

Storycomposing in music therapy. A collaborative experiment with a young co-researcher

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Introduction

This text describes how a young person interprets his own musical creations created in a meaning reconstruction process after a traumatic loss. He investigates his own music therapy process as a co-researcher with a therapist-researcher. The source of this study is a two-year music therapy process with a 7-to-9-year-old boy after the accidental death of his sibling. The music therapy method used is Storycomposing, which is based on personal musical inventions and interaction. The research process takes place five years later with the same boy. Now 14 years old, the boy was invited to be a co-researcher.

This text also introduces the Storycomposing method, which was created together with children under school age in 1999-2002 in a day-care centre. During this period, Storycomposing showed its practical efficiency both as a music therapy method and in other musical contexts. The method is also used as a research tool in this research experiment. The text describes the communication between mind and music within the Storycomposing method in a meaning making process from a child's perspective. As the creator of Storycomposing, I want to discover more about how Storycomposing functions and facilitates a child to recover mentally.

First I will introduce the background and the principles of the Storycomposing method. Then I will describe episodes from the collaborative research project with a young co-researcher. These episodes are elements of research narratives in my forthcoming doctoral thesis.¹

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Children's perspective

Storycomposing brings into discussion children's knowledge in music therapy practice and research. The development process of the Storycomposing method can be positioned in the first phase of Finnish childhood studies as an action-oriented approach where children are seen as social actors in their own environment. According to the sociologist Harriet Strandell (2010), this first phase was legitimating the study of children and regarding the child as a social being. The results were seen especially in the 1990's. The second phase in childhood studies is characterized by a growing diversity of approaches. The interdisciplinary interest is growing in fields other than sociological studies, and particularly in day-care centres and child protection (ibid.). The present study in music therapy with a young co-researcher can be placed within this second phase where the research interests are focusing on children's personal experiences and knowledge production. These perspectives are present in two ways in this article. Firstly, the children's perspective is evident in the way Storycomposing is created and developed. And secondly, the child's perspective is visible by inviting the young boy to be a co-researcher.

The first perspective to be explored is how Storycomposing is created and developed. The method is created by both consulting with and listening to children in a therapeutic music education project in a day-care centre. The pedagogy of listening with children is described as enabling communication and dialogue and recognizing different ways of expression, language, symbols and codes. By involving listening, not only with ears, but also with all senses, languages can be verbal, graphic, plastic, musical or gestural. This way of listening values the point of view and interpretation of others, and takes individuals out of anonymity (Rinaldi 2008:19ff). Behind the act of listening there can be, for example interest, doubt, desire or curiosity (ibid.). Clark (2005) mentions that listening is an active and dynamic process that involves children and adults discussing meanings, and that this act should be supported by choosing appropriate listening conditions (ibid.:491).

At the day-care centre, where the creating process of Storycomposing started, there were children both with and without disabilities. Traditional teaching methods did not open up for the possibilities of musical expression and communication for all of the children. In the developing process of Storycomposing, listening to and consulting with children meant taking the children's gestures into account and following their initiatives in the developing process of the children's personal music. This leads to a total change in how to conduct children's music lessons.

Consulting with children about the issues that affect their lives is a way of valuing children's own experiences and perspectives (Hart 1992). Consultation is described to happen within limits set by adults, but children are asked about their preferred alternatives, and serious attempts are made to provide these preferences (ibid.). Children should be consulted because it undoubtedly delivers better services for them and because children have the right to be heard (Hart 1992, Unicef 1989). Children can be consulted through a variety of participatory processes. The consultation process itself can be a learning experience for children and a step towards becoming participating members of society (Hart 1992, Hill, Davis, Prout & Tisdall 2004). All this happened in the Storycomposing project although I myself was not yet fully aware of the possibilities of children being knowledgeable producers.

When Storycomposing was identified, all children could participate in the Storycomposing activity equally because the method allows and accepts multidimensional musical expressions, without having strict pre-assumptions about good or bad, right or wrong. Consequently, storycompositions are not only conventional children's songs but also stories with music, compositions of contemporary style, and even games and plays with music. Such an approach encouraged shy and quiet children to participate and afforded children with concentration difficulties to concentrate much better. Children could cooperate well together, even the youngest ones, adults found new aptitudes and areas of interest, and all the children learnt to express themselves more creatively (Hakomäki 2009:151).

The development process of the Storycomposing method was not originally a research project. It arose from the practical needs of a therapeutic music education project that was testing and further developing the possibilities of a new notation system called Figurenotes² (see e.g. Hakomäki 2009:149, Drake Music Scotland 2010) with small children. The childhood studies and the knowledge of a significant method from that field called Storycrafting³ (see e.g. Riihelä 2001, Karlsson 2004) were strengthening the developing process of Storycomposing after the method was invented April 17th, 2000.

2 The Figure notes notation system uses colour and shape to define the musical elements of pitch and duration and is based on the ability to match identical symbols. Each musical note has a corresponding Figurenotes symbol and with the help of stickers attached to their keyboard or fret board, learners are asked to 'play what you see' (Drake Music Scotland 2012).

3 In Storycrafting you say: "Tell a story that you want to tell. I will write it down as accurately as I can. When the story is ready I will read it aloud. And then if you want you can correct or make any changes" (Riihelä 2001).

