Music therapy involves a number of approaches related to the concept of time: to the past, the present and to the future. Occasionally, we may find it desirable in therapy to regress to a certain period in the life of the patient from which it is possible to start healthy development. This was the case with Jimmy.

**History**

Jimmy was five years old when his parents brought him to the psychiatric clinic. Bilingual and of a different nationality, they lived in London with their three children, two of whom were older than Jimmy. A baby brother had died two years before from an accident in the home, and although the parents had been very upset, it had not seemed to affect Jimmy.

The parents had brought Jimmy to the clinic because they were increasingly worried by the continuous delay in his speech and his inability to keep up with normal school activities. According to the clinic psychologist's assessment of comprehension and expression, "he uses only single words, sometimes he ceases to understand and suffers from a real blockage."

Jimmy also suffered from motor control problems and incomplete literality. His partial hearing loss was corrected when he was an infant. The psychologist's report also noted Jimmy's negative attitude and withdrawal. "He is unresponsive, often withdrawn, but does not seem to be autistic although he often switches off suddenly, ceases to respond or even to look. He is often self-absorbed in the manipulation of spherical objects."

Although he had not been unwanted, Jimmy had gone through infancy and babyhood without the close maternal relationship crucial to the initial development of a human being. His mother never considered him as a baby and had never played with him. She instead had suffocated him and deprived him of the instinctive spontaneous process through which an infant becomes a child. At the root of her behavior may have been the loss of the infant; she may have refused to see in Jimmy another baby and therefore treated him as an older child ready for conventional teaching and bringing up.

It is also possible that the bilingualism in the home had contributed to the boy's ambivalence and mental confusion. He used words at random and could not recite numbers in numerical order, but instead uttered them in senseless patterns.

The mother would not acknowledge
the effects of bilingualism may have had on his mental confusion. She was highly intelligent, educated and very ambitious for Jimmy. She considered him of above average intelligence and said that all his teachers had underestimated his ability. She had tried her best “to teach” him and to push him — and he had simply withdrawn. Her way of egging the child on had given him a sense of failure and inadequacy.

**Diagnosis**

Jimmy was diagnosed as being mildly mentally retarded and suffering from deep emotional deprivation and an inability to cope with stress.

**Therapeutic Strategy**

The team in charge of Jimmy agreed that the problem had come mostly from the mother and that she would have to undergo a radical change of attitude towards the boy. To address Jimmy’s behavior in specific, the psychiatrist in charge recommended that therapy be directed toward:

- helping Jimmy to regress to infant behavior in order to regain his lost spontaneity;
- encouraging nonverbal self-expression;
- giving him as often as possible freedom of choice;
- fostering his confidence of success and reducing his fear of failure or disapproval;
- eliminating any pressures on him to speak.

Toward this end, the psychiatrist also advised that the work be kept at Jimmy’s emotional and mental level, that only one language — namely French — be used, and finally, that music therapy be instituted.

**The Music Therapy Sessions**

I planned the work in two main periods. In the first period, the boy would develop a sense of trust and freedom from which a one-to-one relationship with me would grow. The mother would not attend the sessions during the first period. The second period, in which the mother would attend the sessions, would be intended to transform her own relationship with Jimmy.

The music therapy sessions took place twice weekly, although they were often interrupted by long intervals when the family went abroad. The sessions were held in my studio, where space, as well as a large selection of musical instruments and therapeutic material — such as instruments specially adapted for the physically handicapped — was available. Rather than those sold as toys, I chose only instruments with a beautiful tone that even an infant could manage: resonators, small tambour, a xylophone, two small hand cymbals, two large orchestral cymbals on a stand, a melodica, and a grand piano. This arrangement particularly pleased the mother, since it did not resemble a clinical situation.

Her entire perception of the music therapy sessions was particularly revealing. She had immense hopes that music would reveal her son’s immense potential. She saw music as an intellectual pursuit, constructed along the same conventional lines in which she herself had learned i.e., solfege, beating time accurately and singing in tune. She therefore looked at these sessions as “music lessons” during which I would discover in the boy some exceptional gift and teach him solidly what she had learnt herself.
The First Period

For at least six months, I sought to provoke Jimmy's babyish, spontaneous and instinctive responses to sound, rhythm and other musical experiences. I also aimed to create a situation in which I played the part of a permissive mother, with teasing games on the floor, physical contacts and vocal noises. In doing so, I would increasingly regress him to infantile pursuits and to early childhood activities far below those of his actual age. As will be seen, he accepted it with joy and a new sense of freedom.

