CHAPTER 9

" Can You Play With Me?":

Dealing With Trauma, Grief and Loss

Through Analytical Music Therapy and Play Therapy

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This chapter describes the case of a four-year-old boy who suffers from separation anxiety and adjustment difficulties due to the loss of a loved one. He exhibited violent and disruptive behavior in his classroom, and had difficulties during transitions and when separating from his parents. Analytical Music Therapy (AMT) and psychodynamic Play Therapy (PT) were used as treatment methods to meet his developmental needs. Half hour sessions were held twice a week over a period of five months in the pre-school "Warren street Center for Families and Children" that is sponsored by Lutheran Medical Center in Brooklyn, New York... AMT and PT methods are described and issues of resistance, transference, and countertransference are explored.

Setting

Warren Street Center is a daycare facility that cares for 120 children from low-income families. It is an ACD (Agency for Child Development) funded childcare center with a preschool and after school program. Children age three to five attend in three groups during the day, and the after school program offers enrichment activities for school age children divided by age in three groups.

A music therapy support program was established offering individual and group sessions. The main issues addressed were trauma, grief, and loss. Divorce, domestic violence, substance abuse, neglect and abandonment, economic instability, inconsistent relationships and poor parenting skills were usually involved. Children were referred to music therapy by teachers and parents for assistance with behavioral issues. In addition, the music therapist worked in classrooms and conducted drum circles that supported the therapeutic work taking place during music therapy sessions.

Weekly case conference meetings were held by a team, which included a social service coordinator, teachers, educational directors, the music therapist and a clinical supervisor. Treatment goals, tools for use in the classroom, progress on cases or current candidates for referrals were discussed.

Theoretical Framework and Techniques

"You can discover more about a person in play

than in a year of conversation." Plato

This chapter will demonstrate how combining AMT with PT techniques creates new opportunities for treatment of young children suffering from trauma, grief and loss. The cornerstone of this approach is based on the AMT work of Marie Priestley and Benedikte Scheiby.

Children's feelings are often inaccessible at the verbal level whereas music provides a more suitable vehicle for expression. Healing can occur within the " playing" with the guidance of the therapist who is able to analyze the symbolic content. As a result AMT with children can be defined as the analytically informed, symbolically inspired use of improvised music and songs, pre-composed songs, musical stories and musical accompaniment to explore the child's inner life.

Play has been used as a form of therapy for decades. Play is universal in communication, in building relationships and in the facilitation of health and growth. (Winnicott, 1971)

Psychodynamic PT concentrates on introducing or reawakening the child's ability to create self-healing play. Behavioral techniques are used to assist the process of looking at the internal world of a child psychodynamically through

analysis of environmental and developmental factors, of defenses, and the equilibrium of the id, ego and superego.

AMT and PT are well suited to be used together. Both depend on the analysis of resistance, transference and countertransference. Emphasis is on the interpretation of the child's play and music that he or she makes, to gain insight into the child's inner conflicts and traumas. Children use play and music symbolically to manifest internal concerns. They can tolerate the expression of powerful feelings and experiences through these mediums in a safe way. The goal is for the child to process the traumatic event and give it appropriate and realistic meaning so that it can be stored as a tolerable memory.

Children's ability to express feelings is limited by their undeveloped verbal skills and immature processing of fantasy and reality. The therapist must analyze needs and use this understanding to help the child overcome problems thus shaping the movement of therapy. The goal is to improve the child's ability to control his/ her environment. The therapist must remain playful in the session and encourage the child to be curious, spontaneous and willing to explore.

Traumatized children often replay an event or scene over and over again. Such play can be devoid of enjoyment or freedom of expression. Adding sound and music to this kind of play helps children to master the frightening feelings caused by their traumatic experience. When the child is fixated on repetitive play or when music seems stuck, the therapist must intervene in order to prevent the

child from becoming re-traumatized. When, however, the child is already playing in a constructive self- healing manner, or is brought to that point by the therapist, the next stage of therapy can follow. The therapy is designed to use play and music to lead the child to acquiring coping skills and inner peace.