Due to the significant phenomena arising in the children's behaviour in the day-care centre, the developing process and research of Storycomposing also continued in music therapy settings.

Storycomposing

The Storycomposing method is a four-step procedure consisting of principles, which create frames for the activity. Inside these frames there is room for adjustment so that the method is suitable for every client in different settings and environments, and allows for the personal touch of every therapist. The steps of Storycomposing are 1) Musical expression, 2) Interaction, 3) A transcribed storycomposition, and 4) A performance.

Providing time and space for musical expression is what enables the act of Storycomposing to start. All kinds of keyboards are convenient instruments for Storycomposing, but many other instruments have also been successfully applied. Any other equipment that is needed may also be used.

The important premise in Storycomposing is that it is not teaching or supervision. It is listening to another person's thoughts, memories or feelings without evaluation, and then writing this down in a musical manner as carefully as possible. The piece is accepted as it is, and the music therapist does not complete the storycomposition in any way.

The storycompositions are always written down, using a form of notation by which the storycomposer can play the piece again precisely enough. This notation can be for example figure notes, conventional notation, graphic notation, drawings or photos supplemented with Bliss-symbols or Picture Communication Symbols (PCS) if needed.

Storycomposing always includes a performance of the storycompositions. It is a concert-like event where a storycomposition is played to significant others. A Storycomposing performance in a clinical music therapy setting is always a V.I.P. event where a special audience is invited. However, in other contexts, the performance setting may be more informal, but always planned beforehand. The performance can also take place together with the client and the therapist alone.

The co-storycomposer (here a music therapist) says to the storycomposer (here a child):

You may tell your story through music, and you may use words if you wish to. You may tell whatever is on your mind at the moment. I will listen very carefully and write it down using a notation system that suits you so that you can play it again later. When the storycomposition is finished you may play it again and we can share the meanings of it. Perhaps it will be important to find a title for the storycomposition. It may also be meaningful to perform the storycomposition for your significant others and share the meanings, feelings and memories the composition recalls.

If storycomposing takes place individually, the interaction between the storycomposer and the co-storycomposer (here a client and a music therapist) is in focus. But if storycomposing is performed in a group, the communication between the group members, for example members of a peer group or a family, is emphasised.

The instruction of Storycomposing is similar to the instruction of Storycrafting and the methods share many of the same principles such as children's active participation without teaching or evaluation, listening to children seriously, following children's initiatives, maintaining shared dialogue, and confirming children's copyright on their work (Hakomäki 2005; Karlsson 2000; Riihelä 1996).

As mentioned earlier, the children's perspective is evident in the way the Storycomposing progresses. A *second* important aspect is the presence of the child's perspective in this experiment by inviting the young person to be a co-researcher. This study wants to respond to a certain request, voiced by childhood researcher Alison Clark (2005:502): there is a need for more studies that draw on children's expertise about their early childhood. She proposes an exploration of different methodologies so as to include the experiences of children with special needs, and suggests retrospective accounts from older children about their early years experiences (ibid).

In this music therapy study a young person is invited to be a co-researcher because of his experience in the Storycomposing music therapy method. The pre-assumption is that he might be able to recall some of his thoughts from the therapy process that took place five years earlier. At this time he was reconstructing the meaning of his life after a traumatic loss, using the Storycomposing method in his music therapy process. Inevitably, the co-researcher is now interpreting the therapy process from another developmental phase and position in life. I claim that what is lost from the original experience of the boy at the age of seven-to-nine-years-old is improved by the 14-years old's ability to better formulate his thoughts in words. With this original choice of research setting, my aim is to get as close as possible to this child's experiences in the past music therapy process.

This experiment also became a follow-up of the therapy process, because the old therapeutic relationship of the co-researcher and the therapist-researcher could not be ignored. The boy was invited as a co-researcher five years after the therapy process only after thorough ethical consideration. In his own words, he felt honoured to take part in this research project. He hoped that the research would help other children and young people who have the same kind of traumatic experience. An informed consent was obtained from the boy and his parents. The purpose of inviting him to be a co-researcher was to get a child's viewpoint on the mechanisms of the music psychotherapy process and the meaning reconstruction process in particular.

The present study continues to explore the Storycomposing method from a child's perspective. The teenager was given the power to formulate his own research question. When talking about power issues in research with children it is crucial to consider whose interests the research serves, who owns the research and who the research is for (Kellett 2005:6). One of the purposes of this study is to show the results of when a child is empowered to express his own opinions in music therapy practice and research. This co-researcher wanted to know how and how much he had changed during and after the therapy process. The research design was formulated by the co-researcher and the therapist-researcher together.

Storycomposing turned out to also be a flexible tool for research. The old storycompositions were memorised, watched, played and listened to, and new storycompositions were created. Because the storycompositions were written down, it was possible for both the co-researcher and the therapist-researcher to play the pieces, which gave diverse perspectives to the music. For the co-researcher it was as easy as in the previous therapy process to create new storycompositions.

Children and youth-led research is said to have unique characteristics. Young people have the ability to develop and implement research projects, bringing a unique perspective or voice to the research not found through questioning (Delgado 2006). Young people can help broaden and revitalize old-fashioned and narrow-minded activities, transferring the knowledge and skills they achieve through active participation in a research project to other fields of their lives as well (ibid).

