

ARTICLE

A clinical case study: Music therapy for an Ultra-Orthodox child with behavioural difficulties and developmental gaps

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ABSTRACT

This study deals with Josh, a five-year-old Israeli child, within the Ultra-Orthodox community. Josh (pseudonym), was referred for music therapy for his non-age-compatible development and difficulties with emotional self-regulation. Josh's emotional-behavioural expressions were experienced as contradictory to Ultra-Orthodox socio-cultural conventions. Both Josh's family and community were reluctant to contain his difficulties. As a non-Ultra-Orthodox music therapist, the intercultural therapeutic process brought to light essential questions about my role in treating Josh. One such question was whether to help Josh reveal his genuine colourful character, contrary to conventions of his community or alternatively, help him cope with the demands of his conservative rigid community? During the therapeutic process, Josh's mother expressed difficulty in accepting his character, which I experienced as indicating a form of rejection. This experience appeared to leave Josh fearful of being abandoned by his mother and wishing for an attachment with someone who would understand and accept him. During sessions we played, improvised, sang and created an experience of togetherness. Subsequently, Josh felt himself at ease to express his colourful character. Thus, the child who began with an immature self-expression developed coherent regulated self-expression through voice, recordings, improvisations and communicative musicality. Therapeutic engagement that did not seek to "fix" him, but rather to contain and accept him, led Josh to adopt more effective behavioural, communicative, and emotional strategies that helped him to obtain emotional regulation. In conclusion, Josh became a child who managed to contain the intricacy of preserving his vivid character as well as accepting the Ultra-Orthodox community's conservative social conventions.

AUTHOR BIOGRAPHY

Dr Nir Seri is a musician and a music therapist with experience working with children from different cultural backgrounds in general and with Ultra-Orthodox children in particular. He also works with adults with special needs, and with children in a special education school. His musical composition and research deals especially with intercultural music. [seris42@gmail.com]

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INTRODUCTION

As a music therapist, I have engaged in therapeutic processes with patients, some of whom have particularly touched me emotionally. A memorable child was a charming Israeli boy, aged five years, whom I shall call Josh. He was an Ultra-Orthodox boy, in terms of his Israeli intra-cultural affiliation.¹ The Israeli Ultra-Orthodox community includes Jewish people who are totally committed to the Jewish code of rules. They show general reluctance to be influenced by Western or modern ideologies in their way of life and dedicate their life to studying the holy Jewish scripts instead (Friedman, 1991; Friedman & Shelhav, 1985). The Ultra-Orthodox people live, in most cases, in separate neighbourhoods or even separate cities, as this enables them to comfortably maintain their conservative way of life (Seri & Gilboa, 2018). Living in such a community has unique consequences on its members, particularly the children. One of the most significant implications of being an Ultra-Orthodox child relates to self-concept. According to Yafeh (2004), Ultra-Orthodox children's self-concept is derived from their sense of communal affiliation. For instance, I have learned from my encounters with many Ultra-Orthodox children, that their answer to the question "who are you?" always contains their private name as well as their sub-communal affiliation. The Ultra-Orthodox community calls the individual to spiritually excel as well as to be saved from sin, and to constantly pursue moral improvement. The expectation is that the Ultra-Orthodox individual's most important ambition should be to fulfil his or her social assignment. Hence, the individual's self-realisation is intertwined with the realisation of his or her social role.

From the very beginning of the therapeutic process with Josh, I felt a profound bond with him. I was intrigued by his unusual character, which gave me the incentive to develop a deeper relationship with him. The therapeutic process was two-dimensional. Firstly, there was a developmental-emotional dimension, which reflected Josh's initial emotional status: His need for constant attention together with his infantile speech, and his disposition to lie on the floor. Also notable was his significant attachment to his mother, while she experienced difficulty in accepting him because of his difficulties. The second, was the family-social dimension,² which reflected Josh's energies and other differences that were perceived by his family, let alone by his Ultra-Orthodox community, to be incompatible with the conservative atmosphere of the environment in which he lived.

The therapeutic process also confronted me with a fundamental dilemma about the perception of my role in treating Josh: Who was this patient? Was it my job to change a child to better conform

¹ The Israeli intra-cultural fabric contains a diversity of groups, which are different mainly in their interpretation of the relationships between the religious commitment to the Jewish commandments and the national commitment to the Israeli democratic regime, which in some cases seem to be contradictory (Sheleg, 2000). I will describe the three main ones (Yona & Goodman, 2004). The first is the secular group, which refers to Israeli-Jewish citizens who do not feel religiously committed but do feel a sense of honour to the Jewish commandments and experience a national commitment to the State of Israel (e.g. they serve in the IDF and celebrate the Israeli Independence day). The second is the national-religious group, which refers to Israeli-Jewish citizens who experience both religious commitment to the Jewish commandments and national commitment to the State of Israel (e.g. they serve in the IDF, celebrate the Israeli Independence day and engage in special prayer dedicated to the Israeli government). The third is the Ultra-Orthodox group, which refers to Israeli-Jewish citizens who are totally committed to Jewish commandments. They demonstrate reluctance to integrate into the entire Israeli society (e.g. they resist serving in the army as well as taking part in the Independence Day celebrations), holding the perception that the Israeli government should be established on the Jewish book of commandments, rather than the current democratic regime.

² In this case, the Ultra-Orthodox family is the community on a small scale. Namely, the family represents the communal values and voices.

with the expectations of a conservative Ultra-Orthodox community? Alternatively, should I help him recognise and cope with the gaps between his vivid character and the conservative perception of his community, that were probably not going to be lessened? Through this case study, we can learn not only about Josh's personal story but gain insights about the experiences of people living within the Ultra-Orthodox community more generally, particularly with regards to the confrontation between the desire to authentically be who one wishes to be and the obligation of obeying a higher religious authority, which seeks control of behaviour and broadly affects one's way of life.

BACKGROUND

Josh, attended an Ultra-Orthodox preschool. We met for music therapy sessions once a week within a Child Developmental Centre in a central city in Israel. Josh's mother worked as a manager of an afterschool child-care facility and his father assisted with the financial management within the same organisation. Josh was the second of four children in his family. His mother defined Josh's relationships with his siblings as complex. The elder brother would hurt him and he would annoy his sister. His infant brother (aged one) would cry out of apprehension whenever Josh would approach to pick him up. There was a suspicion that Josh's sister suffered from Celiac disease. Unfortunately, in the seventh month of her pregnancy with Josh, his mother contracted Cytomegalovirus (CMV). She described his birth as "normal but difficult and painful" and his developmental stages (walking, crawling, and speaking) as normal. The only difficulty she mentioned was his lack of sensory sensitivity. She described this as follows: "He has to touch [something] hard in order to feel." In his report on activities of daily living (ADL), Josh was assessed as: "Dependent and begging for help, clumsy, recently toilet trained but still has accidents".

At the age of four years, Josh was referred to an occupational therapist, due to difficulty in sensory regulation and his need for strong tactile stimulation. The occupational therapist described him as having

[...] good age-matched abilities in the field of visual-motor perception, painting, and cutting. However, according to sensory analysis, difficulties in sensory regulation were found. Josh attains much enjoyment from vestibular and motor stimulation, is always looking for a feeling, including searching for an oral sensation. A treatment was begun in order to adjust to a sensory diet, but at its implementation, the treatment was discontinued owing to the mother giving birth.

The decision to refer Josh to music therapy was not made as a result of a medical recommendation but was taken independently by his parents. On the written intake questionnaire, Josh's mother defined the reason for his referral as follows:

Because of his very infantile behaviour at home, frequent crying and insulting behaviour towards me; not listening and refusing to obey the word 'no', lying on the floor using babyish talk. He is a disgruntled child, wanting much attention, and whose moods can change in seconds. He goes wild, drops to the floor, gets

dirty from everything and is prone to break things. Additionally, I was informed that his kindergarten teacher described him as 'a child who can cry for two whole hours because he was hurt by something or did not get what he wanted.' At home, he tends to lie down on the floor, often nagging: 'Bring me a drink; I want you to come' and so on... It is hard for him to do what is requested of him. He often lies on the floor, kicking, throwing objects and crying about petty things that are not appropriate for his age.