Release is a crucial aspect of engaging in play and making music. In the reenactment of a traumatic event, the child is able to release pain and tension. Within the therapeutic environment the child is in control. By moving out of the role of the victim the child can become the one who is empowered. The therapist's role is to witness the play and, at times, to add affect to the child's scenario.

The combination of music and play creates a bond between the child and the therapist. It adds a dimension to the experience of human relationship that is unique. It permits closeness and deep satisfaction from creating music as well as from the familiarity of playing with toys. Instruments can become transitional objects. They can serve as characters or toys with which children create stories.

Analytical Music Therapy techniques

Priestley (1994) developed groups of techniques to probe consciousness, access the unconscious and strengthen the ego. The following techniques were used:

CONSCIOUSNESS PROBING TECHNIQUES:

- Holding: the therapist acts as a container for all of the child's musical and sound expression.
- Splitting: the child is encouraged to role-play conflicts and projections musically in order to explore feelings that have been lost or unconscious.
- Investigation of Emotional Investment: emotions are explored musically when words are counter productive or don't seem logical.
- EGO-STRENGTHENING TECHNIQUES:
- Reality Rehearsal: the child practices changes and responses that have been realized in therapy for later implementation in future experiences.
- Affirmations: life, joy, and peace are celebrated.
- Sub-verbal Communication: improvised music is created with neither title nor focus.
- Patterns of Significance: Music improvisations create opportunities to discover feelings regarding a significant life event such as death or birth.

Play Therapy techniques

Psychodynamic Play Therapy uses the concepts of resistance, externalization, transference and counter transference (Cangelosi 2004). Within this framework a therapeutic alliance is established and maintained. Child and parent relationships, developmental needs and deficits and internal conflicts are dealt with. These issues can be relieved by making them conscious, ego-resources are increased, coping skills area improved, and symptoms are decreased. A variety of play therapy techniques as developed by Kaduson (1997, 2001, 2004) were used in this context:

- Use of Metaphors and Symbols: Children often use metaphors and symbols to express their worries. The therapist decides whether to stay within the metaphor and use it to address underlying issues or, if the child is ready to make a direct connection to the child's understanding of reality.
- Color your Feelings: The child identifies varies feelings by choosing colored markers to identify those feelings. The child then colors the location of the feelings on a drawing of an outlined body and talks about when or how these feelings originate.
- Throw Splat Eggs: The child and therapist take turns throwing fake, sticky eggs at a surface. Each time an egg is thrown a like or dislike is identified. This physical release often allows the child to share things that they otherwise would not.

- Monster: When children feel anxious, they often choose the symbol of a monster in their play. The monster will be fought, overcome and defeated. The child develops the courage and resourcefulness necessary to master internal fears.
- Pretend or Role Play: Children use role-playing to act out traumatic events in a safe way. Things happen to an imagined third person. The child is often able to develop a rescue intervention.
- Broadcast News: The child and therapist pretend to be delivering a news broadcast to other children who call in and ask questions that the child, as the expert in the field will answer. The therapist plays the child caller and has the opportunity to raise issues that the child finds difficult to verbalize. The child may discover resources and problem solving skills independently.
- Blowing Bubbles: The child and therapist blow bubbles of different sizes, learning how to inhale and exhale deeply. This playful technique teaches breath and body control that should be used when feeling anxious, overwhelmed or angry.
- Dollhouse Play, Hand Puppet Play, Pretend Play and use of play dough: These create a free associational playground in which the child has the opportunity to share his or her world safely. The therapist can observe, challenge or decide to intervene. The therapist incorporates meaningful

symbolic content into the child's choice of play, to discover underlying issues. The therapist must maintain a balance between helping the child to express issues without breaking down defensive barriers prematurely. If the child is not ready, the therapist must wait and try again while creatively expanding the play.

