Communicative Musicality:

Its Application in Talking Therapies

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We are all musical. We have the ability to move in time to a beat, enjoy listening to a CD, remember a favourite tune. We are like this from birth. In a study carried out in the early 1990s, it was found that babies a mere two to four days old whose pregnant mothers had regularly watched the TV show *Neighbours* recognised that show's theme song by showing noticeable relaxation, increased alertness, and decreased heart rate (Hepper 1991). When babies were presented with a phrase of Mozart's music that was either the original, or that had been tampered with by adding a pause in the middle of the phrase, babies preferred the original unaltered phrase (Jusczyk & Krumhansl 1993). Again and again, babies have been shown to be highly sensitive to musical qualities. They are able to detect pitch changes of a semitone (Trehub et al. 1986), prefer consonant to dissonant harmonies (Trainor & Heinmiller 1998), and group rhythms in the same way as adults (Thorpe & Trehub 1989).

This and similar evidence led me to write, along with my friend and colleague Colwyn Trevarthen from Edinburgh University, that music and dance "attune to the essential efforts that the mind makes to regulate the body … in its purposeful engagements with the objects of the world, and with other people" (Trevarthen & Malloch 2000:11). Music and dance come out of the way the mind and body move through time in an innately organised fashion as we collaborate with the thoughts and movements of others. When we are with others, there is a co-created 'song and dance', seen in the moment-to-moment movements of body and voice. I called this innate way we interact with others through time Communicative Musicality (Malloch 1999/2000, Malloch & Trevarthen 2008). I called it communicative because it underlies all our communicative endeavours; I called it musical because it consists of the basic building blocks of music and dance.

Recently, I have been considering the implications of this for therapy. I work with clients in a typical talking fashion; but if we are all innately musical, then our musicality must be playing out in my interactions with my clients, regardless of the modality being used. In this brief paper, I present ways I have been thinking about and making use of musicality in conversations with my clients.

'Mark'* is in his early 40s. At the time of this case study, he had been coming to see me for a little over three years for issues of ongoing anxiety around relationships at work and home. In our early sessions he had talked of great difficulty in offering his viewpoint—usually trying to guess what the other person wanted to hear and offering that. By the time of the session presented here, Mark was reporting far less frequent and far less intense anxiety experiences, and when they happened he was managing very successfully. Overall, he was getting on with his life and making decisions about his future. Mark concluded therapy with me a few months later.

I will focus on an event in this session that illustrates what I call the 'gestural narratives' that were occurring in tandem with the topics under discussion. Around ten minutes after the start of our meeting, Mark began to talk of a war going on between two parts of himself—"old me" and "new me". "Old me" was, he said, primarily about a "lack of self-respect … everything that is going wrong is my fault." "New me" is "more rational about life": if he behaves in a way he feels is not the way he would like to behave he thinks, "that's okay", and then charts a course that addresses any unwanted outcomes.

What I am interested in here are the 'vocal melodies' he employed as he talked about the two parts of himself. Figure 1 shows a typical example of the changing pitch of his voice as he was talking of 'old me', and Figure 2 is a typical example of him talking about 'new me'.
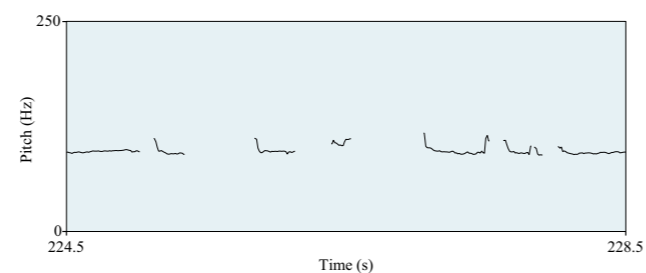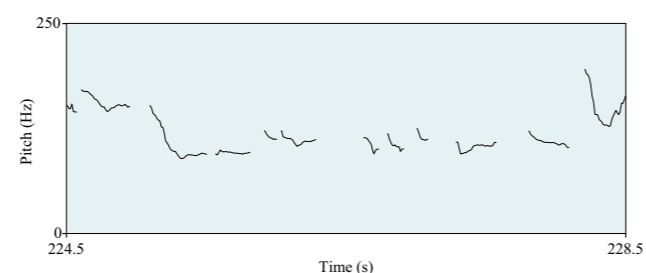