The description of Josh's behaviour and his repetitive choosing of ineffective strategies (Marik & Stegemann, 2016), i.e. changing moods, nagging, lying on the floor and kicking, paints a picture of emotional dysregulation. Emotional regulation "refers to the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions" (Gross, 2014, p. 6). The development of emotional regulation is influenced by external and internal regulatory processes. Internal processes refer to the development and maturation processes of a child's cognitive, sensory, and neurophysiological systems. External processes refer to interactional and social factors, with an emphasis on the importance of parental functioning for the development of emotional regulation. In other words, this is an effect of parent-infant dyadic interaction (Fink-Kronenberg, 2007; Fosha, 2001). In situations where, for various reasons, normal emotional regulation may not be achieved, this poses a risk for subsequent deficient cognitive and social development (Degangi et al., 2000; Music, 2014; NICHD, 2004).

As mentioned previously, the parents' decision for referring Josh to music therapy was taken independently.³ In addition, as they were affiliated to an Ultra-Orthodox intellectual sub-group, they were not necessarily music-oriented.⁴ Music has a significant role in emotion regulation, and music listening has been found to be an effective tool to arouse emotions (Bodner et al., 2007). Everyday music listening (Skanland, 2013), as well as Mindful Music Listening (Eckhardt & Dinsmore, 2012) has been found to hold potential for contributing to emotional regulation. Moreover, studies with adults suggest that listening to relaxing music promotes more adaptive emotional regulation as part of coping with an acutely stressful event (de la Torre-Luque et al., 2017; Thoma et al., 2013).

After describing his dysregulated behaviour, Josh's mother then explained his strengths as follows: Josh is "a strong boy, who struggles and vanquishes [sic] his big brother⁵, generously agrees to share his possessions, eats without arguments, and knows how to join in, play and laugh". With his

³ Creative Art Therapies – as a therapeutic discipline – is quite new for the Ultra-Orthodox community. It has been increasingly developed and has penetrated the Ultra-Orthodox environment over the last ten years (The Ultra-Orthodox Forum for Arts Therapists, n.d; Seri, 2013). Hence, I have experienced awareness gradually increasing of the differences between the variety of creative art therapies by Ultra-Orthodox case managers, as well as parents who refer to the Ultra-Orthodox Child-Development-Centers. Thus, a parent who sought therapy for his or her child, could be referred either to music or to art therapy, subject to availability.

⁴ The Ultra-Orthodox community is sub-divided into many groups. One of them is the "Lithuanian Group" which refers to Ultra-Orthodox people who live or study according to the teachings and practices of the Lithuanian Jewish academies, which entails a more intellectual and analytical attitude, and minimizing that which is considered emotional in daily life (Friedman & Shelhav, 1985). It follows that the place of music in the daily life of this group – as potentially evoking emotional experiences – is considered less important (Seri, 2013). Josh's family was affiliated with the Lithuanian group. Hence his parents were less music-oriented when they sought therapy for him.

⁵ By this she referred to his courage and determination.

friends she sees him as a leader, a tall boy who is strong for his age and speaks loudly. As far as Josh's mother is concerned, his difficulties began from the moment of birth, and they are more disturbing to the family than they are to Josh himself. Her expectations for the therapeutic process were that "the child will become reasonable, mature and empowered, controlling himself and concentrating quietly on a game that he plays by himself or with a friend. I don't want to see him crying unnecessarily so that he will become a happy and relaxed child who is pleasant to be with." The mother's detailed expectations reflected the social attitude of the Ultra-Orthodox community towards children. Her use of the word "reasonable" in relation to her 5-year-old child thoroughly fits the Ultra-Orthodox perception of the child as a "micro-adult", who is expected to integrate into the community, to absorb its values and to join its activities, either actively or passively (Seri, 2013).

In addition to the written questionnaire, an intake meeting was held. At this meeting, Josh was described by his mother as a very sensitive child who appeared to be upset "by every little thing". At this point I noticed my own feelings of being overwhelmed as a response to the emotional intensity of the problem as experienced by the mother. I felt that we were talking about a child who was showing his capacities, yet, within his immediate family environment these capacities were not being recognised as strengths and potential, but were rather seen as problematic and disruptive. Hence, I experienced this intake meeting as a difficult and dissonant engagement. Josh's mother's speech and body language conveyed great frustration and distress. It was apparent that she did not understand him, and had difficulty in relating to his capacities, which were expressed in a non-regulated manner and, as a result, she experienced difficulties in communicating with him. Josh's father was not present at the meeting. Josh's mother described him as a very busy man.

Josh's story can be explored in two integrated components: The first being his cultural characteristics and social conventions, which inevitably penetrated the session and affected the therapeutic process; the second being the clinical issue for which he was brought to music therapy. Working in a culturally-sensitive manner with the intricacy of such an integration relies on the therapist's ability to reflexively contemplate and comprehend the relationship between the two components, examining their relative weight and deciding which component may be core at a particular time in the process. In addition, the therapist has to understand the mutual influence of the cultural narrative (which presents a child who has an inappropriately vivid character that does not fit within the social conventions of his community), and the clinical narrative (which presents a child who has an objective, diagnosed difficulty and also a valued, colourful character). In Josh's case, both components were intertwined, with reciprocal influence. The clinical attitude regarding his developmental gaps, stemmed from reading the occupational therapy diagnosis which indicated a sensorial-tactile difficulty, as well as reading the mother's reports of his emotional difficulty. It also stemmed from my assessment of him which confirmed emotional-sensory difficulty and objective developmental gaps. Concerning the cultural issues, I listened to the mother's reports, as well as the terminology that she used to express the family's difficulty and distress, her description of facing the community and its demands, and her experience regarding Josh's emotional-sensory difficulty and his objective developmental gaps.

MUSIC THERAPY WITH ULTRA-ORTHODOX CHILDREN

In relation to psychotherapeutic treatments in the Ultra-Orthodox community, the research literature is quite fertile (Bruchin, 2014; Hess & Pitariu, 2011; Hoffman & Ben-Shalom, 2001; Huppert et al., 2007; Schnall, 2006), in contrast to music therapy in the Ultra-Orthodox community which has insufficiently explored. However, several important factors have been noted in distinguishing the uniqueness of music therapy with Ultra-Orthodox children, compared to music therapy with other populations (Seri, 2013):

1. Music is a highly significant component of Ultra-Orthodox children's daily lives.
2. The musical content of the therapeutic session is frequently affected by the communal agenda. Hence, the music therapist's role is to pay attention to communal events that may emotionally influence the patient.
3. Within the context of cross-cultural treatment (here between an Ultra-Orthodox patient and a non-Ultra-Orthodox therapist) the child often experiences the therapist's chanting as a profound reaching out.⁶
4. Ultra-Orthodox children accept music as part of their daily cultural experiences, e.g. at weddings, Jewish holidays or Shabbat family gatherings. Therefore, the music therapist should be aware of his or her potential choice of song, which the children will experience as being bound in their communal, cultural and personal experiences. For instance, as weddings are considered to be exciting and significant experiences for Ultra-Orthodox children, singing a wedding song with Ultra-Orthodox children can create a vitalising moment, in which they feel the association with a real wedding experience.
5. Ultra-Orthodox songs have an aura of holiness and are usually kept in their original structure. However, in the therapeutic environment these can be paraphrased for the sake of therapeutic goals. For example, a holy wedding melody can be used as a metaphor by the patient to depict bonding with his mother.
6. A better understanding of the role of music in Ultra-Orthodox children's daily life might broaden the therapist's empathy towards the Ultra-Orthodox parent's educational challenges. For instance, the behaviour of an overly enthusiastic child, who may yell and shout at home or school, might be experienced as inappropriate in relation to the volume levels that are valued within the Ultra-Orthodox community. The therapist's role is not only to contain the child's volume of expression but also to be acquainted with the volume deemed appropriate by his parents, family and community (Seri, 2013).