Cry for help - A case history

In my first meeting with Bill (not his real name), a four-year-old African American boy, he was very angry, kicking, screaming, and spitting. His facial expression resembled that of a lost, hurt animal. We sat down where we were, in the hall outside his classroom. Holding him tightly I felt somewhat frightened myself by this violent outburst from such a small child. Words didn't reach him, so I began to sing a lullaby. Eventually he calmed.

Before beginning my sessions with Bill, I met with his parents. Both were unemployed. However, the mother was soon to begin working. His father was the primary care taker. The mother seemed to be emotionally disengaged and was somewhat confrontational while the father was less defensive and quite concerned. It was immediately evident that the parents were unable to set limits for Bill. They did not understand the severity of their son's problems and were in denial. Bills babysitter, a woman who had taken full time care of Bill for the first three years of his life, died suddenly, six months before Bill was referred to me.

The parents had underestimated the long lasting impact of Bill's loss and did not observe the changes in his behavior until they were asked to be involved through their son's unruly record at school.

Bill had two much older siblings (from a different father) who were living in the house. He was the "baby" in the home and seemed to get away with everything. From the description of his home life I concluded that there were very few limits for Bill and his parents were in need of help with parenting skills. Bills favorite activities were watching TV and playing with toys. His verbal skills for his age were rather good and he was able to express himself very well.

Bill had also recently changed classrooms and moved to an older age group. This involved meeting new peers as well as adjusting to a new teacher, which had apparently triggered his "bad" behavior. He showed aggressive behavior in his class after he has moved into the new group. He refused to follow directions, wasn't getting along with his peers, and used his body to resolve conflicts. He expressed anger, acted unpredictably and violently. His teachers were unable to cope with his outbursts. On two occasions he had to be restrained. Bill asked for his Dad repeatedly and acted anxious when dropped off in the mornings and during transitions. Bill was obviously crying out for help.

Based on my assessments conducted through musical interactions and play, I concluded that Bill was primarily suffering from the loss of his baby sitter whose death had not been acknowledged or processed. In addition to his difficulty

with transitions at school, his mother was about to start a new job, which I believed triggered acting out behaviors stemming from high separation anxiety and the fear that his parents might die as well.

The following goals were established for Bill:

1. To increase feeling identification
2. To increase impulse control and anger control
3. To decrease his level of anxiety and separation anxiety
4. To identify feelings involving the death of his babysitter
5. To develop coping skills
6. To increase his ability to tolerate frustration
7. To increase his social skills
8. To increase his ability to accept limits