This is a study from a child's perspective with child-initiated data following principles that are introduced for example by Punch (2002) and Karlsson (2010). Though some studies of music therapy with children follow gestures and listen to children's experiences, viewpoints, and ways of expressing themselves creatively, it seems that the paradigm of child perspective is seldom used in music therapy research.

Firstly, this study aims to investigate the specific music therapy Storycomposing technique in the field of children's psychotherapy. Secondly, this study strives to investigate the mechanisms of the process connected with the outcomes (Gold, Wigram & Voracek 2007). This text concentrates on the children's perspective in the Storycomposing method and on a meaning reconstruction process from a child's point of view in the context of music therapy. Overall, this study aims to answer to a demand put forward by Baker and Wigram (2005:18f) that music therapists describe and define more precisely and exactly the choices and purposes of their work for music therapy clinicians, music therapy educators and students, other healthcare professionals, and for music therapy researchers.

Methods

The knowledge of this study is constructed in the spirit of constructivism, which sees knowledge as being formed in the research process. This choice embraces the idea that neither unchangeable truths nor a prior knowledge in the world exist because researchers construct scientific knowledge and truth. The selected people, who produce various truths and knowledge in their actions for this study, are the young co-researcher and the therapist-researcher. The basic themes of constructivism of this text, according to Mahoney (2004), are active agency, order, self, social-symbolic relatedness and lifespan development and are reflected in the Neimeyer's Meaning-Reconstruction Model (Neimeyer 2001) which has its roots in constructivism as well. This Meaning-Reconstruction Model is one of the significant developments in the study of bereavement.

Neimeyer et al. (2000) applies the constructivist position to grief theory in various ways. They suggest that because grief is a personal and individual incident, an experience of death actually tests our self-narrative by testing our own constructions of death. Neimeyer et al. (ibid.) emphasise that grieving allows the choice of whether to respond actively to grief, or to deny it. This process also involves others and the social environment of the grieving person. Feelings and emotions are the meaningful force of this constructive process and are often verbally inexpressible.

The Meaning-Reconstruction Model has five main assumptions on which the constructive process rests on: the individual narrative truth, discourse and rhetoric of that narrative, the tacit dimension of language, and the relational self which is affected by others, and a result of all this is the evolution of self-narrative (Neimeyer 2001). The co-researcher's interpretation of his music therapy story will be reflected in the Meaning-Reconstruction Model with the manners of narrative analysis.

The Meaning-Reconstruction Model has been chosen as a reflection surface for this research due to its nature of emphasising grieving and loss as an individual process of meaning reconstruction from a process which moves forward from a stage to another following same patterns with different people. This model is valued as respecting every individual's, including children's, unique life history and personality.

This text discusses the meaning of Storycomposing in the bi-personal field in which a therapist and a client create together in a therapeutic or analytical relationship. The Italian psychoanalyst Antonino Ferro (1999/2006) has set out his new conceptual system for analysis where he claims that the basic focus of the analytic relationship is both the conscious and unconscious interpersonal processes occurring between analysts and patients. The analytic couple constructs new meanings, which are based on the new stories they have created together in an emotional relationship and communication. This process of projective identification continuously exchanges the emotional elements between the therapist and the client. Ferro (2006:157) says that these elements can be dreams, drawings and anecdotes, but continues that it matters little which form of expression is used (2006:158). In this music therapy experiment the emotional elements are often in the form of tones, words and music which together create storycompositions.

Ferro (2006) stresses that the therapist should not attempt to fully express children's communication and emotional states, and that there should be room for children's own interpretations. Ferro (ibid.) reminds us of the importance of the unsaturated and weak interpretations of therapists providing space for active patient participation, in this case a child. My opinion is that Ferro's system and the theory of child perspective meet in these statements.

The answer to the main research question 'How does Storycomposing function as a children's music psychotherapy method?' is investigated with the help of Ferro's new conceptual system. Ferro's thinking opens for the mechanism of the mind in the narrative process of meaning reconstructing with the Storycomposing method. The narrative of the experiment will be interpreted through this thinking.

All the various aspects mentioned earlier are combined together in narrative analysis. The relevance of choosing narrative is to serve the possibility to hear new voices in music therapy research. The young co-researcher's voice is heard in order to further develop a new practice - the Storycomposing method - and to investigate the mechanisms of children's music psychotherapy with an expert through experience from a child's perspective. The boy's voice is reflected in the Meaning-Reconstruction Model and Ferro's system by the narrative manners.

The process of narrative analysis introduced by Vilma Hänninen (2011) is actualised in this research as follows: In the first scene, a tragedy occurs, which leads a 7-year-old boy and his family to ask for therapeutic help. This two year music therapy process forms a music therapy story of that process. A case narrative is composed out of that process including the 30 storycompositions created in it. In the second scene this same boy, now a 14-year old young person, is invited to be the co-researcher five years later. The previous case narrative and 30 storycompositions are the data material for the research. This research is a multimodal approach to storytelling as means of expression other than speech are also used. In this case musical storycompositions are a significant part of storytelling. The young co-researcher interprets, by the means of Storycomposing and dialogue together with the researcher, the case narrative which is composed from his therapy process. This provides a new perception of that previous music therapy process and of the Storycomposing method forming a research narrative. Also the co-researcher's narrative will be told in the forthcoming thesis based on this experiment.