THERAPEUTIC PROCESS

The music therapy process with Josh included 30 weekly sessions of 45 minutes each. This structure was predetermined.

⁶ The singing should be adjusted in terms of language, accent, terminology and familiarity with the repertoire.

Sessions 1-7: My acquaintance with Josh

Josh walked in with his mother and left her without difficulty. I saw a blonde boy with big, round, blue eyes, smiling but silent. After I told him what our music therapy sessions would entail, he chose the drums and played them hesitantly.

My initial acquaintance with a boy who was bigger than I expected for his age, and whose body language conveyed a sense of power, made me anticipate that his choice of drum would lead to loud banging (*forte-fortissimo*). In fact, the resultant sound was quiet (*piano*). In that moment I felt a sense of confusion. His body organisation was not compatible with his chronological age, i.e., he often lay on the floor or lay on the beanbag chair, sucking it.

Josh voiced a desire to play games, such as "I played the drum, now I want to play ball". Just like a parent watching a baby, he needed to be seen by me while he played. Sometimes he wanted to listen to music and I played him calming, quiet music depicting the sound of the sea.

He responded to my playing on the ocean drum by leaning over the beanbag chair, jumping on it with much pleasure, like a toddler. At other times, in trying to adjust a sound to his movement, I accompanied his running towards the beanbag chair by calling out, "Haaaaaa-boom!" Also, I spoke to him in a style of "parentese", which is the term for the infantile intonation used when speaking to babies (Ghazban, 2013).

When he arrived for the fourth session I sang "Hello," and he responded by saying that he wanted to play the guitar. I gave him the guitar, but he went to the piano. As I joined him, he disapproved: "But I hear you!" I then realised that he wanted me to simply listen to him rather than accompanying him musically. From that moment on, he was playing, and I was watching him. His choice to "wallow" in the beanbag chair continued. He asked me to watch and listen to him as he was racing to the beanbag chair or when he was playing the drums.

Since I had hardly met such a complex child before, I was both confused and amazed at the way Josh simultaneously exhibited three or even four different developmental levels. His chronological age was five years. He functioned at the developmental age of a six-year-old with regards to his body structure. His use of his voice reflected that of a child aged three years. He had no emotional ability to take an interest in anyone other than himself when I tried to engage him in a mutual activity. He also shifted to expressing features of the developmental age of a one-year-old with regards to his emotional level, as shown through his wallowing on the beanbag chair, his vocalisations as well as his tendency to lie on the floor. He mostly used vocal sounds rather than words when he wanted to express dissatisfaction or opposition. Later, I began to realise that his cognitive abilities were high for his age. However, I decided to concentrate on the emotional level (i.e. his emotional age) as I found this to be the core component of the process and a point of connection to his authentic self.

My acquaintance with Josh: Analysis

In Winnicott's terms, Josh's "self" seemed to be at a similar stage to the infant's early "moment of illusion" (Winnicott, 1958, p. 152) regarding his benign omnipotence (Jemstedt, 2019). According to Winnicott, during this stage the baby is unable to see that he or she is surrounded by a separate, external reality, containing many things that are "Not Me". The environment that represents the "not Me," presents contrasts to the growing infant, who experiences a gradual process that prepares him

or her to be able to merge his or her subjective world with the outside world and learn to distinguish between "Me" and "Not Me" (Yehuda, 2005). When I tried to join in with him and Josh said, "But I hear you," he may have been asking me to serve as a mother figure. I was there, with regard to Josh, as a "Subjective Object".⁷ In light of Winnicott's (1995) conceptualisation, I experienced a dynamic state where I was both the object that the child had the capacity to reveal, and a separated entity who was waiting to be revealed. Thus, an intersubjective relationship, entailing a conscious desire to share experiences of events and things as Trevarthen and Hubley (1978) define it, had not yet evolved between Josh and I.

Concerning the music in the sessions, I made use of several therapeutic techniques and principles, to emotionally attune to Josh's presence: (1) Parental intonation ("parentese")⁸ as a way of speaking to Josh; (2) a cross-modal technique of matching my sound to his movement; (3) listening to the experience being conveyed from him, including the expression of his power and agency; and (4) the desire to experience him emotionally rather than cognitively, which was most appropriate at this stage because of his immature emotional age (of about one year).

During our meetings, I found it very important to bracket my own inner assumptions related to Josh's intellectual age, chronological age, and body size as I found these to be distracting. I listened mainly to the "forms of vitality" (Stern, 2005) that Josh conveyed to me. For example, in my session notes, I used the words "storm", "remission", "restraint", "cuddling", in order to describe various activities that Josh engaged in. The beanbag chair served as Josh's safe place. That is where he would constantly return, and, even if he left it, he would eventually go back and play there for most of the session. In my opinion, the therapeutic process with Josh required me to regulate the intensity of my engagement according to his capability of containing me as a separate entity in the session while, in Winnicott's (1995) terms, I was waiting to be revealed.

Sessions 8-12: A beginning of "self"

Returning to session eight from a week's vacation I noticed that something had matured in Josh's mind. He began to be more expressive. This was now the beginning of the school year. Josh was able to coherently retell a story that his kindergarten teacher had narrated to him and his classmates. Josh was now demonstrating his ability to think of the other. In relation to his musical development, he was now able to understand musical tension and relaxation.

Additionally, Josh demonstrated his need for counting the remaining minutes until the end of each session. About twenty minutes before the end of a session, Josh would ask how much time remained. With repetitive requests, we turned this into a game. We would stand at the window overlooking the playground, thinking together about Josh's plans and where he was going to play after our session.

⁷ Namely, an object that is created (in a subjective manner) by the infant, in his or her mind.

⁸ "Parentese" (also referred to as Infant-Directed (ID) speech or "babytalk") is a unique way of communicating to infants. This form of communication contains heightened pitch, exaggerated pitch contour, increased rhythmicity and greater emotionality (Ghazban, 2013; Malloch, 2000).

All of these interactions contributed to the creation of an intersubjective relationship between us, which was reflected in a very intimate moment within one significant session. Josh shared his feelings with me of how much he loved his mother. Through his sharing and mutual playing a budding "self" had begun to bring itself to expression. Nonetheless, despite this emotional development, as well as the musical facilities in the room (i.e. musical instruments, a computer with a recording software, etc.), at this point in time music was not playing a significant part in his therapy.

The first encounter with Josh's parents within the therapeutic process

I met with Josh's parents once a month as part of the therapeutic process. Previously, at the intake meeting, only Josh's mother had come. During this meeting, she kept expressing tremendous difficulty in coping with Josh and his behaviour. Her body language, intonation, and the content of her language conveyed to me a lack of acceptance of Josh, almost to the point of rejection. According to Belsky (1984), parenting approach is one of the factors that influences the quality of dyadic interaction. A sensitive parenting approach contributes to the development of emotional regulation and to the transition from mutual regulation (which is typical for infants at a younger age) to self-regulation. In contrast, infants of non-sensitive mothers, experience higher levels of negative emotions within the relationship. Namely, the relationship which they rely on to regulate their emotions is now dysregulating (Lyons-Ruth & Spielman, 2004). Nevertheless, the dyadic model of emotional regulation suggests that the individual's affect-regulatory capacities are based in how mother and infant mutually coordinate their emotions to adapt to one another. Optimally, each partner should be engaged and oriented toward one another even when it is hard to do (Fosha, 2001). Contrary to individually oriented theories of behaviour, which focus on the individual as a primary point of reference, the family systems theory comes to the fore, exchanges of behaviour that take place in interactions between members of the family as a circular conception of causality, rather than lineal (Johnson & Ray, 2016).