At first, Jimmy was shy, silent and afraid not to behave as he "should." We began by sitting at a table, but when we started to play on the floor where he was totally free, he used the instruments, especially the drum sticks and resonators, as an infant would, i.e., throwing them everywhere without any purpose.

Since he did not mind physical contact, I began a number of games by touching his hands, nose or hair without speaking. Later on, we played more active games, he jumping on my knees, or the both of us rolling on the floor together. He also played at "eating me." This was all done against background recordings of traditional dances containing several simple rhythmical patterns. As is done with deaf children, I tapped these rhythms on his body so that he could unconsciously absorb them. When doing so, I sometimes added a few words to associate the rhythm and the action, e.g., "little feet are little drums." In general, however, I used words scarcely.

The physical activities we shared together brought out an immense and expressive amount of vocal sounds from the boy: shrieks, piercing cries, laughter, giggles, long modulated sounds, all of which expressed pleasure, surprise, joy and challenge. More and more, he was regressing to an irresponsible and spontaneous behavior in which he was able to express infantile feelings. This was to him a complete liberation.

His identification with animals came out in the imitative laryngeal noises he made when imitating a dog, a cat, a cow or a rabbit, although he never imitated a bird.

I also used the psychology of territory, which is vital to any growing being. This special technique consisted of placing on the floor large hoops of different colors, one for each of us, in which we placed the instruments. The hoops marked the boundaries of each territory. Jimmy always chose the red one, settled in it with his instruments and then arranged them in a geometrical shape. After thus establishing territory, we began to play at invading the other's hoop. This ultimately led to sharing and exchanging hoops and instruments. We also used the hoops in dancing, holding them up as a moving territory in which each dancer was separated from the other or was sharing it inside or outside.

Some of the instruments took a life of their own through their special handling. Jimmy had been pathologically absorbed in manipulating spherical objects such as drums, tambours or cymbals. We brought these objects to life by rolling them on the floor, catching or hiding them. This prevented the boy from becoming silently obsessed by them.

Jimmy greatly enjoyed freely producing sounds and his use of silence was remarkable. His favorite instruments were those with a long resonance: chime bars, cymbals, sustained notes on the piano, as opposed to those produced on stringed or wind instruments. He went from a haphazard use of sounds to a better musical structure with certain deliberate musical patterns such as glissandos, repeated notes, or contrasts in speed or pitch. He often accompanied this exploration by unconsciously humming. At first, I left him completely...
free to explore the instruments by himself. I also used recorded folk dances* to move to music.

Once Jimmy became accustomed to and pleased by physical contacts with me, we began holding hands and moving closely together to the music. The movements had to follow the pattern and the speed of the music, and at first Jimmy's movements were very uncontrolled. The element of play and surprise was still an important part of the experience, and when I unexpectedly made him spin at high speed, he shrieked with laughter, very audible in the recordings.

During these games, I walked around and made all kinds of sounds, tapping on the objects around the room, thus giving them life and creating general stimulation. Jimmy imitated me, never destructively hitting the objects and always showing interest in the sounds they produced.

In the middle of these dynamic activities, the emphasis shifted to developing music proper. What had begun as a haphazard and disorderly use of voice and instruments had to become more orderly and controlled — without losing its expressive value. Melody and rhythm had to become purposeful.

Jimmy had already begun to use his voice spontaneously and melodically, covering about one octave. He was now also able to create certain rhythmical patterns vocally or instrumentally. That some of these patterns had acquired a special meaning was obvious when he played dialogues with me based on imitating and repeating of certain patterns. This further stimulated his attention and awareness and helped towards developing his musical identity.

The emotional liberation had also helped Jimmy to increase his motor control, since there was now aim and purpose to his manipulation of objects. He became skillful at striking the resonators in the middle of the bar and judging if the result was satisfactory.

After four months, Jimmy had acquired certain skills, all of which a much younger child could have mastered. He was able to pitch his voice on one or two notes on the resonators, imitate or use spontaneously a rhythmical pattern and express his own choice of whether to play softly or loudly, slowly or quickly.

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The Second Period

After six months, his progress made it possible to invite the mother to attend, to participate and ultimately to teach music herself to her son in a way which was very new to her and which hopefully would change their relationship.