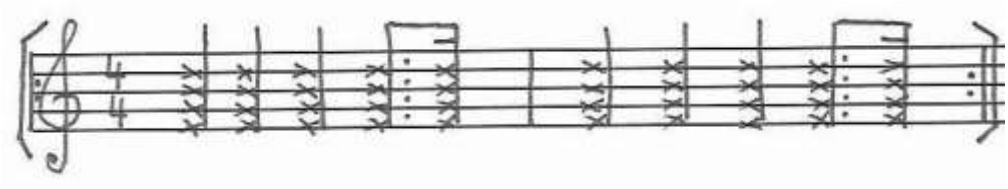
Warming up

Session 1

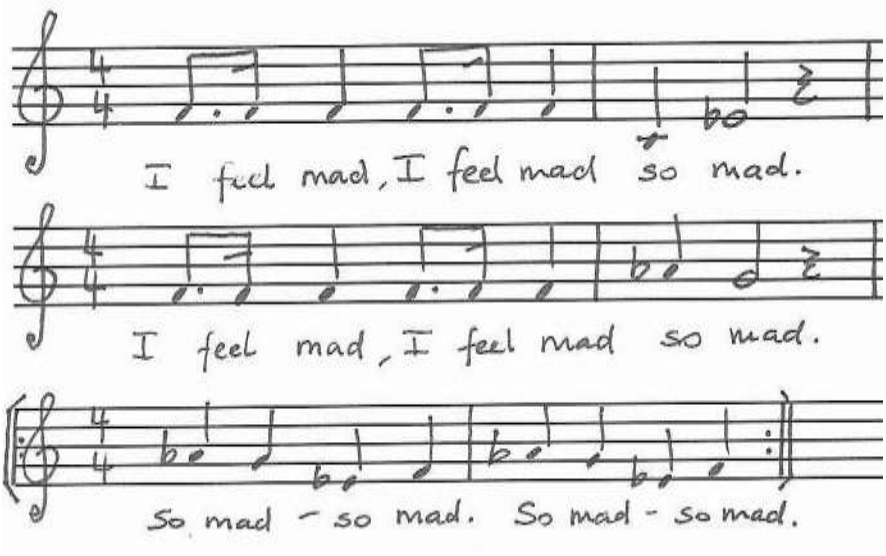
Bill came into the room eager to explore and to challenge limits. Anticipating transition difficulties, I introduced the "timer". Bill set the timer for 30 minutes and learned that when it rung it would be time to sing good-bye. I established some ground rules with Bill to keep him, the toys and the instruments safe. In this phase of treatment I encouraged him to share how he felt and to express himself with sounds and musical instruments.

Session 3:

Bill appeared to be feeling quite mad. The hello song was challenging to contain. He beat the xylophone so hard that bars went flying off. The volume was so high that it felt like he wanted to tune me out. He moved to the piano playing clusters, at times forming repetitive, ongoing triplets. He then eased into a march like rhythm:



I played the guitar, first mirroring and containing his chaos, then slowly following his rhythm with F major and C minor chords. He sang out loud:



I mirrored all of his singing to make sure that he had heard himself. I started by asking him through singing why he felt so mad. He answered that his teacher would not let him see his Dad. I assured him that his Dad was going to come to pick him up at 3 pm. He pointed to the drum set and I asked him what he wanted me to play, making sure that he felt that he was in control. He chose a big drum for me to play, as if he wanted to make sure that I would be able to hold him musically. He began to play a strong quarter note rhythm and I followed him. He chanted "Ms. O makes me so mad." repeatedly. I repeated the same phrase and then added "Because I can't see my dad. I miss my dad." I repeated these phrases. His drumming slowed and quieted down. Deep sadness emanated from his small body. I saw tears welling up in his eyes. I chanted "I feel sad, I miss my dad" repeatedly, holding him in his sadness. He stopped and pointed to one of the feeling chart pictures on the wall. He chose "lonely" stating "That is me". I was amazed by his ability to make the connection between missing his father and feeling lonely.

While containing and holding him, I investigate why he felt mad using the AMT technique *Holding* and *Investigation of Emotional Investment*. I also tried to connect with him through his sadness. I used my own counter transference and connected with my lonely inner child. I still miss my father, having lost him twice through divorce and early death. Chanting was a safe way to express what he couldn't say because it was too painful, confusing and overwhelming. Anger is

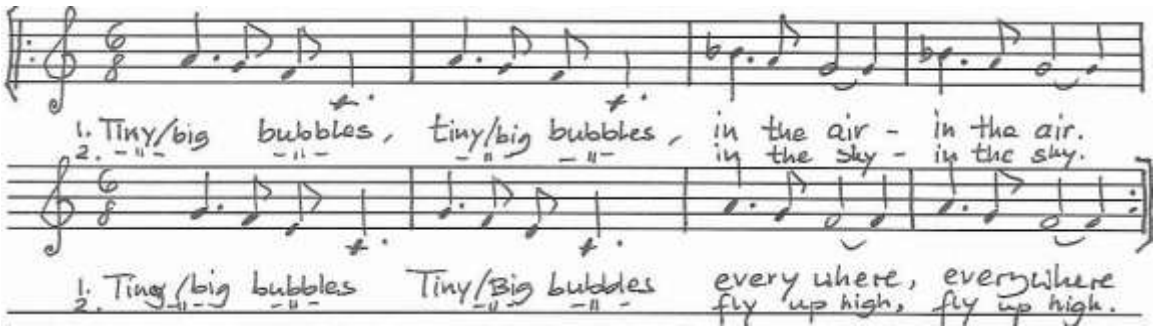
often an overwhelming feeling that children act out but don't connect to underlying feelings such as disappointment, sadness, feeling hurt or alone.