The creator of this narrative is the 14-year-old co-researcher who is also the protagonist of the music therapy story and the research story. In purpose to give space for the co-researcher's voice and opinions, and to critically explore the method used and the previous therapy process, the therapist's notes from the process are not used as data in this experiment. The author of this research narrative is the researcher. What combines all these aspects presented in the methods are the constructive and narrative affiliation to the knowledge producing process. This is a participatory action research with only one collaborator.

Storycomposing as a music therapy method

Storycomposing is considered a songwriting method, which inevitably is strongly influenced by clinical improvisation. Storycomposing could be placed somewhere between Bruscia's (1991:7) definition of improvisation: "...improvising is useful in helping therapists establish a medium of communication with clients, enabling them to express feelings which are difficult to express verbally" and Baker's and Wigram's (2005:16) definition of songwriting: "The process of creating, notating, and/or recording lyrics and music by the client or clients and therapist within a therapeutic relationship to address psychosocial, emotional, cognitive and communication needs of the

client". Bruscia (1991:7) adds that improvisational methods are especially suitable for clients who need to develop creative and spontaneous interpersonal skills of expression. In the context of this text, the definition of Storycomposing could be as follows:

Storycomposing encourages and empowers a client to express himself with the help of music. The method creates a space where it is safe for the client to express weak and vulnerable sides of himself. The interaction impacted by storycompositions is a field where a client processes his life together with an empathic other.

What distinguishes the Storycomposing method from other therapeutic songwriting approaches is the role of the therapist. In Storycomposing the therapist does not suggest, advice, guide, teach or complete the creation process in any way. The music is created entirely by the client. The role of the therapist is to facilitate, to give technical support, e.g. to be the one who writes the creation down, and to be the listener who is interested in the client's musical mind (Hakomäki 2007). In addition, the creation of lyrics often has an important role in clinical songwriting processes (see Baker & Wigram 2005:252-253), but in Storycomposing the client's story can be told entirely through music. A title (even 'Nameless') and music (even just one note) together create a space where two minds meet in a therapeutic relationship. The result is then, in Ferros's (2006:158) words 'a sort of duet', a product of the relationship where the therapist's unsaturated interpretations leave space for the client's weak thoughts and together they construct the client's narrative. The Storycomposing method stresses the significance of musical elements in the therapeutic relationship to make it possible to tell the client's story through music.

In the music therapy process, which is the source of data for this experiment, Storycomposing is used as a specific music therapy technique and no other music therapy techniques are used. This includes verbal reflection. As only one music therapy technique is used, the change in the client is clearly perceived.

Clinical background

The clinical background for this study is a two-year music therapy process with a 7-to-9-year-old boy. His older brother had died accidentally three years earlier at the age of six. The boy became a client at the outpatient centre for families with his parents and his younger sister. The family had already attended a grieving group. But still this boy had restless behaviour; he was disturbing other children at school and was longing to die.

The parents were too sad themselves to support their children in the grieving processes. After the assessment meetings the boy started music therapy and the parents and the younger sister started family therapy.

The child had music therapy sessions that lasted for 45 minutes, once a week, for a year and ten months. In total there were 60 sessions. The therapist introduced the Storycomposing method to the child as a possible music therapy method. The thought behind this was that the child could express his emotions, memories and thoughts in a flexible manner. Even the difficult matters could then be shared with the therapist, family members and other professionals involved in this process. The storycompositions were collected in a folder which functioned as a therapy diary for the child and as notes for the therapist.

The boy created 30 storycompositions during the therapy process. Both the boy's music therapy process and the family's therapy process benefitted from these storycompositions. These two therapy processes were combined in the performance sessions of the storycompositions. A music therapist, a family therapist, a child psychiatrist and a nanny for the little sister formed the multidisciplinary treatment group with this family in an outpatient rehabilitation centre for families.

The goals of this family therapy process, which included a personal music therapy process for the son, were: a) to provide means for the boy to work with his grief so that he would become strong enough to continue his own personal growth and development, b) strengthen the parents so that they could support their children in their sorrow and c) to help the family members to understand each other in their different ways of mourning.

The music therapist and the family therapist were the main therapists for the family in question. Supervision was an essential part of this challenging treatment process. Both therapists had their own supervisors, and they consulted a third supervisor together. This study concentrates on the child's music therapy process from the child's point of view.

The 30 storycompositions mentioned earlier form the main data of the experiment. The change of the musical style of the storycompositions is one of the features that indicates the change in the therapy process. These storycompositions can roughly be divided into three parts. The first part consists of reserved frozen forms (1-6), the second part of mechanical signal like sounds (7-22) and the third part of unique, personal and affective musical expression (23-30). This article deals with meaningful storycompositions of the therapy process. The chosen storycompositions are 'October' (number 1), 'A Frozen Railway Engine' (2), 'A Little Butterfly' (3), 'A Frozen Ship' (4), 'Simon Robert' (14), 'Simon Robert' (23), 'Nick David' (25) and 'A Sudden Death' (30). I will continue this discussion around these storycompositions.

