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“What is Essential is Invisible to the Eye” – A Music Therapy Tale of a Young Woman with Visual Impairment

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Abstract

This article describes the case of Maria, a young woman with visual impairment and mild learning difficulties, whose involvement in music therapy helped her develop an understanding of the importance of music for her personal life. Whereas in the sessions her verbal comments about herself were very negative to start with, focusing on her back pains and everyday problems caused by her visual impairment, her singing brought to light a gifted musical personality in the course of therapy who felt strongly about her musicality. During a period of one and a half years of individual music therapy sessions at a creative day centre for people with disabilities, Maria developed a strong sense of confidence in her musical abilities, which made her believe more in herself as a musician. The joy of music making and singing as well as the interpersonal therapeutic relationship based on mutual trust and respect made her focus away from perceiving herself as ‘disabled’ and engage in searching for a new musical identity. The case study summarises this process and explains how Maria was helped by temporarily ‘stepping out’ of the boundaries of therapy in order to communicate her musical skills to a wider community at the annual summer concerts where she could ‘try out’ this new identity.

The case of Maria shall further be used to reflect on how disabled people in Greece can find support at local creative day centres, which are essential infrastructural support facilities that contribute to their care and wellbeing locally. I shall also argue that music therapy is an ideal therapeutic intervention for such settings, as it is able to address individual needs of programme attendees, focusing its therapeutic interventions on a person’s existing and at first glance ‘invisible’ hidden possibilities and talents. This essentially humanistic

therapeutic approach employed by the author and described below, shall be exemplified by employing examples of the wisdom of the ‘Little Prince’ by Saint-Exupéry, by which we can further highlight the essence of Maria’s positive therapeutic journey in music.

Keywords: case study, individual music therapy, visual impairment, disability, singing, performance, community music therapy

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Introduction

"I should have liked to start this story like a fairy tale" (p. 22)¹

The following case study introduces Maria², a twenty-six year old woman with mild learning disabilities and visual impairment, with whom I have had twenty-nine half-an-hour individual music therapy sessions over a period of one and a half years. It is an attempt to describe this young woman's journey in music therapy and to combine it with the ever relevant allegory of Saint-Exupéry's *The Little Prince* which was written in 1943. The story of *The Little Prince* has been used to provide insights to Maria's progress within therapy and to illustrate more visually the quality of our human encounter and process within music therapy³. Generally speaking, when writing a case study, it "[...] not only gives [our experiences as therapists] distance and dignity but in addition provides a form for the slow unfolding of a myth" (Higgins 1993: 5). Every case study is in fact a story in its own right. It is a subjectively coloured reconstruction and interpretation of the key moments in therapy, in the light of the therapist's personal theoretical-philosophical background, organised into a specific structural frame or form. When writing or 'creating' case studies we are often inspired by external stories or myths that give our subjective argument a more solid foundation or objective grounding. What we often disregard is that the external sources used as a means of 'triangulation' for our subjective data also have personal stories of their own. In the words of Leslie Bunt: "It is not just about telling the stories of our patients and clients. We have our own stories that can and need to be told" (Bunt 2004: 1).

The Little Prince has inspired me once before to a different case study when training as a music therapist with Leslie Bunt in Bristol, England (see Dauber 2003). My then clinical tutor, Jeanette Morrison, introduced me to the idea of *The Little Prince* as a highly relevant metaphor for therapy, where one could study the approach adopted by the therapist for his clients. This for me is ultimately a humanistic approach by which an equally authentic relationship, not according to roles, but to the therapist's attitude, can be established. When working with people with various forms of

disability, our clients need this sense of equality as a basis for establishing trust and acceptance.

In the following case study, the story of *The Little Prince* shall be 'told' once more in a different context, shedding light on Maria's visual impairment and aspects of disability. *The Little Prince* proposes my therapeutic stance: what is essential is invisible to the eye. Music therapy is really a way to make audible what cannot be seen. As a therapeutic approach and essentially a very intimate interpersonal encounter, it is never 'blind' to a person's essential needs and abilities. More specifically, the current case study portrays how Maria, through being affirmed in her natural musical talents, could find a way of expressing herself in a more whole and fulfilled way.

