

Gulseren Sonmez

Child and Adolescent Psychotherapist in Doctoral Training

Appendix 5



The Tavistock and Portman
NHS Foundation Trust

Participant Consent Form

How do child and adolescent psychotherapists understand children's unconscious communications through music?

Thank you for agreeing to participate in my research project, which is part of my Professional Doctorate in Child and Adolescent Psychoanalytic Psychotherapy.

By signing this consent form, you are agreeing to take part in a video interview with me to explore your thoughts on children and young people using music in psychotherapy sessions. The findings from this research will be included in a dissertation and may be published.

The decision to take part is entirely your own personal choice. You can withdraw your consent at any time before or during the interview without giving a reason. After the interview, if you wish to withdraw some or all of your data, you can do so up to two weeks after the interview date (after this time, I may have already started to use the data).

As the researcher, I will ensure the following:

- The research complies with the university's Data Protection Policy. Confidentiality of data is subject to legal limitations.
- All of the transcripts and subsequent writing about the project will not include any identifying information or names to protect your confidentiality.
- The data and all related material will be stored securely during the project.
- Once the study is complete, the original interview recordings will be permanently deleted.

Dr Jocelyn Catty, Professional Doctorate in Child and Adolescent Psychotherapy Research Lead, JCatty@tavi-port.nhs.uk, supervises this research.

If you have any concerns about this research project, you can contact Simon Carrington, Head of Academic Governance and Quality Assurance, at academicquality@tavi-port.nhs.uk.

The researcher is Gulseren Sonmez, GSonmez@tavi-port-nhs.uk
Child and Adolescent Psychotherapist in Doctoral Training

Consent

I have read and understood this consent form and the accompanying participant information sheet. I confirm that I agree to participate in the research and understand that I am free to withdraw at any time without needing to provide a reason why.

Print Name:

Signature:

Date:

Appendix 6



The Tavistock and Portman
NHS Foundation Trust

Preparing your thoughts before the interview

How do child and adolescent psychotherapists understand children's unconscious communications through music?

Thank you for agreeing to take part in my research. During the interview, I will ask about your experience with children or young people bringing music to the psychotherapy sessions. This would include singing, rapping, improvising songs, using rhythm, creating sounds and non-verbal rhythms, and talking about a song or musical piece. The interview would take approximately one hour.

Before the interview, you might find it helpful to think about your current and past psychoanalytic caseload. I will ask you to discuss your experience with two to three cases. Before the interview, it might be helpful to consider which of your cases comes most to mind when you think about children using music in the sessions and to think back through your experience of working with them, particularly stand-out moments or vivid impressions from work. I will ask questions about how you understand these patients' transference in sessions and your experience of countertransference when the communication was through music.

Please try not to use the real names of service users and their families. However, if you do accidentally mention a name or something that might identify a particular person, I will disguise this in the interview transcript.

If you have any questions, please email me at GSonmez@tavi-port.nhs.uk.

Gulseren Sonmez

Child and Adolescent Psychotherapist in Doctoral Training

Appendix 7

Interview Questions

How do child and adolescent psychotherapists understand children's unconscious communications through music?

Question 1

What is your experience of working with children and young people who bring music to psychotherapy sessions, and how frequently does this occur in the sessions?

Question 2

What happens when patients bring music to the sessions? Can you think of 2 or 3 cases in which they might use music?

Questions 3

What is your countertransference like when patients bring music into the sessions?

Questions 4

What has the experience been like when traumatised children use music in the session?

Question 5

How has remote working been like for patients using music in sessions?

Appendix 8**Debrief Form****How do child and adolescent psychotherapists understand children's unconscious communications through music?**

Thank you for agreeing to participate in this study. If you have any questions regarding the study or your involvement in the study, please contact:

Researcher: Gulseren Sonmez, Child and Adolescent Psychotherapist in Doctoral Training

Email: GSonmez@tavi-port.nhs.uk

Or

Research Supervisor: Dr Jocelyn Catty, Professional Doctorate in Child and Adolescent Psychotherapy Research Lead

Email: JCatty@tavi-port.nhs.uk

Any concerns about the research's conduct should be reported to Simon Carrington, Head of Academic Governance and Quality Assurance.

Email: academicquality@tavi-port.nhs.uk

Appendix 9