Case example

Research design

The therapist-researcher and the 14-year-old co-researcher met in a pre-session after letter and e-mail contact related to research purposes. In this pre-session they confirmed three research meetings and a post-research session. Each research meeting lasted for 90 minutes and took place every other week. Following the guidelines of the studies of child's perspective, the co-researcher was encouraged to take part in the decision making in the first research meeting: identifying and generating the data, choosing the ways in which to analyse it, and to discuss the reporting options. At first it was difficult for him to take an active role as a researcher because of our therapeutic relationship. In his words, the research project was for him "a small therapy process". The chosen research activities were memorising, watching, playing and listening to the old storycompositions, as well as creating some new pieces. By these means the co-researcher could recall his feelings and memories as a child and in particular outline his thoughts in present time about the process and himself. He gave new meanings to some storycompositions and to small details in them. The music and the titles of the pieces together opened up many levels of the therapeutic research dialogue. The Storycomposing method, as a tool for music therapy research, made it possible for the teenager to be an active co-researcher in this project. At the end of this project the boy felt that he had found the answer to his research question: how he had changed during and after the therapy process. The role of the Storycomposing method as a research tool was: helping to start discussion, engaging in the research process, recalling memories and feelings, completing and continuing the self narrative and helping to create new insights.

From now on the co-researcher is referred to as Nick or the boy and his late brother as Simon.

Meaning reconstruction

In the first research meeting the discussion between Nick and the researcher was mainly related to practical issues of the research project. They were also recalling the earlier therapy process with detailed descriptions of the past events. The discussion was initiated by watching the pieces in the folder and by playing a few of them chosen and played by Nick. The conversation was for example about the folder or piano

playing and Nick found it sometimes amusing to watch those old pieces. On the other hand he started to breathe heavily whilst experiencing some of the pieces and was very emotional by the end of the first research session. This was an important part of the process; engaging the co-researcher at the deeper level of experiences and memories of the research question. According to Angus et al. (1999: 256) the collaborative engaging in psychotherapy entail the articulation, elaboration and transformation of the client's self-told life history in three distinct modes of inquiry. These modes - external, internal and reflexive narrative mode – consist of descriptions and elaborations of events and reflexive insights of happenings, feelings, reactions and emotions in the past when the event was occurring and in the present when the story is told. When following the discussion modes in the three research meetings it is clearly seen that in the second meeting the discussion concentrated mostly on the boy's feelings in the therapy process and today in internal and reflexive modes. In the third research meeting those modes were still most common but diminished compared to the second meeting. Discussion about the feelings and thoughts about the research meeting had increased⁴.

A narrative truth

Seven years earlier in the music therapy process at the very first music therapy session Nick, at the age of seven, made his first storycomposition called 'October'. In the second research meeting the researcher plays the piece as requested by Nick. After hearing the piece Nick explains:

"This reminded me of the moment I was at the hospital to see my brother when he died". The researcher asks how that moment was. "It felt long", Nick replies. The researcher plays the piece again and Nick continues: "It is like waiting for something, and then more despair. And the end is still something this and that and so on, I don't know. This is what came into my mind". The researcher asks if Nick knew that these memories were going to come in to his mind. "No, I didn't know". So it was new knowledge to him as well.

By memorising, watching, listening to and playing the old storycompositions the boy is completing the holes of his memory and strengthening his life story. Even the difficult issues were integrated as life experiences.

Narrative is a creation of two minds and in this case within a therapeutic relationship (Abbott 2002; Ferro 2006). The interpretation of these narratives is influenced by a question; how to find meanings in the narratives (Abbott 2002)? In the discussion

4 This analysis is documented in detail in my doctoral thesis (in progress).

example above, meaning is searched for after the loss of a significant other. The Meaning-Reconstruction Model of Robert A. Neimeyer (2001) for the experience of loss is based on five assumptions of which the first one is the narrative truth, which is defined as an individual construction. Accordingly, a therapeutic couple creating a narrative together creates a field for a therapeutic meaning reconstruction (Ferro 2006).

The narrative that is created is not necessarily 'true' (Abbott 2002). In the example above, the boy's comment "This reminded me of the moment when I was at the hospital to see my brother when he died" is a representation of a narrative truth, which is created with the help of music in the presence of another. The importance of these narrative truths is that they are helping to make sense and create meaningful stories of our lives (Neimeyer 2001).

According to Neimeyer (2000), the second aspect in meaning reconstruction after a loss is that a person is actively responding to death and loss through discourse and rhetoric. This gives each person a chance to construct his own discourse that is rooted in his personal history of life. The example of how Nick creates narratives and storycompositions based on his loss, shows how he accommodates the loss into his identity, which has now changed.

One of the mechanisms of how this kind of creative work with music functions in that the meaning reconstruction process is noticeable when the boy finds more precise words to express his thoughts after hearing the musical piece a second time. First he says: "It [the moment in the hospital] felt long", and then after a second hearing of the piece: "It is like waiting for something, and then more despair". But still there is something which he can't describe in words: "And the end is still something this and that and so on, I don't know". In the third assumption, Neimeyer (2000) addresses the idea that many of our constructions of reality are verbally inexpressible. So maybe the end of this piece is best described not with words but with music.