Looking beyond disability

"The source of their beauty cannot be seen!" (p. 89)

The word 'blindness' that is linked to the phenomenon of a visual impairment could also be used to symbolically describe the general 'blindness' on the part of society to see and understand the real needs of people with learning disabilities, be it on the emotional, communicational, or psycho-social level. This shall be further explored below in the case of Maria. Even today, speaking from my own personal experience, at the beginning of the 21st century, it seems that many people still only see the pathology of people with special needs. Local authorities in Greece seem to exclude and negate the healthy and creative parts of these people by not providing enough support structures and specialised programmes providing educational and therapeutic services, as if, in the words of the Little Prince, "the source of their beauty cannot be seen!" Examples such as those outlined in an article by Bertolami and Martin (2002), where they describe their work in the USA with visually impaired and multi-handicapped children as part of an interdisciplinary team with multiple professionals involved, provide us with valuable information as to how other countries have managed to successfully develop specialised services for groups such as the visually impaired. There they work "collaboratively to create individualised educational programs that help each student to maximize his or her abilities and potential" (see Bertolami & Martin 2002: 1).

Before describing in more detail the case of Maria and the difficulties she encounters daily, it is crucial to begin by understanding the meaning of the term 'disability', so as to be able to pinpoint where musical therapeutic interventions should be

¹ All quotations preceding the section headings refer to Saint-Exupéry's *The Little Prince* (1995).

² The name of the person has been changed for reasons of confidentiality.

³ The story of *The Little Prince* has been added to the original manuscript of my talk held at the first conference of ESPeM, 13 December 2008.

aimed. Disability is a general term, the meaning of which has shifted over time from describing only dysfunctions of the human body to include also the social, political and legal implications that are involved in this. A recent definition of the World Health Organisation (WHO) reads:

“Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action, while participation restriction is a problem experienced by an individual in his/her involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives” (WHO 2010: para. 1).

More specifically, what does disability mean for Maria and how do these various factors influence her health and wellbeing? Due to an atrophy of the optical nerve Maria has suffered a severe loss of vision as from birth. Also, as a result of her blindness, she has encountered many everyday obstacles in relation to education, participation in the social life of her local community and the behaviour of others towards her. In the sessions she has often talked about the lack of specialised local education programmes for the blind and has described the disadvantage of not being able to fully participate in social activities, since she lacks the common sensory experiences of the rest. The American National Dissemination Center for Children with Disabilities explains:

“A young child with visual impairments has little reason to explore interesting objects in the environment and, thus, may miss opportunities to have experiences and to learn. This lack of exploration may continue until learning becomes motivating or until intervention begins. Because the child cannot see parents or peers, he or she may be unable to imitate social behavior or understand nonverbal cues. Visual handicaps can create obstacles to a growing child’s independence” (NICHCY 2004: 2).

Indeed, Maria needs help with various everyday routines and activities i.e., transport to the day centre and moving around the premises, which reduces her level of independence. Her blindness is compounded by chronic disc pains in her lower back which occur periodically and limit her activity levels. Her greatest source of emotional frustration however is the reaction of her social environment

towards her particular form of disability, which makes her understand what it means to be ‘different’ and withstand social rejection as a result of it.

Even at her local day centre, which is attended by people with various forms of disabilities, it is not easy for her to form relationships. She generally believes that others are unable to understand her anyway and that they could be making fun of her. The activities the centre offers do not seem to meet her needs. She states this clearly in the sessions when describing how she has become tired of the way her group is mainly being occupied through puzzles and craft activities. From Maria’s comments it seems that she feels isolated and wishes for additional social activities and contacts, which are hard to come by. This makes her feel lonely and unwilling to participate in such environment. Occasionally she speaks about stopping to come to the day centre altogether. She is referred to music therapy by the director of the programme in the hope that music therapy will provide a new way of meeting Maria’s individual needs. In fact music therapy is one of the few therapeutic interventions being offered to the attendees of the day programme. Others include occupational therapy, speech therapy and physiotherapy. The centre also hosts a separate music group, not run by a music therapist, in which Maria has participated in the past. Interestingly enough, the music therapy sessions are held in the same large multi-purpose rooms where her group is being occupied with various activities throughout the mornings of the week. The music therapy sessions provide an opportunity for Maria to experience anew the very familiar setting of the day centre, which she has attended for years. Now in contrast, she will be involved in individual work rather than seeing herself only as part of a large group with the well known routines of daily craft activities.