Our customary activities were presented to the mother as a form of "music education." During the first two sessions, I asked her to be a spectator and explained to her the objectives of certain musical techniques, especially those directed toward improving Jimmy's poor sense of rhythm. These required that he first imitate and then remember certain rhythmical patterns we used in movements to music. He had begun to use orderly sequences of melodic sounds, namely the diatonic scale. The mother could easily relate to and use these techniques.

It was interesting to observe the boy's latent obstinacy which emerged as withdrawal or silence when he was asked to play or sing a scale in the right order. This never happened when we worked on a rhythm.

Little by little, I introduced the mother to our movement to music. She watched me carefully and intelligently, and was able to detect a steady progress in the child from one session to the next. I explained to her the significance of the various experiences and how playing a

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*Eight American Dances, at MacMahon, Paxton, London.
duet or answering even a simple musical pattern, for example, helped increase the child's concentration, auditory attention and involvement.

Although she was fully willing to learn intellectually, she began little by little to let herself go, sharing the activities on the floor instead of trying to impart knowledge. She worked with Jimmy on "equal terms," enjoying the pleasure, the laughter and the games. These experiences helped her to relive a period of Jimmy's life in which she had not taken part, creating the kind of child-mother relationship of which he had been deprived. I made it easy for the boy to go from me to his mother during the music making and the dancing; she herself had an excellent sense of rhythm and imitated what she had seen me do with him. Later on, she invented her own steps and her own rhythm on the drums and shared them with Jimmy.

Throughout all this, her attitude towards her son began to change. She played with him as if he were a young child and in so doing, became younger herself. She lost her self-consciousness when playing on the floor and moved together with the boy without inhibition; interestingly, the 3/4 beat seemed to loosen her more than the 2/4. Gradually, the mother began to appreciate that musical behavior is based on freedom well used. The musical techniques we used were those of improvised freedom in which Jimmy would be able to reveal himself. She herself experienced a similar feeling of liberation from her intense sophistication when she began, as we all do with infants, to imitate the spontaneous noises the boy made — to bark or to miaow when the child pretended to be a dog or a cat or made funny noises.

The greatest change in the mother-child relationship came from dancing together or moving to the music. Because the music was wordless, the temptation of speech training was eliminated. She also revealed in music an unexpected sense of humor which she shared with the boy. In the recordings of these sessions, the vast range of Jimmy's vocal noises and his mother's laughter, both spontaneous responses to childish physical activities and the joy of moving together, are clearly evident. The mother had taken over from me at last.

We made much use of the instruments of which Jimmy had acquired some control. At the end of a year, we began to play "trios," Jimmy playing a melodic instrument, the mother a percussion instrument, and I the piano. Some of these atonal improvisations were interesting and quite coherent. Little by little, the trios became duets between mother and child, some of them quite remarkable. The mother enjoyed the technique of "speaking" to the boy by wordlessly communicating with him through the percussion instruments or through clapping hands.

In the meantime, the boy had openly started to assert his independence from his mother by forcibly shouting "yes" or "no." He also began to sing to himself clearly and pleasantly when he was playing on an instrument or dancing.

The sheer uninhibited pleasure of the sessions helped the mother to forget her intellectual attitude toward music. She began to believe in this method as the right way to give music to a young child, and I kept more and more in the background in order to leave her in charge. I had many discussions with her about returning to her own country and teaching him herself with similar techniques.

**Conclusion**

At the end of 18 months, the goal of music therapy for Jimmy had been achieved. Music used as a means of communication had brought out of
mother and child results beyond those of musical development alone.

The mother experienced a remarkable change in attitude toward her son. She had learned to respect his freedom of choice and to help him to assert himself. She no longer sought to mold him according to her standards or desires. Much had been healed by music used as a means of communication and physical contact through which a mother can "feel" her child.

The mother's attitude towards music had also changed greatly. She could now see in music a liberating form of expression and pleasure, a far move from the rigid fetters of the musical education she herself had received. Furthermore, from our serious talks about the music used in therapy, her child's progress and his future, she had discovered how music could help Jimmy to develop.

Finally, the regressive process brought about dramatic changes in Jimmy's behavior, increasing his development to that of his real age. He was now ready to benefit from music applied nonconventionally at his own age level. His special school was able to provide it and good reports have reached me from time to time.

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