A forwarding power in the mind's mental processing

In the second music therapy session seven years earlier, Nick created three pieces that he entitled, 'A Frozen Railway Engine', 'A Small Butterfly' and 'A Frozen Ship'. They form a three-piece series in C major. At the age of seven Nick found audible and titled shapes for his feelings and experiences. As is typical for a child of that age, he uses known symbols to represent the image, which in this case can be heard in music.

Nick is listening and the researcher is playing.

"First I felt melancholic. But then the first piece ['A Frozen Railway Engine'] didn't feel as if it was in such a low mood. How could I describe it? In my mind it's like a train travelling for a long day and it goes further and further on the railroad tracks. It is like that", he says.

Nick catches the image from over seven years ago and continues processing it, playing another piece. Then the researcher plays the piece called 'A Little Butterfly'.

"Well, it didn't sound like that [the previous piece], or rather it sounded more cheerful. Yes, it sounded like a butterfly", he says.

But this piece brings no memories to Nick at all.

The third piece of this series called 'A Frozen Ship' helps Nick to acquire a personal touch to the image which came into his mind at an earlier stage.

"Okay, 'frozen' suits this piece better. It's as if I'm stuck and sad. That is what the title tells us." Nick is convinced by his statement.

These pieces, forming a series of three, are composed in the same session and their music is similar to each other. What is interesting is that the storycompositions 'A Little Butterfly' and 'A Frozen Ship' are identical; however the last one is composed one octave lower than the previous one. The first piece of this series 'A Frozen Railway Engine' mirrored Nick's mood – melancholic. It is composed in the one-line octave. The second piece, composed in the small octave, did not bring out any feelings in the boy. The third piece, with exactly the same notes as the second piece but one octave lower, brings forth a more precise description of Nick's feelings: he is stuck and sad. The boy seems to be digging deeper and deeper, using lower notes as explanations for his feelings. This episode shows how musical elements, in this case mainly the pitch of the compositions, are functioning as a forwarding power of the boy's mental processing. The titles of the storycompositions and the music can together be valued, in Ferro's (2006:22) words, as "a collection of ingredients for possible stories, a source for tales, a 'pre-text' requiring reverie and narration". This process happened in the previous music therapy process at the level of which the 7-to-9-year-old boy could share, and is now continuing with the same boy at the age 14, however with a more explicit manner of expression.

In the technique of Storycomposing, the child's compositions are accepted pre se and the therapist does not complete the pieces in any way. The therapist

does not interpret the meanings of the pieces but listens and shares the feelings the storycompositions awaken in the process, in both the client's and the therapist's mind. In this way the therapist can meet a child on his/her terms and use the same level of communication as the child does. This is essential and guarantees that "all the semantic uncertainty suggested by the patient will be received", as Ferro (2006:159) stresses.

The next storycompositions in the earlier therapy process remain within the feelings and memories of the traumatic event. The nature of their meanings are at least on some level reached by the titles: 'Bad Dreaming', 'A Bad Dream', 'A War of Colours', 'A Black Night', 'An Ambulance', 'Nameless', 'A Cancer', 'Nameless' and 'Nameless'.

Even though the emotions that this experiment recall are sad, Nick is very motivated to continue the experiment. In a recent study Vuoskoski and Eerola (2012) found music-induced sadness to be more pleasant than just a recollection of sad autobiographical memories without music. This is a significant result to indicate music's motivating aspect in therapy work.

Mentalising Experiences

After two months of music therapy Nick composed a piece entitled with his late brother's name, 'Simon Robert'. This is the 14th storycompositions of the therapy process. Nick as co-researcher is dealing with this piece in each of the three research meetings.

In the first research meeting Nick watches the pieces in a folder and he stops at the pieces he wants to take a closer look at.

He plays the piece 'Simon Robert' and says: "It is not complicated." The researcher asks if it brings any memories. "Well, it sounded familiar to me, so I have heard it before", Nick answers. "But no thoughts about Simon. Maybe the title was just put there", he says.

This little episode is an example of how Nick has successfully included the death of his brother into his life story. The storycomposition is familiar to him but awakens no thoughts about Simon at this moment. The storycompositions can exist as 'emotional luggage' for both the client and the therapist (Ferro 2006: 162). The client may open the luggage in a session if and when he wants and to the degree that he wants.

During the second research meeting it is decided that the researcher will play all the pieces composed in the therapy process. She plays the piece 'Simon Robert'.

Nick says: "Well, sad. The sound is sad. That's all, I can say. Yes, that's all. It's a sad topic."

This time the boy finds words, or rather a word, for his feelings related to this piece. When storycompositions are written down it is possible to revisit them as many times as needed or desired. The underlying emotions in the stories told by the therapeutic couple, as Ferro (2006:161) puts it, can open up new paths of meaning. In Storycomposing this can be seen when performing the storycompositions. This is one of the essential and unique features of storycompositions as improvised musical creations.

As a traumatic event finds its form in an art form, it can become a part of "a dialogic representational or symbolic process", as a psychoanalyst Sverre Varvin (2002:174) points out. In an art form a cause of a trauma does not awaken "horror and helplessness in the other" (ibid.) but enables a sharing of the event or the reason in a way that can lead to a shared experience, and which can find new paths in a meaning reconstruction process (Neimeyer 2000, Varvin 2002, Ferro 2006).