At this point, two new concepts shall be introduced, that of the ‘secondary handicap’ and that of a person’s ‘internal quality of life’. The secondary handicap is an unconscious emotional reaction of people with disabilities to their primary handicap, which leads them to a defensive and regressive behaviour that overemphasises the difficulties (see Sinason 1992). It is clear that this way of perceiving one’s own problem areas may interact negatively with a person’s psychological health and quality of life. In accordance with the concept of a person’s ‘internal quality of life’, according to the influential Norwegian psychologist Siri Naess (1987), his personal quality of life is good when he / she:

- is socially active;
- has good interpersonal relationships;

- has self-esteem and self-confidence;
- feels safe and happy, considers life beautiful (see Nakou 2001).

According to the aforementioned concepts, which the music therapist Even Ruud has summarised as awareness of feelings, agency, belonging and meaning (Ruud 1997), and judging from some of Maria's comments to me, such as "nobody understands me", "everyone is making fun of me", "psychologically I'm not well", or "I cannot sleep at night", it seems that she perceives her quality of life as rather low. It is obvious to me from the start that the therapeutic goals of our music therapy work can do nothing to directly address her bodily pains or pathology, but in contrast must centre on the aspects of her secondary handicap and the problems that have directly influenced Maria's internal quality of life, which are:

- dependence on others/ feeling weak and passive;
- loneliness and lack of social contacts;
- anxiety about her bodily condition/ pains/ aches;
- insecurity/ lack of hope for the future.

Establishing ties with Maria

"One can only understand the things one tames" (p. 78)

In the initial process of getting to know Maria, assessing her needs and coming up with a therapeutic strategy to address them, the main goal is to establish meaningful points of contact through which our musical-therapeutic relationship can develop. In Gestalt terms, the self has been described by Perls, Hefferline and Goodman (see Parlett 1991: 75) as "the system of contacts at any moment" and "the contact boundary at work". Where two individuals meet, as is the case in a therapeutic one to one situation, there are bound to be contacts as a result of communication on a verbal and non-verbal level. This communicative process creates a shared field [of experience], which is mutually constructed (see Parlett 1991: 75). Hodges (see Parlett 1991: 76) states that "contact organises the field" and the shared reality, the relationship, begins to take shape. In our case, points of contact were created through words and music, songs and verbal discussions, but first and foremost through the use of Maria's voice.

Maria is ready from the start to embrace the new musical-personal interaction that music therapy has to offer her. Two main factors play a role in this: firstly, her obvious musicality, her fine voice and her past musical experiences as a member of a local choir, allow her to open herself to a process where she can express and communicate herself through

music. Through acting out her creativity and artistic nature, she affirms herself as a human being that engages in meaningful social activity in a familiar community setting, and is able to explore her feelings about herself, aspects of her disability and her social environment.

Three main phases of therapy can be distinguished and shall be described below, using the three musical concepts of listening, singing and performing, while summing up the focus of each particular phase. In the following, the parable of the Little Prince's encounter with a fox shall be used to illustrate the initial stage of how music is used to establish contact with Maria and how the ground is prepared for establishing a trusting relationship in therapy.

A) Listening

In the story, the fox says to the Little Prince: "I beg of you... tame me" which, as he explains, means "to establish ties". "One can only understand the things one tames" the fox added. "What should I do?" asked the Little Prince. "You must be very patient" was the reply. "First, you will sit down at a little distance from me, and I shall watch you out of the little corner of my eye" (St. Exupéry 1995: 76-78ff).

