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Familiarity, Comfortableness and Predictability of Song as "Holding Environment" for Mothers of Premature Babies

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Abstract

This paper results from my insertion into a research team which studies "The Music Therapy Influence on Exclusive Breastfeeding", led by the Music Therapist Martha Negreiros, at the Maternity School of Federal University of Rio de Janeiro - Brazil. As music therapy supervisor it was possible for me to take part in one session of the clinical practice with mothers of premature babies, and to think about familiarity and predictability of songs - which result in comfort - as characteristics which contribute to uphold the mothers who need to be stronger to support their babies. These ideas are discussed based on Adorno (1989), Middleton (1990) and Carvalho's (1999) thoughts. The final considerations pointed out that the popular song re-creation is an important musical experience for this kind of patient, and the lullabies re-creation constitutes the most adequate music therapy technique to be employed with these mothers.

Why Musical Re-creation?

Currently I am one of several researchers participating in a research project led by the Brazilian chief researcher and clinical music therapist, Martha Negreiros, at the *Maternity School of Rio de Janeiro Federal University – UFRJ*. The focus of our research is "The influence of music therapy on exclusive breastfeeding." The purpose of this paper is to offer some initial thoughts on some aspects of this research. My role in this project is not only researcher, but also music therapy supervisor.

Among many secondary objectives, this research project has two which are related and about which I am especially interested:

1. Reducing maternal anxiety; and
2. developing, elaborating and proposing a pertinent methodology for music therapy clinical practice that can be appropriate for use with the mothers and/or relatives of prematurely-born babies and in the Neonatal Intensive Care Units – NICU, and their mothers in the "Kangaroo Unit."[1] (Negreiros et al., 2003).

Without a doubt, there are open issues about the use of musical experiences or techniques – in order that one can identify which could be the most adequate for employment with such mothers who present no pathology.

As supervisor of the music therapy clinical practice of this research, I played a relentlessly critical role, obstinately questioning since the beginning, what was written in the music therapists' reports on their practice. The main question was, "*Why isn't improvisation being*

used as well as musical re-creation?" This question was due to the fact that the mothers listen to the music the music therapists play, and recreate the music of other composers but they don't improvise or compose. [In my opinion if a patient doesn't improvise it is very difficult to compose].

However, on September 18th, 2003, I went to the Maternity School, in order to participate in the music therapy session and I have written a report on it. More precisely, I have crafted a "light description" – in the sense employed by Carvalho (1999, p. 55) as opposed to "dense description" as Geertz states – which implies a closure or delimitation of the observed universe, that is, a certain immersion in the study's object.

The observations which were done *in situ* showed evidence that musical re-creation was most frequently used as musical experience**[2]** by these mothers and, consequently, the most appropriate music therapy technique to be used by the music therapist. This led me to change the focus of the study, trying to understand why re-creation is so often used by these patients and sufficiently appropriate so as to be used by the music therapist as a technique. Then, my question changed to, "*Why musical re-creation?*"

Thus, this article is the result of these studies which were performed in order to justify and validate the employment of this experience and this technique.

Who are the Mothers of the Premature Babies

So, in the first instance, my intention was to understand the situation of a mother of an infant in the NICU. Even though I am aware that in a paper like this, it would be more appropriate to present the opinions of specialists on the subject, I decided to think about the theme from my own point of view, i.e., from the impact of my visit to the NICU and as an expression of my reactions and feelings to the experiences lived in this situation, immediately before my participation in the music therapy session.

I could define those mothers, in short, by saying that they are people in distress, for there is an imminent threat to the lives of their babies because: they are premature, with low birth weight; they are open to general pathologies which can be, very often, serious; they have the probability of undergoing surgery; they can have different syndromes or, even, suffer from hearing and visual disabilities, mental retardation or cerebral palsy. All those distinct kinds of pressures can lead the mothers to a state of fragility or emotional risk, thus necessitating the provision of *containment* or *shelter*.