This time, when the researcher was playing the storycomposition called 'Simon Robert' and Nick was listening to it, he found the meaning of the piece to be sad. The melody of the storycomposition is going downwards confirmed with leaps of an octave. The piece is composed to be slow: the lengths of the notes are minim (half note) except for the last note, which is a semi-breve (whole note). This gives a strong feeling of ending, like a funeral march. As no other data is used from the previous music therapy process in these storycompositions it is impossible to say which was done first, the title of the piece or the music. But now Nick was able to attach a feeling to this episode of his life narrative, which is important in the meaning reconstruction process after a traumatic experience (e.g. Varvin 2002).

Another piece called 'Simon Robert' was composed almost exactly one year after the first 'Simon Robert'. The researcher remembers that as a therapist she suggested that Nick play the old storycompositions, and she pointed out that he had composed a piece entitled 'Simon Robert' one year earlier. Nick then wanted to compose a new piece with the same title. It is the 23th storycomposition in the therapy process and entirely different from the previous 'Simon Robert'. There are technical experiments for both piano playing and notation. At the beginning there is a challenging piano technique with both hands and the piece ends with notes in three-line octave where Nick himself invented how to notate them.

At this point in the research meetings the researcher explains and remembers too much of the previous therapy process. This was the second research meeting and she reminds Nick how transformative this storycomposition was together with the 25th

storycomposition in the therapy process and tells impatiently all her own memories of that time in the therapy process. She also reminds him what the symbols he had created many years ago indicate, and with that unfortunately blocks the possibility for him to play the notes differently this time. This 'shuts Nick's mouth' and all he can say is: "Yes, but how do I play this?" even though the researcher had just explained how the symbols he had created were played earlier.

This episode demonstrates how a therapist-researcher's forceful and excited memories were impeding the narrative development, not sharing it but rather filling it with the therapist-researcher's interpretations. Her "attempts to clarify the boy's communications and emotional states end up by preventing them from being fully expressed" as Ferro (2006:113) would put it.

Storycompositions number 23 and 25 are a pair. They were composed approximately 14 months after the beginning of the earlier therapy process and 9 months before the end of it. In that therapy process Nick wanted to play the latter composition called 'Simon Robert' (number 23) two weeks after he had created it. Back then he suddenly said that he wanted to change the end of it. The notes of the original version were composed, but for this second version Nick wanted to improvise at the end, which meant it was to be played differently every time. When Nick had completed composing this second version he wanted to change the title of it. He did it by himself with a computer, changing the title to 'Nick David', which is his name. This was a transformative moment in the therapy process.

As a child Nick's personal development and growth had become difficult after his brother had died and Nick had tried to replace his big brother in many ways in relation to his parents. The parents and even the therapists every now and then called Nick by his late brother's name. With the help of these two storycompositions Nick found himself again in a way. Using Neimeyer's (2001) thoughts, it can be said that he defined himself anew, paradoxically with the help of his late brother. In the storycomposition entitled Nick David, the end of the composition varies every time. Nobody knows how it will be played next time, tomorrow, or after many years. It is as if Nick's life, which is continuing, is changing and developing all the time. Neimeyer (ibid.) points out that the self-narrative is constantly changing and that the tension behind this process can be the catalyst for opening of an internal story to something new and a more complex narrative. This refers to the fourth aspect of the Neimeyer's Meaning Reconstruction Model, which is the relational self affected by others.

A result of all this is the evolution of a self-narrative. The final concept in this Meaning Reconstruction Model is evolutionary epistemology which means that the self-narrative changes across time and contexts (Neimeyer 2000). After a loss, the

bereaved person may experience life in new ways of being until eventually finding a comfortable new identity. These experiments open the possibilities to experience growth in various aspects of the self. Overall, meaning reconstruction is an active process of finding meaning.

During the third research meeting Nick is looking through the folder of the storycompositions. He comments that the first composition called ‘Simon Robert’, though composed about an important person, is not in any particular way in his mind. The therapist-researcher’s interpretation is that he has found the way to live with the unfortunate fact that his brother has died. This perception will be strengthened in the same research meeting when another piece called ‘Simon Robert’ comes across.

The researcher plays the piece and the co-researcher comments:

“Very good! It was very good. Well, it didn’t awaken anything special. It has just been composed. And then I have wanted to have fun with those unknown notes”, Nick comments. “Maybe I have been memorising Simon. Yes, let’s continue”, he says.

As Nick and the researcher have decided she plays all the storycompositions from the therapy process in order, in the research setting. Now it is time to play the storycomposition called ‘Nick David’. Before the researcher plays it she puts the score of the piece ‘Simon Robert’ next to the piece ‘Nick David’.

Nick says: “There they are, the brothers”. She plays the piece ‘Nick David’. “Well, I think that the first verse is a surname because it is the same. And then there are our first names in the end”, Nick says. The researcher ensures that she has understood it right and Nick confirms. “Yes, that’s it. Let’s go further”, Nick continues.

With these comments Nick strengthens his new reconstruction of himself and his life.