In my own experience as a music therapist, it is vital that we spend enough time exploring and listening carefully to the personal story of anyone we work with in any given situation, before making overarching assumptions, so as to establish where our interventions should be aimed at and how. What are the real needs of this person and how can I assist in meeting these needs? We also need to allow time for a relationship to evolve and trust to be established, since clients are often following the process "out of the little corner" of their eye, as it were, before being able to open up.

In the initial music therapy sessions, Maria needs to feel safe so as to understand how we use music as a means of personal expression. It is essential for Maria to provide structure and a sense of familiarity. It is difficult for her to engage in free musical improvisation, because this is unknown to her and she feels very uncomfortable. She is reluctant to try out new ways of playing music and using the percussion instruments at our disposal to produce her own sounds, without foreseeing what is going to happen next. Also, there have been a lot of disruptions in the initial therapy process due to her absences and the fact that she was going to be operated on her back. Listening more to her needs and to what she really identifies with at this first stage of therapy, it has become obvious that the bridge to her internal world, which would create the major point of contact in our following therapeutic

process, is Maria's voice and the field of songs. This is also the area that will help Maria reach out to her social environment and to help her in her search for a social identity. As Welch (2005: 245) puts it: "Voice is an essential aspect of our human identity: of who we are, how we feel, how we communicate, and how other people experience us".

Despite the fact that Maria is able to express herself easily on a verbal level and able to discuss her mainly negative emotions, the use of her singing voice becomes the main vehicle to establish contact and to have a positive experience of the self. I also encourage her to access other positive emotions and thus avoid the emotional pain of focusing solely on her difficulties in life. She begins to find the words to describe some of her real needs as well as her hopes and dreams for the future.

As Turry points out in a very similar case study to this with a client also called Maria⁴, "it is the therapist's challenge and our responsibility to differentiate needs and explore motivations, both conscious and unconscious, for accompanying a client on this journey" (Turry 2005: 6). Consciously, I want to provide her with a space for finding her voice and express repressed negative feelings. I feel moved by her story and her passion about contemporary Greek song, an area that interests me and about which I am open to learn from her. Unconsciously, I also need to be heard and recognised as a professional in a country where official state recognition of music therapy is non-existent. This work constituted a pilot project where a new discipline was introduced into an existing setting, focusing on individual work rather than group work, as happened in most of the other activities at the centre (compare Austin 2005: 2). It seems that the musical form of songs and the use of an existing repertoire has provided us both with an ideal means of feeling mutually accepted, a means that is both safe enough to hold difficult feelings and is socially acknowledged even when heard from outside the therapy room.

B) Singing

I have quickly come to realise that Maria possesses solid knowledge of the history as well as a whole range of contemporary and traditional Greek songs, with which she strongly identifies. In fact she seems to live in a world of musical memories, of lyrics and melodies. Ruud explains (1997: 93): "[i]dentification with historical music gives us a sense of belonging to a larger historical narrative",

something which has obviously helped Maria to feel part of her socio-cultural environment. Through her musicality she also has an excellent sense for vocal expression and performance of the songs. However, at the same time, Maria is very reserved and self-critical in relation to her own voice. Often she only sings very softly and can hardly be heard. Despite all this, the use of her voice in music therapy becomes the main means of introducing and working on personal issues. The issues that count most for her are death, loneliness, the meaning of life and personal freedom. All have a very existential dimension to them. In verbal psychotherapy, Irvin Yalom describes these themes as main focus points in his *Existential Psychotherapy*, which claims that the inner conflict that we suffer from can in part be explained by the struggle with the dimensions of being (Yalom 2004). The dimensions of being that Maria has to struggle with on a daily basis, especially due to her disabilities, are reinforced primarily by the social exclusion and prejudices of her local community. It is in the symbolic world of the Greek songs, traditional songs, but also modern folk songs and repertoire from Greek post-war movies, where she can find ways of approaching and explaining her inner pain of being and where the turmoil of a human soul can be expressed. This is her way of finding personal meaning in life, within the given context of contemporary Greek society.