Listening to Josh's mother speaking of him was not easy for me. She spoke about him in terms of exploitation, saying, for example, "I give him lots of TLC and I still feel he is taking advantage of it, wanting more and more from me". Taking into account her distress, I concluded that Josh's most significant figure, his mother, found it difficult to accept him. She also critically described the father as not taking any significant part in caring for the children. They both sounded overwhelmed, however, and not available to their other children. Thus, based on the understanding that any change in the therapeutic process with Josh would be hard to implement without an essential change in family relationships, I made a strong recommendation that they should attend a class for parental guidance and support. My impression of the mother's perception of my recommendation was of serious listening, as she respected my professional role as her son's music therapist and intended to implement my advice. Though, she would take into consideration other communal aspects and prices she might have to pay, such as her social visibility,⁹ a component of great importance in the Ultra-Orthodox community.

⁹ As it was defined by Clifford (1963, p. 799), "as the position an individual occupies within a group as it is perceived by the other members of the group. This position is achieved through the competencies (skills and attributes), or lack of them, that the individual possesses which are relevant to the on-going processes of the group".

Musical "hide and seek"

In parallel to Josh's growing maturity, our relationship became more and more profound. The tendency to lie on the floor as well as to suck the beanbag chair had been significantly reduced. He engaged in more sharing. At our first meeting after the holidays I felt that we were making further progress because his intonation was less infantile and he had a greater ability to share his experiences of spending time with his family.

Based on the classic children's game "Hide and Seek," we developed our musical "Hide and Seek." The rules were similar to the original game, but with one more musical rule that required me to sound an instrument whilst seeking. Once, in the middle of a game, I pretended I was looking for him inside the ball. As part of the game, I jumped onto the ball. Josh understood this, and suddenly shouted: "Ouch!" For the first time, I heard a very confident voice. I was surprised. Instead of adjusting to him, I experienced him as adjusting to me. He had matched his shout entirely to the jumping movement on the ball. That was a significant moment within the process. Josh, at that point, showed that he had acquired a more mature comprehension of the situation, with spontaneity, creativity, and sophistication.

Later on, Josh chose to play the same game over and over again, asking me to look for him inside the ball. Repetition of the game over and over again creates a ritual. The ritual provides confidence, keeps anxieties at bay, strengthens and consolidates ego forces (Neumann, 2011). Musically, repetitive play has its own rhythm and variations. A kind of musical piece in which the musical motif is repeated in different forms (Rap, 1980). Josh's repetitiveness, as shown through his playing, was very typical for the developmental age of two. By stating his requests, he showed his confidence and his need for sensory contact (Beker & Davidi, n.d). Moreover, from time to time, the game became increasingly interesting as the rules were already clear to us, enabling playfulness to take place, as the rules could be adapted.

A beginning of "self": Analysis

During this period, Josh's "self", which had previously been expressed through his lying on the beanbag chair and asking me to witness him playing, began to become apparent through his motor and verbal responses. He was no longer lying on the floor as he was in the initial visits and was pacing the room more often. His verbal skills began to play a significant role in the process as well. His speech began to sound more coherent, with more precise "self" expression, articulated experiences and sometimes even resistance, which was reflected by challenging the setting, by asking how much time we had left, looking outside and describing what he was going to do after our session. Yet, his musical expression, had still not come to fruition.¹⁰

Although the decision to come to music therapy was not his choice, Josh eventually wanted to attend sessions, to discover for himself the meaning of being here and who he could be in this space. However, rather than trying to help him to find the appropriate reason for being here, I sought to connect to his "self" experience, i.e. simply being with him during this experience of seeking. I believe I gave him the message that he was important to me whether he chose to be here or not, which strengthened our bond.

¹⁰ The phrase "musical expression" relates to an active initiation of music making (i.e. singing, playing, improvising etc.).

At this point, the picture of what was going on in Josh's home was becoming clear. My feeling was that Josh had been referred to music therapy because of a chaotic family environment, in which his parents found it difficult to establish authoritative parenting rather than permissive parenting, not only for Josh but also for the rest of the household. At some point I realised that music therapy for Josh would not be enough. Therefore, I recommended that Josh's parents seek parental counselling in order to provide them with the appropriate tools for coping with family challenges, including the challenges being posed by Josh. As described previously, my experience with him was of one child with multiple levels of developmental levels. I assumed this was also how his parents felt, hence their sense of worry towards him.

This combination of symptoms, such as intensive regulation difficulties along with unsynchronised development, high mental functioning, and low emotional functioning, are often seen in children who have been diagnosed as gifted (Webb & Kleine, 1993). Sometimes, the very diagnosis of being gifted can have a calming effect on parents as well as on the child, who is now being perceived as "smart" and "special" rather than problematic (David, 2012a). Josh, however, was not diagnosed as such. The most probable reason is that the Israeli education system usually conducts such an evaluation of this nature around the age of seven or eight and Josh was only five years old. Secondly, as part of its conservative perception, the Ultra-Orthodox education system is reluctant to take part in the Israeli giftedness diagnosis examination (David, 2012b).

The situation that ended the current section of the treatment was our musical "Hide and Seek" game. While I was looking for him, Josh gave me an obvious indication of his whereabouts by making a sound that matched my movement. This mutual game, which included communicative matching sounds, musical tension and synchronisation, could be seen in light of the notion of "Communicative Musicality". According to Trevarthen and Malloch (2000, p. 5), "humans commonly interact with one another at great speed, synchronising in subtle and unconscious rhythms of exchange". They call this non-verbal communication "Communicative Musicality", which includes vocal and instrumental sounds as well as bodily gestures in mother-infant, and therapist-patient (Fosha, 2001), relationships that express a motivation for communication (Trevarthen & Malloch, 2000). Communicative Musicality between the mother and her baby is expressed through the exchange of spontaneous and improvisational messages composed of a pulse, pitch, volume, and tone (Malloch, 2000). By listening to the baby's vocal productions and being attuned to his or her arousal and attention, a parent can mimic or repeat the vocal production with some variation or even exaggeration (Stern, 2010).

I was surprised by Josh's ability to understand the situation in the Hide and Seek game and respond to it in a sophisticated way. This type of interchangeable role playing is not entirely unusual. Nonetheless, the initiation that Josh took in his playing stood out against the background of my initial experience of him as an emotionally immature child.

Josh lacked an authoritative parental figure to rely on. He needed and sought a parental figure who would have confidence in him. In Kohut's terms, as explained in Oppenheimer (2000), he was lacking a "Self-Object", i.e. an external figure (who should become internalised in the future) who could help him to develop a healthy sense of "self". Such a figure, however, was not evident to him at home at that time.

Sessions 13-19: Recording

At the central point of the therapeutic process, I exposed Josh to the computer and the various possibilities it offered, especially in the field of recording. Whilst doing so, I suggested to him that he experience recording himself. He agreed to try this, although it was apparent that he was not particularly familiar with the idea. He chose to sing two songs. He started with a very famous Hasidic song, which he had probably heard sung by his family at home. The second song he attempted was an educational children's song that he almost certainly had learnt in his kindergarten. About a week later, Josh proactively requested to record himself, but this time he sounded entirely different. It was as if a dam had been breached. He produced a mixture of nonsense voices and gibberish. Throughout his immature shouts his inner powers are audible, revealed in a raw form, but with potential to be developed as expressive of a powerful personality. Josh's response was fascinating. Each time he listened to his voice he would become overwhelmed and would run to the safety of the beanbag chair and nestle in it.