Figure 1: *Old Me*

Figure 2: *New Me*

It is clear from these two graphs that the gestural narratives of the voice—the vocal melodies that accompany the words— are very different for the two different sorts of 'me'. 'Old me' is relatively flat and monotonic. 'New me' is much more contoured—moving through larger pitch changes. The different melodic qualities of these two parts represent differences in the effort Mark is making to produce the sounds with his larynx and diaphragm. The differences in effort were also played out through Mark's body movements. When talking of 'old me' Mark was relatively static, sitting with arms crossed. When talking of 'new me' he uncrossed his arms and started to move with his speech. These different vocal and body movement qualities create the different gestural narratives of these two ways of being. The two gestural narratives will also be representative of the differences in how Mark moves in the world when acting out these two different parts of himself—which will influence the responses, in both words and movements, of those around him.

How Have I Used this Information as I Have Worked with Mark and Others?

First, I realised that I was being directly affected by the effortful movements of my client. Studies on mirror neurons suggest that one of the ways I understand the emotional content of movements of others is that I know how I would feel if I were to move in that way (Gallese et al. 2004). So giving focussed attention to my client's movements of voice, hands, and body can heighten insight into the client's inner world, because my mirror neurone system is obtaining high quality information to work with. This took practice. I at first found it quite difficult to pay attention to both verbal meaning and gestural narratives without losing track of one of them. I would sometimes realise I had a great feel for the gestural narrative, but had no idea what my client had just said!

Second, I began thinking about the interaction between myself and my client in terms of musical structures. In the ways pieces are written by composers such as Mozart, Beethoven and so on, a tune (or 'theme' as it is called) is introduced at the start, a different theme comes after it to provide contrast, then the two themes are changed and developed and worked out. They might be brought together, small parts of them might be repeated and changed, different instruments might throw the tunes back and forth. A feeling of musical drama is created. After this, the drama resolves and the original theme returns to close the piece, but we hear the return of the theme differently from how we heard it when it first appeared because of all that has happened during the course of the piece.

I have been experimenting with what it would mean to experience, in real time, a session with a client in terms similar to a musical structure like the one I have just described. A client comes in to my practice room, he or she sits and begins to speak and to move while speaking. What theme is emerging as my client and I interact. Is the gestural narrative angular and urgent or curved and languid? What is the verbal meaning of what is being said? I am curious about the interaction between the unfolding gestural narrative and the verbal narrative. I am curious about the ways I am participating in and being affected by these two streams of narratives, and where I sense they are leading.

As we sit and interact during the unfolding of that initial theme, something else will then begin to emerge. The theme might develop and deepen, or perhaps a new aspect that was implicit in the original presentation of the theme might suddenly become apparent. Or a new contrasting theme might appear—like the 'new me' that appeared after the 'old me' for Mark. Or perhaps I feel there is a theme that is wanting to be heard, but hasn't arrived yet. Is there something I need to do that will elicit this implicit theme? And when drama, obvious or understated, occurs in the session,

is this the sound of two or more themes working themselves out? How do I participate in a way that honours the importance of this moment in the unfoldment of the therapy structure of this session and the series of sessions, but that doesn't either influence a resolution too soon, so that the musicality becomes stunted, or perhaps overly encourage it, so that the drama starts to take over and thwart an emerging structural whole? And when themes return, even though they might sound almost exactly the same as when they first appeared, how does what has come before change the way this returned theme is experienced?

I try to experience the interaction between myself and my client both synchronically (feeling the experience of myself and my client in a single point in time) and diachronically (holding an overview of the process of the unfolding structure through time, where themes enter and leave, change and return). I ask myself, "How is the structure coming along? In what ways is the structure needing my input?"

As the therapist, it's about my sense of balance in each unfolding moment of the therapy session, and bringing a musical sensitivity to how the moment is part of a larger, living structure.

This is my current thinking. From next year, I will be researching the ways therapists and clients communicate with each other, along with colleagues from Linguistics and Psychotherapy at the Sydney University Medical School. In a year's time I will have more to say.

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