The therapy evolves mainly as a process of musical accompaniment. I usually accompany her musically on the guitar, and she sings along. This music is partly improvised or of a flexible structure, such as the case when I vocally welcome and say goodbye to her by using her name, to which she usually replies with her own voice. But mostly, we choose various songs by her favourite contemporary Greek composers, or folk songs that Maria usually suggests. Often this means for me as someone coming from outside her cultural setting, having to find the relevant lyrics to work with. In other words, Maria is teaching me how to use, play and understand her musical cultural heritage.

"In music therapy it is a humbling experience to provide a musical accompaniment to children and adults as they begin to narrate their stories in sounds and music. We can begin to know and study their personal songs and anticipate with them as the musical relationship evolves. We can work to find the kind of accompaniment that is most fitting to each clinical situation" (Bunt & Hoskyns 2002: 206).

Given her knowledge of Greek song repertoire and her passion for singing songs in our sessions, accompaniment in this way seems to be the most

⁴ This is a coincidence as his client's real name is Maria, whereas in this case study the name Maria has been chosen randomly.

relevant form of being together in music. I am largely ‘blind’ to the relevant cultural repertoire, but can provide her with the relevant harmonic, rhythmic and melodic structures of Western music, my own cultural musical heritage, on which the more contemporary Greek songs are based. This way, I provide her with a ‘sound base’ of musical accompaniment, where we need each other to perform and fill the songs with meaning and expression, many of which are a mixture of Greek and Western culture. “This property of music to act as an accompaniment yet enabling the players to feel both supported and free to explore is one of the great gifts of music therapy” (see Bunt & Hoskyns 2002: 206). The musical accompaniment supports Maria in using her voice and gives her the freedom to experiment with it. What happens as a result of this can be summed up in the words of St. Exupéry (1995: 92): “*Can you hear? [...] We have awakened the well and it is singing...*”

In the beginning, she has felt vulnerable singing. She often sounds fragile and needs room to just be heard, not judged. Maria is very conscious of musical inaccuracies and often does not trust her own body to support her voice well enough. The focus on her health issues, especially the chronic back pain she suffers and always focuses on in discussion, adversely affects freeing up her vocal expressive range. Her voice seems to come more from her chest and is ‘airy’ and not well supported to start with. However, for Maria a process has started which takes the focus away from the negative feelings she used to pay much attention to. Through contact in music and vocal expression it seems that we can best address her therapeutic goals, namely:

- 1) increase her self-confidence;
- 2) improve her ability for social communication;
- 3) be able to take more initiatives in her life;
- 4) feel useful and engaged in something meaningful to her.

C) Performing

“I can judge myself anywhere. I do not have to live here” (p. 46)

As the music therapy sessions approach the end of year one, I have come to understand with the help of my supervisor, that the therapeutic language I am using with Maria as well as certain musical techniques to help her overcome aspects of her ‘secondary handicap’, seem not to provide Maria with enough opportunities to attain the social acknowledgement of her musical talent as a singer and musician, which she feels strongly about. Therefore we have decided together to take part in

the day centre’s open summer event where we wanted to present to a wider audience, a song of her choice with voice and guitar accompaniment. In fact, the annual summer concert of the centre is an important social event for staff, parents and programme attendees to get together and celebrate each other and the various achievements of the different programmes involved with exhibitions and theatrical and musical performances for everyone to join in. With Maria we arranged to contribute a song to the event at the end of the first year’s therapeutic journey, before breaking for summer vacations. This happens following an invitation of the programme’s director who, knowing about Maria’s musical talent, wants to give her an opportunity to perform in front of everyone. At the same time, she also aims to highlight the existence of music therapy at the centre. I have agreed to this proposal in the hope that I can assist her in the pursuit of a musical-social identity as an artist beyond that of a therapy client.

The following quotation is from Turry (2005), but summarises to the point what Maria seems to experience during the performance at the summer concert:

“Maria was animated with energy and enthusiasm during her performance and received feedback from audience members that they were moved by what she shared. She had felt isolated and unable to convey to others what she was going through. Now she felt she had a way to communicate and emotionally connect to others about her experience” (Turry 2005: 6).