From my visit I could imagine how these mothers, who may have a sense of hopelessness, might feel when they see their babies as absolutely helpless and being submitted to several kinds of necessary and invasive procedures to be kept alive.

Then, I decided to think about whether these women could be capable of creating or improvising anything or if they needed someone who, or something which, could give them this *containment* or *holding environment*,**[3]** in order to be stronger and, therefore, giving containment and shelter to their babies.

What do the Mothers Sing?

While in the session, I could see that music therapists "have an affective, warm and positive reaction or relationship towards the patients", to employ a Rogerian terminology (Rogers, 1961 p.83). Surely, with these qualities, music therapists and trainees give a necessary "holding" to the patients. However, leaving behind the evidence which showed this aspect, I needed to have arguments in order to justify the use of musical re-creation to convince myself of its importance in such context, arguments I found in the works of Adorno, Summer, Middleton, and Carvalho.

Previously, I referred to the fact that those mothers needed "holding", so that they would develop their own capabilities to give "holding" to their babies. Winnicott states:

> The therapeutic process which takes place within the client-therapist relationship can be seen as akin to a re-enactment of the mother-child dyad in which the mother creates a healthy environment for her child's optimum physical and psychological development." (Quoted according to Summer, 1995, p. 37).

Summer establishes a very interesting parallel between therapy and mothering and shows some musical examples about classical music – because she refers to the Bonny Method of Guided Imagery and Music (GIM) – to show this aspect. Here, just to illustrate, I present her ideas about the Pachelbel Canon in D, a tune which she considers, after having done an accurate musical analysis, as being musically "the quintessential symbiotic mother, keeping the child at her breast." (Summer, 1995, p. 39). However, Summer also presents her thoughts about the use of popular music in music therapy, which "consists primarily of no more than two

to four musical ideas which are repeated without musical alteration [here I would say: or with few alterations] throughout the duration of the piece." (Summer, 1995, p. 49).

Still, according to Summer, an effective musical basis, or I would add a recurring basis, gives the client a secure feeling and there are many reasons for choosing this type of music as "holding" (here Summer refers to the accompaniment because she is talking about the Pachelbel Canon). In this sense, music and therapist can function as mother (or as mothering field, in Negreiros' words). Summer's studies are about the music in GIM, where the music therapist chooses the music to be employed with the patient. However, it is important to think about the patient him/herself, compromised in the process of *making music* within a therapeutic context, as those patients who are the subjects of the music therapy research at the *Maternity School* – all of whom need security, "holding", and strength in order to transmit it to their babies – using the musical art, as understood by José Jorge de Carvalho, like an "overwhelming energy." (1999, p. 69).

But, it would be important to ask why, mainly, re-creation? And why popular songs?

Middleton (1990) states:

> Since Adorno overestimates the homogeneity of culture under advanced capitalism, he is led to a similar interpretation of popular musical form. [...]. Basically his argument is that all aspects – Adorno instances overall structure (the thirty-two-bar chorus), melodic range, song-types and harmonic progressions – depend on pre-existing formulae and norms, which have the status virtually of rules, are familiar to listeners and hence are entirely predictable.(p. 45).

For Adorno (1941, p. 22, quoted by Middleton, 1990), the existence of a relationship is not necessary to the above schemata and the actual details included in a song. For him, these details can be substituted and the essential meaning will not be affected, because the overall structure doesn't depend on the details. It is mandatory, here, to observe that he is referring to popular music.

From this, Middleton analyzes the popular song "Down Mexico Way"**[4]** saying that this is a typical Tin Pan Alley-style**[5]** ballad and shows the musical aspects which are familiar and can be predictable, such as:

- The thirty-two-bar form (with four eight-bar sections, in an AABA pattern,
- the repeated melodies,
- the riffs,**[6]**
- the repeated rhythms,
- the lyrics with predictable rhymes,
- the clichéed phrases,
- the comfortable accompaniments which have, mainly, predictable harmonies constituted by the tonic, dominant and subdominant chords, as the "'natural' musical language" (Middleton, 1990, p. p. 46), and
- repetitive elements in all of these instances.