He picked up the rain stick, thunder tube and a stick. He wanted to play being in a thunderstorm. What a great use of metaphor! Unconsciously he chose thunderstorm to express the tumultuous and confusing feelings that he was experiencing. I supported him in playing the thunderstorm without interpretations or clarifications. Bill then switched to *Pretend Play* and took out a few rubber toy dinosaurs. He played hide and seek with them and developed a story in which one of them fell over the xylophone and got hurt. Bill became the doctor and treated the dinosaur, offering comforting words. Within this role-play he talked about his fear of doctors. I listened, validated his fear and asked if he had ever had a bad time at the doctors. He told me about when his brother was hit by a car and driven away in an ambulance. This is when I learned about this incident. His parents had not revealed this fact to me.

He played out related themes connected to this accident over and over again in order to master his feelings of fear. In the role of the doctor he was in control and practiced nurturing behavior in an attempt to process, heal and recover from this trauma.

At the end of the session Bill became anxious about leaving. I let him to blowing bubbles with the goal of inhaling and exhaling deeply to produce big

bubbles. We practiced a few times. Once he felt happy about his bubbles I began to play my guitar. I made up a song to accompany his breathing and blowing.



He left the room visibly less anxious.

During the session I switched back and forth between techniques derived from AMT and PT. They complemented each other and served the same objectives. The use of *Metaphor* is seen in the thunderstorm and dinosaur play. In the thunderstorm play I let the metaphor stand and in dinosaur I made a direct connection with Bill's life with reference to his brother's injury.

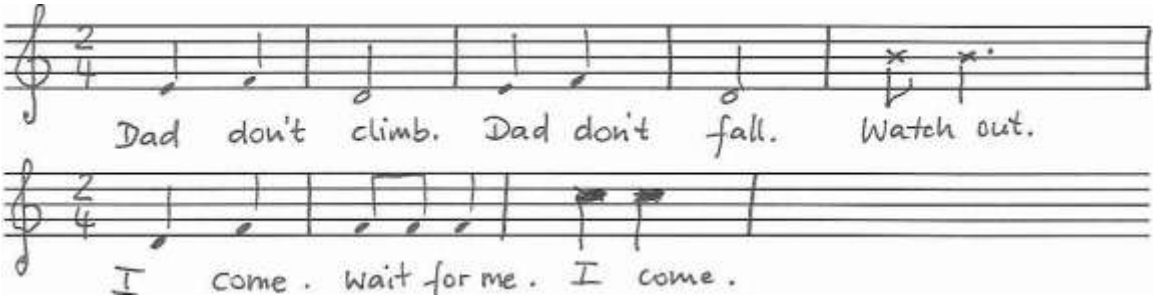
At the conclusion of this session I connected two techniques from PT and AMT, *Blowing Bubbles* and *Affirmation*. *Blowing Bubbles* teaches Bill to use breathing to lower his anxiety level in a playful way. *Affirmation* celebrates life and the fun of blowing bubbles through a song.

Working through

Session 11

Bill started to play with the dollhouse. He stated that there was a dad and a boy. The dad climbed up on the roof, performing dangerous stunts but not quite falling off. I accompanied the scene on my guitar rumbling and sliding between F and F# chords to match the danger of the situation. I asked Bill how the boy felt. He smiled and said that the boy followed his dad. I offered instruments to Bill feeling that he was avoiding my question. I trusted that the sounds would connect him to his feelings. He shook the thunder tube wildly and then he went to violently hit the cymbal. I asked him to describe the sounds that he had just made. Bill said "Scaaarrry". He continued making scary noises. I supported him by making scratching sounds on a drum.