It seems that Maria has passed through “three sound spaces of communication” (Pederson 2002: 200). These spaces refer to three levels of experiencing one’s own voice in a ‘private space’, a ‘social space’ and an ‘omnipotent space’. Maria’s initial knowledge of Greek songs that she acquired in her private space when, for example, listening to songs on TV, radio or CD, now becomes an integral part of our music therapy work. By that, it enters a social sound space where her songs and voice can be heard by someone from outside her family circle. At this stage, she is about to move on to the next space, the omnipotent sound space, where she would have the soloist role singing out her song to a wider social audience (see Pederson 2002: 200). Our initial mutual musical performances have now become public musical performances. Another way of describing Maria’s vocal performance as a developmental phenomenon and personal achievement is the following: “As the human develops social awareness and communicative vocal skills, there is shift from

communication that is biased towards the *intra-personal* to the possibilities of *inter-personal* communication in singing” (Welch 2005: 249).

Performing music, in fact, demands a “range of complex and interactive skills. They require cognitive, perceptual, and action processes” (see Davidson 2005: 216). In performance theory it is said that “the body plays an integral role in musical performance. The performer has three representations of the work: the ideal or goal, the actual skills involved in the production, and the performance as it unfurls. We have discovered that in the performance the expression of the musical sounds and the social intentions of the performer in context are integrated in the bodily production” (Davidson 2005: 232). This means that Maria not only profits psychologically from positive performance experiences in terms of acknowledgment and praise, but also develops emotional, cognitive and bodily strategies where the state of Maria’s wellbeing is generally positively influenced through public performances of the self. This increases her confidence not only in her singing and her whole body, but also her community as a whole.

“This natural performance dimension in music therapy has led David Aldridge (1996, 2001) to suggest that personal identity, health, and music are all performed phenomena, and that what we witness in music therapy are ‘health performances’ through musical performances. [...] Illness (especially chronic illness – whether physical or psychological) can be seen then as a ‘failing performance’ of health. [...] An intervention such as music therapy is then a way of promoting and retaining, as well as actively working on, the ‘performance of the self’ (Ansdell & Pavlicevic 2005: 202f).

This performance experience is now a part of our therapeutic history, but unlike Maria in Turry’s case study, it has not become a vital part of the therapy process in the sense that performances were frequently re-generated and worked through systematically (see Turry 2005). More accurately, it has signalled to me the end of a year in therapy with ‘opening a window’ onto ‘therapy’ to the outside local community, letting them to some extent take part in what we did in ‘isolation’ over the year. At the time, I have been less conscious about the various levels involved in moving with Maria from therapy into a more public space. It is true that some of Turry’s following critical questions have also accompanied my work with Maria:

“In telling Maria’s story I am also telling my story. In sharing the songs from therapy, Maria shares my music as well. Her success reflects on my professional standing. Could these benefits influence me to further encourage Maria, either consciously or unconsciously, to do something that may not be helpful to her? Who benefits from this? These were complicated and important questions I had to explore as the work continued to evolve” (Turry 2005: 13).

However, I have never been afraid of violating therapeutic principles due to the timing of the event at the end of the year and the expectation on part of the day centre to contribute actively to this event. As stated above, I have been aware of the need to present my music therapy work to the outside community, but this was invited and reinforced by the head of the day programme. Also, unlike Turry’s case, we have not been performing our own musical material from the sessions, but performed only one song that we have touched upon at some point during the year, without really thoroughly rehearsing it before. The song does not feel intimate material either to me or Maria, and as a known song it is neutral whilst at the same time acquiring a unique personal note through interpretation in the moment. The song provides a common denominator for everyone and enables the audience to focus more on who is performing, how exactly it is being performed and with what expression.