We continued working with these songs and recordings. Josh kept returning to the recordings and asked to record himself saying "nonsense" (as he called it). Once I decided to suggest that he sing "nonsense" first and then "no-nonsense." Josh accepted my offer and sang the famous Hasidic song he has chosen previously. He then asked me to sing the song on my own with a guitar. I started to improvise the song. At first, I sang it in its original version, but then I made a change and improvised in a way that reflected Josh's actions (as he blew soap bubbles). We stayed with the melody and the rhythm for a while and we both made funny faces until Josh asked to stop. The game went on without music. Josh found another container of soap bubbles and we played together. When he saw that I was having little success blowing my bubbles, he suggested: "Let's trade." I asked him why he wanted me to trade my instrument. He replied that he wanted me to succeed, just like him. During this session (session 15), he also found the Cabasa (an African percussion instrument) that had been completely dismantled and, without any prior knowledge and almost without any help from me, simply put it back together. This session invited me to begin to see Josh, in relation to his emotional age, not as a toddler, as I had first seen him, but as an older child.

In my meeting with Josh's parents, I again strongly advised them to seek parental guidance after realizing that they had not followed this suggestion. I telephoned Josh's mother and she told me that they had decided to take an external training course (not where Josh's treatment took place) offered by a renowned expert from a distant city. She also informed me that they had not seen much improvement with Josh at home. However, she then recanted and admitted that there had been some change. Josh was crying less, he was less sensitive and more obedient. She also confirmed that they were giving him the warmth and love that I had explained he needed at our last meeting.

In session 16, Josh found the book "Monkey Puzzle" in my bookcase. It is a children's book by Julia Donaldson and Axel Scheffler describing the story of a monkey who has lost his mother and who tries to find her with the help of a kind butterfly:

I've lost my Mom!
"Hush little monkey, don't you cry,
I'll help you find her", said butterfly.

"Let's have a think. How big is she?"
"She's big!" said the monkey, "bigger than me!"
"Bigger than you? Then I've seen your Mom.
Come little monkey, come, come, come."
(Donaldson & Scheffler, 2000, p.3)

Josh found the book very interesting and asked me to read it to him. During the following sessions, Josh returned repeatedly to this book, asking me to read it to him. He called it "the book about the monkey who has lost his mother." One of the most significant moments relating to the book was my suggestion to Josh that he tell the story by himself, from his viewpoint. He replied that he did not know how to do so. His answer led to a dialogue about how a little monkey feels when he has lost his Mommy. I asked him if he had lost his mother once. At first, he replied "no," but very quickly said: "At home, sometimes I lose my Mom." Josh told me about a few occasions when he realised that he could not find his Mom and Dad and was, as a result, very sad. We kept reading the story as well as talking about Josh's feelings for his mother. Through the dialogue, he managed to place his difficulty with his mother "in the open," i.e., he expressed the difficult feeling that he had experienced when he felt that he had lost his mother in his safest place, home. Moreover, what made Josh's feelings of "losing" his mother even more intricate was the understanding that Josh, who felt very attached to his mother and difficult to be apart from her, was also experiencing a sense of rejection from her.

During session 17, Josh sang the famous Israeli children's song about the wind that caused the apple to fall from the tree. I followed that song with another well-known Israeli children's song and let him complete the ending. He cooperated and tried to complete the song even though it was not clear whether he knew it or not. During that session, we sang a few other well-known Israeli children's song, but he lost patience. He seemed to feel that he was being offered too many songs that he did not know. He expressed this with angry vocal sounds. I responded by verbalizing the anger within a song. I improvised the phrase "I am angry and don't want you to sing it anymore," together with the melody of the last Israeli children's song he was offered. After this, Josh suggested that we play our musical "Hide and Seek" game. Here, for the first time, he accompanied the guitar with free vocal improvisation, which eventually converged to a small familiar melody called "The Canopy Nigun" (A Hasidic melody). This is the most familiar melody from the wide Hasidic instrumental repertoire to Ultra-Orthodox children as they are frequently exposed to it at Hasidic weddings (Seri, 2013). While he started with free improvisation and ended up with the "Canopy Nigun", as soon as I recognised the melody and tried to join him, he stopped. I felt that he was still unable to cooperate. After this, however, we played together for the first time. This took place on two separate xylophones. I played the xylophone pleasant sounds of an open major arpeggio and, by improvising on a simple knitted thirds sequence (C-E-D-F-E-G), invited Josh to join me. He accepted the invitation and tried to join in. At some point, he felt dissatisfied with his sounds and asked me to exchange instruments, which we did and this time he played to his satisfaction.

Recording: Analysis

For the first time in the therapeutic process, Josh's music, including the use of his voice, significantly came to fruition. His choice to sing a very famous Hasidic song with which he was familiar, may have

meant that he was seeking security rather than risk. Josh chanted quite monotonously. His way of singing reminded me of how he lay on the beanbag chair. In other words, although he was familiar with the song, when he was within the unfamiliar place of recording (as this was a new media for him) he returned, literally and emotionally, to his starting point, the beanbag chair which was his safe place. From there he conveyed his feelings through singing. However, there was a marked difference in the way he sang one week later, in session 14. In contrast to the first time I heard him sing, with melody and lyrics sung in a restrained, monotonous, "piano" dynamic level, the second time he sang he did so with an emotional and powerful "fortissimo", utilizing vocal production, murmurs and shouting. He sounded much more vivacious, "naughty" and wild, as well as crude and immature.

Josh's singing grew more and more elaborate as the sessions has proceeded, and he sang with gusto. His singing dynamic was characterised by a "mezzo piano" dynamic level, increasing to "mezzo forte". I felt that his way of singing was intended to exhibit, to me and himself, his capacity to keep his voice consistent by singing more conventionally rather than singing "nonsense". I assumed he was also implicitly showing his capacity to adapt to his community's social conventions. This shifting between different musical expressions indicated the enhance of his capacity to choose and control his choices as well. Through these different musical experiences, Josh could refine his repertoire of abilities, as well as his emotional world and social understanding.

Playing the Hasidic song on my guitar at his request became a game between us, capturing the shared sentiment: "let's keep playing with our common music". Thus, we both created a potential space, in which we played together by composing an improvised song based on the original Hasidic tune including words relevant to Josh's activity in the moment, so that the original song became our song.

Kenny's (1989) "Field of Play" theory relates to a play-musical space in which musical experiences take place throughout sounds expressing special feelings, thoughts, approaches, and values. These can only subsist in the circumstances where trust and confidence prevail between the therapist and his or her patient. Kenny's attitude was based on Winnicott's idea of "potential space" that is created between the mother and her infant and that represents how the infant relies on his or her mother while he or she is away from her while investigating his or her surroundings. This is the very point in which separation between the mother and her infant begins to occur, enabling the new "self" of the baby to emerge (Amir, 1999).

We can now appraise a few remarkable differences between the emotional functioning and developmental levels of Josh at the beginning of the process compared with functioning at this point. As opposed to his lying on the beanbag chair at the beginning of the process, Josh was now prepared to stand up. In contrast to his tendency to stay in a specific place at the beginning of the process, he was now using the entire room. Finally, in comparison to his refusal to accept the legitimacy of my presence ("But I hear you!"), he was now making room for my ideas as he had developed a sense of attachment and we had built an intersubjective relationship. I felt that Josh was looking for a compromise between his desired viewpoint and that of the Ultra-Orthodox community. In other words, he had discerned his need to listen to his inner voice and his need to adapt to the demands of the society in which he lived.

Within a free-flowing conversation about his daily experiences at home and in kindergarten, Josh told me that he was concerned with his position in the hierarchy of "righteousness" by telling me that

he placed himself in “the second place”. Being a righteous and pious person is a type of status symbol in the Ultra-Orthodox community. As Josh is five years old, this appears to be a highly abstract thought process for him to have achieved. Yet, as a child, he sought to develop his sense of belonging (Morgan & Kuykendall, 2012). Therefore, he was very attentive to perceive and internalise the communal message. According to his juvenile way of thinking, the communal message he received seemed to be that being a righteous person, whatever “righteous” means, is very important. On the basis of this comprehension he could now begin to reflect on his own sense of his personal characteristics. Thus, by telling me that he placed himself in the second place, which means nearly perfect, he showed his understanding of the importance of meeting the social standards of the community in which he lived, as well as his competitive thinking. In the background, I speculate that this is also connected with his complex relationship with his mother: He desperately needed his mother, while she found it very difficult to accept his complexity and expected me to “fix” him for her.