It is very important for children to be heard and seen, for their feelings to be validated, and for the therapist to stay with them in those scary places as long as is necessary. I asked Bill whether we could sing something to the imaginary Dad. He started singing:



I combined the PT technique of *Pretend Play* and *Role Play* with the somewhat modified AMT technique of *Reality Rehearsal* to help Bill verbally express his feelings. He ultimately articulated his fear of his Dad getting hurt and his wish to protect him. Bill composed a song that allowed him to express this. By singing this song he rehearses a possible talk with his Dad.

Session 18

Bill shared that he was mad at the class because everyone was mad at him. I used this as an entry point for some work on feeling identification. We looked at a book of emotional expressions and started with the most basic feelings. We talked about when he feels happy, sad, mad and scared. I suggested that he find matching colors for these feelings and fill in an outlined body with these same colors to illustrate where he felt the feelings. He colored the entire body red for anger. He chose blue for sad which he used on the feet and hands. He used orange for happiness, which he used on the face and chest areas. He used green for feeling scared and scribbled it all over. I suggested that we try to find a matching instrument for each feeling. Bill ran over to the big gong, yelling "angry" and started beating it forcefully. I grabbed a stick to help out on the cymbal, encouraging him to demonstrate the feeling with facial expressions. I experienced

the sound that he made on the gong as pure release. I felt that no words could better express the intensity that Bill was feeling.

Bill chose the rain stick to represent feeling sad. I accompanied him on the guitar, playing D and G minor chords. I asked him what made him feel sad. He responded, "I don't know". I sensed his resistance and kept on playing. He began to rock his body. *Holding* is a frequently used AMT technique and in this case it helped to diminish his resistance. He suddenly stopped and said that his grandma (his babysitter) had died. I kept playing quietly and said maybe his grandma dying made him feel sad. He nodded. Then he asked if we could sing for her. Bill chanted lines that invited answers so I decided to respond for grandma:

B: Grandma are you in heaven?	Therapist: Yes, I am.
B: Grandma I miss you.	Therapist: I miss you too.
B: Grandma, I love you	Therapist: I love you too.
B: Grandma what do you do?	Therapist: I watch you.
B: But can you come visit?	Therapist: I can only come in your dreams.

Bill expressed deep sadness but also hope. He was curious and still had many questions with respect to her death. I answered in the way that I did because he had already told me that grandma was in heaven and that she was always watching over him.

In the first part of the session the PT technique *Color your Feelings* brings up issues related to Bill's loss of his babysitter. I see the subsequent musical interaction as an adaptation of the AMT *Splitting* technique. We were both involved in the role-play, and he had the chance to explore his inner feelings and conflicts regarding the death of his babysitter.

Session 23

I showed Bill the splat eggs and invited him to throw them one at a time against the door while saying something that he liked. I gave him an example "I like spaghetti". He said " I like ice cream". We took turns. He enjoyed this tremendously. Then I changed the premise to "I hate when someone lies to me". Bill told me about his hates and this gave me information about some events and relationships in his family. He also seemed to experience release while smashing the sticky eggs.

Later in the session Bill said "I hate monsters". Then he picked up the thunder tube and started making loud noises. I encouraged him to play the monster with sound. He selected the washboard for me to play and I joined him in playing " monsters". Our music sounded ferocious and scary. I wondered how long he could sustain this intensity of sound and felt somewhat overwhelmed. I knew that I had to stay with him to enable him to communicate what he needed to express. Bill snatched a couple of sticks and started beating on the edges of drums, chairs, shelves and windowsills. Carefully, despite my concern that I

might loose his momentum, I introduced more rhythm. Slowly he joined me and we moved together into a steady beat. Suddenly he yelled, "We got you monster. We caught you. We are going to put you away." We repeated these lines, shouting and marching around the room. His face reflected great pride.

The PT technique *Throwing Splat Eggs* gave Bill access to a theme of fear and monsters that he then expressed and explored through musical improvisation. I adapted the AMT technique *Pattern of Significance* because I thought that the use of *Monsters* was a significant and reoccurring theme in Bill's therapy. In the dollhouse play, monsters had attacked 'a mother', and he played, being the monster, using the thunder tube to scare the other hand puppets. The monsters fought with the big Dinosaur T-Rex hand puppet and lost. Bill had created a book about monsters to draw them in. This gave him courage to tie them up and put them in jail. He worked hard to master his feelings of fear throughout this process.