The last four storycompositions in the therapy process are all unique in different ways. They don’t resemble each other and they are much more emotional and affective than the previous storycompositions. The composing style tells the therapist-researcher that the emotional blocks have opened. A piece called ‘A Devil and a Dragon’ is a container for “the evil feelings”, in Nick’s own words. There is a story with words in it, as well. The story goes: “A devil, a dragon. Getting nearer. A dragon, a devil, something rough. Spinning around, a fight. A death. Both are dying. A draw”.

The next storycomposition is called ‘The Swimming Contest’, then ‘Jazz Org 3’ and the penultimate is called ‘Brown and Red in disorder’. The last storycomposition in the therapy process was composed in the last therapy session, 22 months after the

beginning. Nick came cheerfully to this very last session. As a therapist I felt that he had dressed up a little bit. Immediately Nick said that he wanted to compose all by himself and the therapist may do something else. He went to piano, played and wrote the piece down himself and then he went to the computer and transcribed the piece with the computer. This piece is called 'A Sudden Death', which is terminology from ice hockey games. The title was written down in a special way, like a puzzle, where you have to find it out how to read it.

In the experiment setting the researcher plays the piece called 'A Sudden Death' in the last session.

"Yes, I wanted to create one more piece as a crown and that's what this is. It belongs to the ice-hockey world", Nick explains. Then he describes in detail to the researcher what happens when a sudden death occurs in an ice-hockey game. In this last research meeting Nick thinks that at the end of the therapy process his thoughts have been on different matters than they were at the beginning of the process. He realises it is because more thoughts came in to his mind in these research meetings from the earlier storycompositions. "Yes, these are normal events", he says about the piece called 'A Sudden Death'.

At the age of nine Nick created a storycomposition titled 'A Sudden Death' as a crown to his music therapy process after the traumatic loss of his brother. After painful emotions Nick, managed to metalize these experiences in a therapeutic relationship with the help of musical expression. Metalizing here means to feel and to clarify the feelings at the same time (Varvin 2002, Allen 2003). Based on Ferro's (2006) thoughts I claim that in a storycomposition a child's emotional world is to a certain extent connected to the external reality of the child's own life with language the child can understand. In this way a child can connect painful and traumatic experiences as a part of his/her life story and re-define the meaning of life sensibly enough, as Neimeyer's (2001) Meaning Reconstruction Model suggests.

Conclusion

The Storycomposing method seems to suit this child's processing of traumatic experiences. As this is a study with just one collaborator, further generalisations cannot be made. In this case the symbolic distance of music prevents a child from the memories being too horrifying for himself and others. With the help of personal musical

creativity, the child is able to create a form for his experience and memories, which are now emotionally shareable. The principles of the Storycomposing method empower the child to maintain his personal agency and to create together with the therapist a shared place for the child's and the therapist's mind to develop the child's narrative further. These principles also encourage the therapist to leave space for the child's own interpretations.

When analysing the content of the research discussions in this experiment⁵ it is notable that the co-researcher is often conforming with the therapist-researcher's viewpoints in ordinary discussion. But when the discussion is initiated by the boy's storycompositions, he states his own opinions and viewpoints more confidently. This suggests that the method succeeds in making it possible for child to maintain the individuality of his voice in an interaction with a central person of his life such as his therapist. This is true not only to the therapy process but also in a research setting. This could strengthen the awareness of the possibilities of children's musical creativity in various therapy settings where a child should be heard. This could also encourage the researchers to include the child perspective, therefore using more music as a participatory action research tool with children.

In this case the co-researcher, the former music therapy client, felt positive towards investigating his earlier therapy process after five years. He felt that he found an answer to his research question about how he had changed during and after the therapy process. In this experiment the boy's self-composed and self-selected storycompositions managed to evoke the needed emotions so that the co-researcher could recall memories of his life and the music therapy process and create new insights from that experience. Vuoskoski and Eerola (2012:8) found in their experiment that self-selected [even if not self-composed] sad music was strongly associated with autobiographical memories. As the co-researcher's former therapist it was possible to sense that this research project strengthened the client's feeling that he had succeeded in reconstructing new meanings for his life after his traumatic loss. As Bronna D. Romanoff (2001:254) puts it, "a narrative research process offers opportunity for both continuity and change" in a collaborative research project after a therapy process. My interpretation is that the co-researcher gained new insights into his life from being empowered as an active researcher. An Australian study questioned children aged 10 to 13 about the meaning of their participation as active researchers. This participation increased those children's levels of self-confidence, self-respect and self-esteem (Graham and Fitzgerald 2008, as cited in Kellett 2010). These aspects are undoubtedly often important goals in therapy processes as well.

5 This analysis is reported in detail in my doctoral thesis (under preparation).

The research couple in this study both had to be emotionally involved in the process because the aim was to reach the emotional level of the existing data. The co-researcher challenged the therapist-researcher to offer all the emotional support he needed in this research project. This challenged to test the principles of studies of child perspective in a therapy research setting where the researchers, a teenager and an adult, had a special relationship. The solution was to combine the ethical principles of both the studies of child's perspective (see e.g. Morrow 2005) and music therapy (EMTC 2005). As the experiment required the researcher's emotional engagement in the process it was essential, due to ethical considerations, to have continual clinical supervision during the data collection and the writing process.⁶

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