In our joint playing on the xylophones, I experienced Josh’s profound emotional need for attachment. Through my improvisation, I was able to give him a sense of invitation, which he accepted. While playing together, I carefully listened to his dynamics (piano, pianissimo) as well as to his gentle playing and experienced him as a toddler who was asking me (the adult) quietly to protect him by gently following my playing as well as intertwining with it. I heard his xylophone sounds blending with mine, rather than being engulfed.

The second encounter with Josh’s parents

As on previous occasions, Josh’s mother once again arrived at our meeting without her husband. However, this time she was much more relaxed, both in her body language and intonation. She came with many questions and was prepared to listen. She told me that the kindergarten teacher had told her that Josh’s previous daily crying duration of two hours had been reduced to 10 minutes. I lent an attentive ear to her and found her more confident and more focused. She said that in spite of her difficulties, she had decided to accept my guidance and apply my advice, although she had received different advice from the kindergarten teacher who recommended a stricter approach.

From her description it became obvious that at home Josh was beginning to express his sense of being a separate, independent self. For instance, she told me that when she had suggested that he should play quietly in his room she noticed him lying on the floor, sucking his finger. When she asked him why he was not playing, he replied: “Mom, that’s how I babysit myself.” She said she had made another definitive decision; to honestly see him, to be with him as needed, to understand his viewpoint, and most significantly of all, to happily accept him. She told me that the parents’ training they had attended had helped them immensely, especially in dealing with their other children. Josh’s father, however, was still not involved in the therapeutic process. His mother continued to decry his bonding with Josh but did not object to his presence. In practical terms, it had not occurred yet.

Sessions 20-25: Josh creates and verbally expresses assembled emotions

Earlier I described Josh’s unique bonding with the beanbag chair in the beginning of the therapeutic process. He regarded it as his safe place. In subsequent meetings, Josh discovered the beanbag chair also had another dimension. He found that he could get into the beanbag chair. His entry into the

beanbag chair happened gradually. I accompanied the whole event with a guitar improvisation. Josh lay down on the beanbag chair; slowly he opened it and discovered that it contained an inner part filled with many tiny polystyrene balls. He was fascinated and slowly drawn, both physically and emotionally, into the ambience until he went inside the beanbag chair. He then shuffled around the room whilst he was inside the beanbag. I experienced his movements as cumbersome, however, I sensed that he was extremely happy and seemed not to feel the awkwardness. Josh's sense of happiness led him to a burst of creativity and musicality. He wanted to compose a song, and also to play and sing other songs he knew. I felt he was so inspired, that his consciousness was not focused on reality. His thoughts were elsewhere. At the end of the session, I sang him a song aimed at bringing him back to reality from the consciousness of merging with the beanbag chair.

At the next meeting Josh kept making a beeline for the beanbag chair. While doing so, I initiated the introduction of the book "The Little Boy Likes, The Little Boy Dislikes" by Nurit Cohen (2002). On alternate pages of this book there are rhyming sentences about things that children like and do not like. I introduced the book with music by improvising a melody accompanied by the guitar. Josh did not oppose this, did not ask me to stop, and showed some interest. He initially distanced himself from the child in the book in many ways, however. For example, Josh described himself in opposite terms ("Everything the little boy doesn't like, I do like"), or he asked me to "read it from the book" when he thought I expected him to contribute his own lyrics. However, during the session, he slowly came closer to me. When we sang about what the little boy likes, Josh still wanted me to sing about the little boy but not him. However, at the same time, he made up his own lyrics that showed me he understood precisely at whom the song was aimed. For example, he paraphrased the line, "The little boy likes to go to his friends, but his mother doesn't allow it ...". Josh was asking me to continue to sing about what the little boy in the book does not like, but he wanted me to improvise the lyrics, which were about him, without his input. On one hand, I felt a desire to fulfil his request, but on the other hand, I did not know what his preferences were. I felt that the subtext of his request was to involve me. I, therefore, extracted and utilised information about things he did not like from personal hints he had given me.

He was apparently feeling his discontent until he finally said the sentence: "I do not like my mother constantly annoying me and telling me not to do something ...". For the first time in the therapeutic process, Josh verbally, and in an age-appropriate manner, expressed his anger concerning his mother. At the same time, he also established his emotional capacity to feel separate from her. Moreover, he expressed a complex emotional message and told me how she does not let him choose a bag he loves. He said, "But today she allowed me to choose and that's what I like. Now please sing about the things Josh likes."

Josh creates and verbally expresses assembled emotions: Analysis

The current section is the most significant within the process. Our bonding and attachment had enabled me to challenge Josh with children's songs he did not know and that did not even belong to his cultural repertoire. My decision to expose him to these songs was derived from their compatibility and relationship to his emotional stage. The mixture of both unfamiliar and compatible songs in an appropriately balanced manner also enabled him to contain himself, as well as being angry when he was tired of them. Josh told me that he was enjoying our sessions, which was corroborated by his mother. At home, Josh also became aware, with focused and sensitive intuition, of who was pleased

with him and, alternatively, who was restraining him. Josh continued moving throughout the mature-immature/ unrestricted-detained dialectical axis, having his various dimensions forming a splendid complexity.

Josh was extremely excited by the opportunity to get into the beanbag chair. It seemed to me as if in one act of getting into it he encapsulated two intentions. While he was fusing with his safe place, the beanbag chair, he was separating from me as well. Separating from me also entailed authentically connecting to himself, that is, leaving me at the beanbag chair's external envelope (i.e. the room space) and asking me to take part in his playing as an active observer.

His fusing with the beanbag chair could be interpreted in relation to his will to deepen his relationship with it, separate from his external world and community. The beanbag chair was highly flexible and containing. It would always gain the shape of the one who would repose on it. Being in such a world may have led to Josh feeling omnipotence. Consequently, I felt the desire to give words and melodies to this unique experience in order to reflect Josh's emotional world. I played a simple rhythm on the guitar and added a recitative and easy, accompanied melody.

Feeling he was omnipotent, for the first time Josh expressed his willingness to sing a song, and even composed one by himself, which he had been unable to do before. A review of his short song revealed a high level of organisation. Its squared structure contained four bars each of 4\4 meter: "I'm in the beanbag, I'm in the beanbag, bag, bag, bag." Josh used a happy staccato rhythm. The melody began with a downward trend and rose again towards its end, with repetition that sounded like a bouncing ball within the beanbag: "bag, bag, bag." Also, the phrase: "I'm in the beanbag" comprised two stable intervals – a second and a third - which appeared in the first section as well as in the second. Towards the Coda, the melody returned as a variation of the melody at the beginning. His singing style, as well as his voice, became age-appropriate. His voice now sounded stable, with the capability to keep the melody from start to finish. The musical structuring as well as the very ability to improvise such a song, attested to a more advanced and organised "self," which was capable of containing internal discourse, consistency, and a clear message.

Sessions 26-30: Farewell

The sessions that took place in the expected farewell process included a joint listening to Hasidic music chosen by Josh and joint "nonsense" singing. The feeling was of being together. Josh appeared to sense that this was our ending phase. He did not bring up new things, just letting us be together. It should be noted that Josh's mother had altered her approach towards him and even participated in two dyadic sessions near the end of the therapeutic process. Eventually, I realised that although he underwent a significant process, Josh did not really want to relinquish his vivid character and did not want to try to be what/who he was not. Additionally, the Ultra-Orthodox society in which he lived probably would not be changed either. However, what was important to me, and indeed it did happen, was to create a space for Josh to be able to say this to himself as well as to his family. Once he even tried to telephone his father, who was not as involved in the process, and tell him about what we were doing together. Unfortunately, he was unavailable.