Monsters may be interpreted as symbols representing all the negative factors in the child's life. They also might stand for the overwhelming feelings of loss, anger and anxiety that he had.

Session 27

Appearing to be upset, Bill entered the room. I asked him what had happened. He shook his head and moved close to the piano. He started playing clusters while I answered on the guitar with sliding barre chords. His playing

became very loud, chaotic and wild. Trying to contain him, I followed his expression using the *Holding* technique. He began using his arms and elbows on the keyboard, looking at me to check whether this was allowed. He continued banging on the keyboard while I alternated between banging on the body of the guitar and playing sliding barre chords. His out pouring anger made me decide not to use words, and instead I made growling and howling sounds, encouraging Bill to do the same. After some time he joined me and the playing reached a climax when Bill seemed to reach his physical limits. He ended the music and caught his breath. I felt exhausted, physically and emotionally, pausing to absorb what had just happened. This musical outburst reminded me of how I felt when I had to console my own children exhibiting a temper tantrum.

He named the music that we had just made "I want my dad". I suddenly realized how much of this music was expressing not only anger, but anxiety, helplessness and despair.

I decided to incorporate these issues into play asking him if he wanted to play the *Broadcast News* game using telephones. He seemed excited and took the telephones from the shelf. As we had played this "game" before, he knew that he would be the specialist who answers questions posed by pretend children callers. I raised the issue of what a child can do when he or she feels anxious about separating from or loosing parents or family. Bill described coping skills and he readily shared them with 'other' children.

In this case, the AMT technique *Subverbal Communication* combined with the PT technique of *Broadcast News* provided the opportunity for Bill to verbalize how he felt and how he copes when he encounters these feelings in the classroom or at home.

Termination

Session 33

Bill came into the room and marched straight to the drums. He started beating the drum and developed a steady, slow rhythm. He loudly proclaimed that he was a butterfly. He picked up the butterfly hand puppet while I continued playing the rhythm that he had established. He turned the butterfly inside out and it became a caterpillar that he pretended could eat leaves and crawl around. Bill sang about how happy the caterpillar was to find all the leaves. I picked up the rhythm of his movements and reflected them on the drum. Bill decided that the caterpillar was full and fat now and it had to go to sleep. He put it down and made snoring noises. I played lullaby quality chords on the guitar. The caterpillar woke up and turned into a butterfly, flying around the room happily. Again I reflected his play and movement on the guitar, matching his body rhythm, mood and singing.

Bill was using a powerful metaphor to send me a message about his journey. I interpreted this as a signal to start our termination process. Bill's

therapeutic process had been remarkable and somewhat similar to the life of a butterfly.

We spent four more sessions terminating therapy. The team discussed Bill's progress in the classroom. His teachers reported that Bill's violent behavior had not reoccurred and that he was now more cooperative. I discussed the termination process with the teachers and assisted them with helping Bill to use a variety of coping skills. The teachers were obliged to anticipate Bill's actions and assist with any transitional issues that might arise during termination of therapy.

Resistance, Transference and Countertransference

Issues of the resistance, transference and countertransference are essential to AMT and psychodynamic PT and played key roles in the case study outlined above.

Resistance

In Bill's case, resistance was manifested as a defense against anxiety. The boy was in denial about his feelings because he had not processed the loss of his babysitter. He was resistant to efforts made by the teachers to address his behavior. In order to function in his daily life he had to repress those painful feelings.

It is important to anticipate and nurture healthy resistance. The therapist must find ways to externalize resistance, to address fears, and to remove the

threats. The child is encouraged to use adaptive defenses rather than maladaptive ones by understanding his resistance.