As a way of answering the above questions about the function and place of performance in therapy, I have decided to follow more consciously the philosophy of Community Music Therapy (CMT), a social music therapy approach. By so doing, I tried to give my work a more thorough theoretical frame, implementing some of its main concepts in our work with Maria. “Community Music Therapy is an approach to working musically with people in context: acknowledging the social and cultural factors of their health, illness, relationships and musics” (Ansdell 2003: 3). Ansdell describes one of the aims of CMT in an early working definition of this model that will be relevant here as “to help clients access a variety of musical situations, and to accompany them as they move between ‘therapy’ and wider social contexts of musicing”⁵ (Ansdell 2003: 3). From this follows that whenever a music therapist can see the ‘therapeutic value’ of a client’s involvement in public performance, this can be integrated within a client’s therapeutic goals (see Ansdell 2003: 11), and the process of preparing together for such an occasion acquires a specific therapeutic function.

⁵ For a more detailed discussion on the concepts of ‘musics’ and ‘musicing’ see Stige (2002: 79ff).

After the public performance and a two month summer break, we have continued also through year two to work with songs. Maria's comments about herself have become more positive throughout the year and she comments less on her health problems. She feels much more motivated to work with me and brings in new songs for me to learn more often. On my part, I choose material more consciously paying special attention to the lyrics as a basis for discussion and for working through different emotional states. In general, our relationship has become much more equal and we recognise and appreciate each other's musical and personal qualities. It is fair to say that this is the result of the overall developing longer-term therapeutic relationship of which the public performance has been a part, rather than trying to isolate this event and assess the relative effect this may have on the process of therapy. We continue to perform to each other in the weekly sessions, sharing our cultural musical heritage and also discussing differences and similarities. She becomes curious to also hear some songs of my cultural background and I play and sing them to her. Ruud suggests that

“[c]ultural performance is linked to the individual's situatedness, a way of perceiving and giving meaning to the world informed by a certain perspective. And this perspective is rooted in the private life-world of the person” (Ruud 1997: 90).

Music therapy as a discipline is sensitive to these social and cultural aspects of a person's health and is in a position to integrate existing musical experiences from a person's past that are meaningful for the person's everyday life. A music therapist can carefully elicit and subsequently work with this musical and personal material in a flexible creative way that may invest a musical contact with meaning at any given moment.

The initial idea of CMT is “to follow the life of music: what music does, where music leads” (Ansdell 2003: 11). Maria's music, her singing, and her personal way of expressing the feelings that underlie each song, have led us to a process of getting to know each other better. The songs are essentially open invitations for personal interpretation and emotional investment. Through the process of giving life to ‘lifeless’ lyrics of Greek songs of forty-odd years ago, I have also come to a deeper understanding of the social role and symbolic meaning of songs for Maria and her attempt for communicating her psycho-social needs not only to me, but also the wider community. She has always felt intrinsically part of her community and has tried by all means to assume an active social role within it. With Maria we have eventually

taken part in another open summer event at the end of year two of the therapy. To perform publicly seems a way for her to ‘pay back’ some of the emotional support she has received over the years in her everyday struggle, by employing the cultural treasure of her country's musical heritage and through being involved in music.

Towards the end of year two, I have proposed to also start recording some of the songs that we have been singing together over the past two years. The aim of this for her is to be able to take the recording away with her at the end of the therapy course in the form of a CD, which she can share with anyone she likes. At this point in time, she has announced to me her wish to finally quit the centre at the end of the year and not to take part in any more activities whatsoever. We can now listen to a recording of a song⁶ that was subsequently performed at the summer concert in 2008, our last meeting, which also indicated the end of the therapy process. It is recorded in the multi-purpose room used for our individual music therapy sessions a couple of weeks before the performance. We can hear Maria's characteristic voice with guitar accompaniment and the second voice of the therapist which supports her singing. It needs to be stressed that the recording represents some of the original expression that was given to this song as a result of a present moment in the 28th music therapy session and does not constitute a rehearsed musical piece or product. Maria has given her consent for her recording to be displayed here. When listening to the lyrics, it is very interesting to pay attention to the meaning portrayed in them. We can see how symbolic they are of Maria's personal situation and feeling world, something that is certainly no coincidence when we consider that she decided to sing them out to a wider audience.