More and more, I experienced Josh as a mature boy, explaining himself eloquently. The complexity of being "naughty" as well as religious, in an environment that is less tolerant to his playful

side, dwelled in his consciousness. While there were aspects that Josh was working on, there was also a need for Josh's family members to undergo their own process more broadly. I believe that the process that Josh and I began together could eventually expand.

During our last session, he wrote on the board "From Josh who..." and then asked me to write "was inside the beanbag chair." He then said: "I want you to tell whoever comes after me, that there was a kid here called Josh and he played with the beanbag chair". I also asked him what he would wish this child to think about him after they read it, and he answered: "I really don't care, let them think what they want."

Farewell: Analysis

Josh allowed me, and allowed himself, to feel what was truly going on within his relationship with his mother. He discovered mixed feelings of loss, need, and dependency, which had become feelings of anger. At the same time, I recognised a maturity in him, e.g. that he knew how to be angry without losing control, as well as understanding the complexity of the relationship: His mother's actions would sometimes satisfy him, and sometimes would not. From our mutual experience, we prepared for our farewell, which Josh seemed to accept. At our final meeting he did not create anything new, nor did he open new topics, but only asked that we listen together to the music he loved. Once again, he revealed his musical preferences for more romantic and sensitive songs. He remembered his favourite melodies and asked to hear them again.

CONCLUSION

Compared to his chaotic reality at the beginning, Josh's "self" had been moulded into a more coherent and consistent figure. He was now much more aware of what was happening to him. The question that remains in my mind is whether Josh's parents understood that the potentially difficult road ahead towards Josh's continued well-being may be partially dependent on their ability to change. One significant insight I have absorbed from this process is the comprehension of the complexity of achieving the therapeutic goals while knowing that the patient's well-being and welfare is a factor of his private, family and social-cultural environment. It seems that all these dimensions came together to show me that in the Ultra-Orthodox community in which Josh lives it is not enough for him to mature by accepting and being comfortable with himself, and even being able to project this out to society. Both his community and family need to embrace his uniqueness. Eventually, they are the ones who will give Josh the impetus to grow. His quality of life is first and foremost derived from his affiliation to the general society in which he lives.

REFERENCES

- Amir, D. (1999). *Meeting the sounds: Music therapy: Practice, theory and research* [in Hebrew]. Bar-Ilan University.
- Beker, A., & Davidi, L. (n.d), Preschoolers' playing [in Hebrew]. <https://www.itu.cet.ac.il/%D7%94%D7%9E%D7%A9%D7%97%D7%A7-%D7%91%D7%92%D7%99%D7%9C-%D7%94%D7%A8%D7%9A/>
- Belsky, J. (1984). The determinants of parenting: a process model. *Child development*, 55, 83-96.
- Bodner, E., Iancu, I., Gilboa, A., Sarel, A., Mazor, A., & Amir, D. (2007). Finding words for emotions: The reactions of patients with major depressive disorder towards various musical excerpts. *The Arts in Psychotherapy*, 34, 142–150.
- Bruchin, E. (2014). *The willingness to applying for professional-mental help in Ultra-Orthodox society* [in Hebrew]. [Master's thesis, University of Haifa]. <http://www.imc.org.il/wp-content/uploads/2016/03/%D7%91%D7%A8%D7%95%D7%9B%D7%99%D7%9F-2014-%D7%98%D7%99%D7%A4%D7%95%D7%9C-%D7%A0%D7%A4%D7%A9%D7%99-%D7%97%D7%A8%D7%93%D7%99%D7%9D-1.pdf>

- Clifford, E. (1963). Social visibility. *Child Development*, 34(3), 799-808.
- Cohen, N. (2002). *The little boy likes, the little boy dislikes*. Korim.
- David, H. (2012a). Diagnosing gifted child. <http://www.hebpsy.net/articles.asp?id=2779>
- David, H. (2012b). The Jerusalemite Abraham Isaac: My encounter with an Ultra-Orthodox gifted child. <https://www.hebpsy.net/articles.asp?id=2838>
- de la Torre-Luque, A., Caparros-Gonzalez, R. A., Bastard, T., Vico, F. J. & Buela-Casal, G. (2017). Acute stress recovery through listening to Melomics relaxing music: A randomized controlled trial. *Nordic Journal of Music Therapy*, 26(2), 124-141.
- Degangi, G.A., Breinbauer, C., Doussard, Roosevelt J., Porges, S., & Greenspan, S. (2000). Prediction of childhood problems at three years in children experiencing disorders of regulation during infancy. *Infant Mental Health Journal*, 21(3), 156-175.
- Donaldson, J., & Scheffler, A. (2000). *Monkey puzzle*. Macmillan Children's Books.
- Eckhardt, K. J., & Dinsmore, J. A. (2012). Mindful music listening as a potential treatment for depression. *Journal of Creativity in Mental Health*, 7, 176-186.
- Fink-Kronenberg, I. (2007). Emotion regulation in infancy [in Hebrew]. <http://www.hebpsy.net/articles.asp?id=1223>
- Fosha, D. (2001). The dyadic regulation of affect. *Journal of Clinical Psychology*, 57(2).
- Friedman, M. (1991). *The Haredi society: The Ultra-Religious community in Jerusalem* [in Hebrew]. Mahon Yerushalayim Leheker Israel.
- Friedman, M., & Shelhav, Y. (1985). *Spreading but staying secluded: The Haredi community in Jerusalem* [in Hebrew]. The Jerusalem Institute for Israel Studies.
- Ghazban, N. (2013). Emotion regulation in infants using maternal singing and speech. [Doctoral dissertation, Ryerson University]. <http://digital.library.ryerson.ca/islandora/object/RULA%3A3131/datastream/OBJ/Emotion%20regulation%20in%20infants%20using%20maternal%20singing%20and%20speech>
- Gross, J. (2014). Emotion regulation: Conceptual and empirical foundations. In J. Gross (Ed.), *Handbook of emotion regulation* (pp. 3–20). The Guilford Press.
- Hess, E., & Pitariu, H. (2011). Psychotherapy of ultra-orthodox Jews in Israel – a qualitative assessment of conflicts and reconciliations. *Europe's Journal of Psychology*, 7(3), 502-533.
- Hoffman, S., & Ben-Shalom, H. (2001). Reflections on working in an Ultra-Orthodox mental health clinic. *International Journal of Psychotherapy*, 15(3), 43-51.
- Huppert, J. D., Seiv, J., & Kushner, E. S. (2007). When religion and obsessive–compulsive disorder collide: Treating scrupulosity in ultraorthodox Jews. *Journal of Clinical Psychology*, 63(10), 925–941.
- Jemstedt, A. (2019). Being, creativity and potential space, 1969-1971. In A. Treacher Kabesh (Ed.), *Twelve essays on Winnicott*. (pp. 165-181). Oxford University Press.
- Johnson, B. E., & Ray, W. (2016). Family systems theory. In S. Smith (Ed.), *The Wiley Blackwell encyclopedia of family studies* (pp. 782-787). Wiley-Blackwell Publishing.
- Kenny, C. B. (1989). *The field of play: A guide for the theory and practice of music therapy*. Ridgeview Publishing Company.
- Lyons-Ruth, K., & Spielman, E. (2004). Disorganized infant attachment strategies and helpless-fearful profiles of parenting: Integrating attachment research with clinical intervention. *Infant Mental Health Journal*, 25, 318–335.
- Malloch, S. N. (2000). Mothers and infants and communicative musicality. *Musicae Scientiae*, 3, 29-57.
- Marik, M., & Stegemann, T. (2016). Introducing a new model of emotion regulation with implications for everyday use of music and music therapy. *Musicae Scientiae*, 20(1), 53-67.
- Morgan, E., & Kuykendall, C. (2012). *What every child needs*. Bondfire Books.
- Music, G. (2014). The buzz trap: Speeded-up lives, distractedness, impulsiveness and decreasing empathy. *Psychodynamic Practice*, 20(3), 228-249.
- Neumann, E. (2011). *The child: Structure and dynamics of the nascent personality* [in Hebrew]. Hasinut.
- NICHHD. (2004). Affect dysregulation in the mother-child relationship in the toddler years: Antecedents and consequences. *Development and Psychopathology*, 16, 43-68.
- Oppenheimer, A. (2000). *Heinz Kohut* [in Hebrew]. Tolaat Sefarim.
- Rap, U. (1980). *The world of playing* [in Hebrew]. Ministry of Defense.
- Schnall, E. (2006). Multicultural counseling and the orthodox Jew. *Journal of Counseling & Development*, 84, 276-282.
- Seri, N. (2013). *What would you sing to ultra-orthodox children?* [in Hebrew] [Unpublished thesis, Bar-Ilan University].
- Seri, N., & Gilboa, A. (2018). When music therapists adopt an ethnographic approach: Discovering the music of ultra-religious boys in Israel. *Approaches: An Interdisciplinary Journal of Music Therapy*, 10(2), 189-203. <http://approaches.gr/seri-a20170308/>
- Sheleg, Y. (2000). *The new religious Jews* [in Hebrew]. Keter Publishing House.
- Skandland, M. S. (2013). Everyday music listening and affect regulation: The role of MP3 players. *International Journal of Qualitative Studies on Health and Well-being*, 8. <https://www.tandfonline.com/doi/full/10.3402/qhw.v8i0.20595>
- Stern, D. N. (2005). *The interpersonal world of the infant* [in Hebrew]. Modan.
- Stern, D.N. (2010). The issue of vitality. *Nordic Journal of Music Therapy*, 19(2), 88-102.
- The Ultra-Orthodox Forum for Arts Therapists (n.d). <https://www.forumtaplot.co.il/>
- Thoma, M. V., La Marca, R., Brönnimann, R., Finkel, L., Ehlert, U., Nater, U. M., & Newton, R. (2013). The effect of music on the human stress response. *PLoS One*, 8, e70158.
- Trevarthen, C., & Hubble, P. (1978). Secondary Intersubjectivity: Confidence, confiding and acts of meaning in the first year. In A. Lock (Ed.), *Action, gesture, and symbol* (pp. 183-229). Academic Press.
- Trevarthen, C., & Malloch, S.N. (2000). The dance of wellbeing: Defining the musical therapeutic effect. *Nordic Journal of Music Therapy*, 9, 3-17.
- Webb, J.T., & Kleine, P.A. (1993). Assessing gifted and talented children. In J. Culbertson and D. Willis (Eds.), *Testing young children* (pp. 383-407). PRO-ED.
- Winnicott, D. W. (1958). Primitive emotional development. In D. W. Winnicott, *Collected papers: Through paediatrics to psychoanalysis* (pp. 145-156). Tavistock Publication.