Many songs of this type are sung by the patients – the mothers of premature babies – who are in the *Maternity School* and are also the center of this work. Here, it is possible to apply to the mothers, the argument which Carvalho employs to refer to the relationship of youth with the music. Even though these mothers have absorbed an impoverished musical pattern from the media or from their social contexts, they can re-signify this pattern and re-submit it to re-appropriations and idiosyncratic re-readings in the interaction with the other patients with whom they share the same problems and the same distress and with the music therapists in their "listening" to this distress and pain.

Here one can say that it is possible to listen *with* the others, but also, to listen to *herself*. The mothers listen *with* the others and *to* the others and sing, for others and for the family, when they sometimes come to the sessions, and in the moments that they are interacting with the group including the music therapists. However, in some moments, when they have their babies in their arms, they close themselves provisionally to the environment as if they had a *walkman* in their ears, amplifying the music they sing – which gives them a very intense experience –, and immediately open up once more. In these moments, one can be almost sure that they have eyes and ears only for their babies but, on the other hand, one can be sure that "the expressive destiny" of their music is centered on their babies (Carvalho, 1999, p. 68). The mothers used the songs to sing their dreams in relationship to their futures and their babies' futures.

What the Music Therapists Sing

At this instant, the music therapists *offer* playing and singing in the form of lullabies to the mothers and their babies, in order to stimulate the communication between them. Contrary to what is generally thought, the relationship between mother and baby has to be created. When a baby is born and goes to the NICU, it is easy to have some difficulties in establishing this relationship because the baby is not in direct contact with his or her mother. Relationship is constructed through contact with the voice, singing, playing, and looking at the baby. Sometimes the mothers can only be in contact with their babies through a small *window* in the incubator where they put in their hands in order to reach and caress the baby.

With respect to music, Winandy (2004), a music therapy trainee, states that the music therapist and trainees could perceive the following aspects in relation to the mothers under care in this institution:

- Most know very few lullabies. Some could sing only two or three of them, of which the main theme was also used in popular music.
- They substitute lullabies, children's or folkloric music for the music sung by people who present television shows directed to children.
- Many of them report they weren't rocked by their parents.
- They have a passive attitude – they prefer to listen and to receive music.
- They sing and play very little. But at the moment the lullabies are sung it is possible to perceive that the mother is entirely in touch with her baby, singing for him/her, looking at him/her and caressing him/her, as if nothing else existed besides herself and her baby.

Perceiving that the lullabies could stimulate the mothers to sing to their babies, the team began to use this kind of music in the sessions, singing to the mothers. Besides that, the employment of lullabies indicated that such songs are very efficient in the moments of anxiety, abandonment, and in which the mothers seemed to need to be rocked themselves. In those moments, the team offered the lullabies, especially in situations which involved a baby in risk of death.

From then on, they could see that although the lullaby was not the music most sung by the mothers, it could have the function, in this context, "to hold" them, so that they had enough support to be prepared to confront the difficult situations and to give "holding" to their babies. It means that the lullabies' main function here is to "give holding to the mothers in order they can give holding to their babies", or "the holding for the holding." (Carvalho and Negreiros, quoted by Winandy, 2004, p. 7).

The lullabies can *touch* the sensibility of the parents for building the relationship with the baby and, consequently, to the mother function, since this kind of expression can aggregate elements such as the contact through the body, the voice and the eyes.

Besides this, the lullabies can make it possible for the mothers to be in touch with their feelings and express them. Ultimately, "lullabies seem to be really a rocking cradle, and an impelling force for the new life of these women, as mothers of these babies," says Winandy.

Final Considerations

So, in my opinion – even though it can seem inconsistent with Adorno's criticism as well as those of many other authors about the cultural industry, exactly what is the object of criticism in popular music - predictability and familiarity, features that are present in the songs the mothers most sing, can be useful in a therapeutic context such as this one, where there are also attentive music therapists offering the possibility of having elements of variation.