During Bill's chaotic and loud music making his resistance surfaced, revealing deep emotional pain. He avoided questions and resisted accessing his emotions. Bill's violent outbursts were maladaptive defenses intending to let the world around him know that he was hurt. Our work was designed to undo the repression and to acknowledge his feelings, build up his ego, and give him tools to control his feelings and actions.

Transference

Transference requires the reliving of negative or positive relationship experiences from the past or present. The child transfers these onto the therapist (Bruscia,1987). Negative transference such as feeling resentful, angry or hostile have to be uncovered and worked through. The therapist has to recognize the events and issues, which are often masked by resistance. Bill was brought to communicate his anger through music and play. When he put me in the position of the "bad mother", "bad teacher" or "bad sibling or peer" he repeatedly challenged limits and my ability to hold him.

The use of positive transference can be a powerful tool for a child in his struggle to move forward. I acted as the "good mother" (Mahler,1975), providing nurturing, understanding and love. Throughout our journey together I tried to give Bill the hope, strength and skills necessary to build satisfying relationships. I took

on positive roles such as Bill's father, baby sitter, siblings and teachers. He learned how to identify and articulate his feelings about these relationships through rehearsals, in order to prepare for reality at home and in school. He was given the opportunity to have reparative experiences with the help of music and play.

Countertransference

Countertransference occurs when in response to the child the therapists own feelings, beliefs, motivations and behavioral patterns surface and affect the therapeutic process (Bruscia,1987).I used countertransference feelings detected through the music. These were then mirrored back to Bill musically or verbally. For example when Bill expressed his anger I became his sounding board, containing and absorbing his underlying feelings. Sadness, loneliness, anxiety were feelings I received from him. During this process I connected with my own personal feelings but always acknowledged them as mine. These connections helped me to be authentic and empathetic.

Tansference and countertransference feelings can be remarkably intense in making music. One can feel overwhelmed, sad, frustrated, disappointed, angry, anxious, lost, helpless, annoyed or lonely. It is important to explore and clarify instances of transference and countertransference with another professional person because we therapists have our own inner-child needs that have to be taken care of outside of our work.

Conclusion

This case example shows how AMT is adapted to work with a young boy. AMT techniques are appropriate and effective when tailored to the developmental needs of the patient. In this case, Bill's expression was supported with chants and short improvised songs and vocalizations. Most interpretative thoughts by the therapist are weaved into the music and play carefully. The organic connection between PT and AMT is proven in many examples during Bill's therapeutic process. The combination of techniques provides strong evidence of progress and positive results.

My experience with Bill confirmed my beliefs that using different forms of symbolic expression is essential to the healing of trauma, grief and loss. To move between the very concrete therapeutic form of play and the use of music with its moments of free flowing sound permits synthesis and dynamic forward moving of the therapy. Creating music is a gratifying experience that allows for spontaneous responses that helped to intensify and identify feelings. Children are amazingly resilient and often guide me along in this flow between play and music, inspiring new approaches in dealing with their problems.

Feeling privileged in being part of a child's healing and growing, I found inspiration and ways of synthesizing new ideas and former experience from this work.

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Biography

Juliane Kowski grew up in East Germany and earned her B.A. in teaching elementary school, German, mathematics and music. Later she obtained a B.A as a singer and vocal teacher for contemporary music and jazz. After performing in Berlin and New York she looked for more satisfying ways to put her musical knowledge to work and obtained a MA in music therapy at New York University in 1998 while also moving to New York City.

Juliane finished the postgraduate AMT training in 2003 with Benedikte Scheiby. She worked for the Association for Help for developmental disabilities for three years, establishing music therapy in home residencies for adults with developmental disabilities. After that she worked with emotional disturbed children at the Cumberlandt family and health and support center in Brooklyn and started a private practice. In 2001 she worked for the New York City Music Therapy Relief Project working with school age children affected by the 9/11 events. For the last three years she has been a part time music therapist for Lutheran Medical Center in Brooklyn, working with children and families suffering from trauma grief and loss at a daycare setting, which is sponsored by the hospital.

She moved to Jackson Hole, WY and presently is working within the school system and establishing her own private practice.