- Winnicott, D. W. (1995). *Play and reality* [in Hebrew]. Am Oved.
- Yafeh, O. (2004). *Becoming an Ultra-Orthodox girl: Socialization practices, pedagogical discourse and self-construction* [in Hebrew]. [Unpublished doctoral dissertation, Hebrew University of Jerusalem].
- Yehuda, N. (2005). *Characteristics of the cross-cultural encounter in music: Between therapist and client in music therapy, and between the musician and the music in the process of performing* [in Hebrew]. [Unpublished doctoral dissertation, Bar-Ilan University].
- Yona, Y., & Goodman, Y. (2004). Religiosity and secularism in Israel: Other alternative perspectives. In Y. Yona & Y. Goodman (Eds.), *Maelstrom of identities: A critical look at religion and secularity in Israel* (pp. 9-46). The Van Leer Jerusalem Institute.

Ελληνική περίληψη | Greek abstract

Μία κλινική μελέτη περίπτωσης: Μουσικοθεραπεία με ένα Υπερ-Ορθόδοξο Εβραίο αγόρι με δυσκολίες συμπεριφοράς και αναπτυξιακές ελλείψεις

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ΠΕΡΙΛΗΨΗ

Αυτή η μελέτη αφορά τον Josh, ένα Ισραηλινό πεντάχρονο παιδί, σε μία Υπερ-Ορθόδοξη Εβραϊκή κοινότητα. Ο Josh (ψευδώνυμο), παραπέμφθηκε για μουσικοθεραπεία λόγω της μη-συμβατής για την ηλικία του ανάπτυξη και τις δυσκολίες του ως προς την συναισθηματική του αυτορρύθμιση. Οι τρόποι έκφρασης των συναισθημάτων και των συμπεριφορών του Josh θεωρήθηκαν αντικρουόμενες με τις Υπερ-Ορθόδοξες κοινωνικοπολιτισμικές συμβάσεις. Η οικογένεια και η κοινότητα εντός της οποίας ζούσε ο Josh δίσταζαν να συμπεριλάβουν και να αποδεχτούν τις δυσκολίες του. Ως ένας μη Υπερ-Ορθόδοξος μουσικοθεραπευτής, η διαπολιτισμική θεραπευτική διαδικασία ανέδειξε ουσιαστικά ερωτήματα σχετικά με τον ρόλο μου στην φροντίδα του Josh. Ένα ερώτημα ήταν το εάν όφειλα να βοηθήσω τον Josh να αποκαλύψει την αυθεντική ζωηρή προσωπικότητά του, σε αντίθεση με τις συμβάσεις της κοινότητάς του, ή αντιθέτως να τον βοηθήσω να ανταποκριθεί στις απαιτήσεις της συντηρητικής και αυστηρής κοινότητάς του. Κατά τη διάρκεια της θεραπευτικής διαδικασίας, η μητέρα του Josh εξέφρασε δυσκολία στο να αποδεχτεί τον χαρακτήρα του, κάτι που θεώρησα ως ένδειξη απόρριψης. Αυτή η εμπειρία φάνηκε να προκαλεί φόβο στον Josh ότι μπορεί να εγκαταλειφθεί από τη μητέρα του και να αποζητά έναν δεσμό προσκόλλησης με κάποιον που τον κατανοεί και τον αποδέχεται. Κατά τη διάρκεια των συνεδριών παίζαμε, αυτοσχεδιάζαμε, τραγουδούσαμε και δημιουργήσαμε μια αίσθηση σύμπνοιας. Ως αποτέλεσμα, ο Josh αισθάνθηκε άνετα να εκφράσει την ζωηρή προσωπικότητά του. Έτσι, το παιδί που ξεκίνησε με μία ανώριμη δυνατότητα αυτοέκφρασης, ανέπτυξε αυτορρυθμιζόμενη συνοχή έκφρασης μέσω της φωνής, των ηχογραφήσεων, των αυτοσχεδιασμών και της επικοινωνιακής μουσικότητας. Η θεραπευτική σχέση που δεν επιχείρησε να τον «διορθώσει» αλλά να τον συμπεριλάβει και να τον αποδεχτεί, οδήγησε τον Josh να υιοθετήσει πιο αποτελεσματικές στρατηγικές συμπεριφοράς, επικοινωνίας και συναισθημάτων, που με τη σειρά τους βοήθησαν στην κατάκτηση συναισθηματικής αυτορρύθμισης. Συμπερασματικά, ο Josh κατόρθωσε ως παιδί να διατηρήσει την πολυπλοκότητα της έντονης προσωπικότητάς του αλλά και να αποδεχτεί τις συντηρητικές κοινωνικές συμβάσεις της Υπερ-Ορθόδοξης κοινότητας.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

δεσμός προσκόλλησης, συναισθηματική ρύθμιση, απορρύθμιση, Υπερ-Ορθόδοξος, αναπτυξιακές ελλείψεις, διαπολιτισμικότητα, εαυτός