Thus, this is not a question of "deafness to the new", but of a listening directed and potentialized to the new, represented here by the baby, that is, listening to his/her necessities, to his/her dependence and the anxiety about giving what is necessary for his/her maturation. This is not Adorno's *ideal listener*, that is, the one who opens him/herself to the new, but a listener engaged with a *specific new*, who is the baby. (Carvalho, 1999, p. 68).

Then, it is in the specificity of the relationship between music therapist and patient that the holding as well as the re-signification of aspects in the field of the *transference* becomes possible. There are still those music therapists who offer a renovation of the acoustic [sonorous] atmosphere as well as of the musical sensibility, making possible a significant transformation, with the introduction of some *sonorous objects* which conserve, as intact as possible, its specific and unique way of impacting the mind and the senses of these mothers,

such as the lullabies, which are part of the sonorous world of the moment in which they are living.

There are also the music therapists who, in playing percussion instruments, can maintain the rhythmic basis which Summer refers to, and who, through the voices and the lyrics of the songs emphasize the familiarity, predictability and comfortableness of these songs, giving them the necessary holding and being their *sonorous continent*. But, also, by the diversity of timbres of these same voices, the music therapists bring in the difference. By the use of harmonic instruments such as the guitar, played with a great musical ability, they enrich and re-invent harmonies, renewing the accompaniment and improvising variations, hindering the 'demolition of the musicality'. In this space the spontaneous as well as the well known have place. Here, there is no correct nor wrong, and the music therapist can give the necessary "holding" or can instigate, raising the popular song re-creation to the level of becoming the most used experience by this kind of patients and, the lullabies re-creation to the most appropriate technique to be employed by the music therapists with the mothers of premature babies.

The music therapists' form of acting is in resonance with Colin Lee's statement:

> While musical preference [of the patient] is important we [the music therapists] must also have the potential to provide other musical avenues that will balance and make the therapeutic process more direct, potent and aesthetically powerful. (Lee, 2003, p. xvi)

Thus, one can say that in music therapy there is neither bad or good sound nor music. It is up to the music therapist to accept and use what the patients bring musically to the session but, also, to employ what he/she thinks is important in order to make the process direct, potent and powerful, using Colin Lee's words, in order to help the patient to grow.

Notes

[1] The Kangaroo Method was introduced in Bogotá, Colombia (South America), in 1978, created by Dr. Edgar Rey Sanabria who decided to use the mothers as incubators to face the small available number of these machines at the public Maternity of the Colombia National University, where there were more than 20.000 deliveries per year at that time. It is a way of contact skin to skin between mother or father and the premature baby. The baby, using only a diaper, is placed in contact with the mother's body. The baby remains in this position from 20 minutes to 4 hours per day. It is dubbed the Kangaroo Method due to the similarity with the way the kangaroo baby is carried by its mother. Originally used for babies with more than 2 kilos of weight, the method is also used today with babies presenting lower weight measurements. (**http://www.mulher.org.br/canguru/oquee.htm**).

[2] Bruscia, K. refers to the musical experiences in which the therapist may engage the patient, pointing out that the main ones are: re-creation, listening, improvisation, and composition. (1991, p. 5).

[3] I am using here the Winnicott concept which refers to the physical or psychic space between the mother and the baby which permits the baby transition to a state of greater autonomy. For this author, the therapist also has to give a *holding environment* to his/her patient.

[4] A 1939 hit composed by the British song-writing team Michael Carr and Jimmy Kennedy.

[5] Originally Tin Pan Alley was a street name, where many composers lived and where were placed many song publishing houses, in New York City, from 1890 to 1940. (Dicionário Grove de Müsica, 1994, p. 949).

[6] In popular music, mainly in jazz, *riff* is a brief melodic *ostinato*, generally with two or four bars. It is derived probably from the repetitive patterns of the music from Western Africa, emanating from the beginning of jazz. (Dicionário Grove de Müsica, 1994, p. 785).

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- **Lia Rejane Mendes Barcellos**, March 15, 2006.