The song's lyrics express pain, sadness, anger and a yearning for a different reality, all of which sum up personal aspects of Maria's life as discussed above. Here we can see how music therapy allows negative feelings to be expressed and acknowledged within a creative musical process, but also how they can be transformed into positive feelings through the satisfaction of one's personal involvement and initiative.

⁶ The audio recording is available at the online Appendix of *Approaches*, Special Issue 2011: <http://approaches.primarymusic.gr>. Written authorisation has been attained from Maria and her mother to publish this case study and recording.

The moon lost

(Translated in English by the author)
 Lyrics: Goufas Vaggeli, Music: Xarchakos Stavros

The sun's light extinct
 The moon lost
 Gone the young man
 My secret yearning and longing

Walking on stony ground
 I could breathe his blood
 But now I wait no more
 For he whom I love was murdered

My secret yearning and longing
 The night envelops him
 My voice is closing up
 My pain became my brother

Below are the original song lyrics in Greek:

Χάθηκε το φεγγάρι

Στίχοι: Γκούφας Βαγγέλι, Μουσική: Ξαρχάκος Σταύρος

Του ήλιου σβήστηκε το φως
 εχάθη το φεγγάρι
 και πάει το παλικάρι
 καημός και πόθος μου κρυφός

Πέτρα την πέτρα περπατώ
 το αίμα του ανασαίνω
 και πια δεν περιμένω
 που σκότωσαν 'τόν π' αγαπώ

Καημός και πόθος μου κρυφός
 η νύκτα τον τυλίγει
 και την φωνή μου κλείνει
 ο πόνος μου 'γινε αδελφός

Epilogue

“Six years have already gone by... I have never before told this story” (p. 106)

More than six years have gone by since I was first reminded of the deeper meaning for therapy embodied in St. Exupéry's timeless fable. The meaning of this may change over time especially with respect to the different situations that we apply aspects of this story. It is like working with someone in therapy or even writing a case study in which we not only unfold a myth, but at the same time offer new meaning to the myth unfolded. To put it differently, as therapists, we have a particular way of interpreting therapeutic processes and events in any given setting, based on our specific theoretical framework and practical experience.

However, when assuming a distance from our initial personal thoughts and clinical judgements we may realise either as a result of clinical supervision, peer supervision or through using other sources of inspiration, that our view of any therapy case can assume new meaning and thus enrich our initial preconceived ideas and/or theories.

In the case of Maria, any preconceptions had to be overcome before working more fully and realistically with the whole person or even better, with the creative aspects of the person. Carefully creating meaningful points of contact through music and song as well as listening carefully to her needs and reinforcing her creative and musical abilities, led us to a truly therapeutic conception of what promoting health meant for her: to keep the negative effects of her secondary handicap at bay and to improve her quality of life. This meant that 1) music gave rise to feelings of vitality and awareness of feelings through the use of song and vocal expression, 2) music provided her with opportunities for an increased sense of agency, 3) music-making provided her with a sense of belonging and communality, and 4) the experiences of music created a sense of meaning and coherence in life (see also Ruud 1997).

Maria's involvement in music therapy clearly increased her self-confidence and strengthened her sense of identity. It helped her to openly communicate her worries and negative feelings about herself and her social environment. She has taken various initiatives in the process of therapy where she clearly expressed her needs and wishes verbally, but also non-verbally through words, music and song. Throughout this meaningful musical interpersonal process, but also through our public musical performances, Maria was given opportunities to feel and be useful, something which will contribute strongly to a more fulfilled personal outlook on life. Music therapy has brought to light new possibilities and hopes for Maria's personal social integration beyond disability and an increased ability for social participation through music.

Two years later, I have just met Maria, now twenty-nine years old, at her mother's house, to gain permission for publication of her material in this journal. Before that, I had seen her at this year's summer concert of the same day centre, playing the keyboard and from there directing a musical choir of disabled people. I was amazed and afterwards asked her about it. She replied that after a year of dropping out of the day centre's activities, she has been given the opportunity on a voluntary basis to teach music to a group of disabled a morning each week. She described how she has finally found a way of using her musical knowledge so that others could benefit. She is now dreaming of a career in music as a local music teacher!

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