Attachment-based, relational, psychoanalytic music therapy: the significance of musical moments of attunement with adoptees after trauma, and how this may influence broader reparation with attachments

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Abstract: This article summarises the authors clinical experiences over recent years of evolving a modality for music therapy with adoptive families. It frames the multi-agency context that adoption happens within as it is helpful for therapists to be aware of context, process and procedure when working within the adoption community. The authors model developed as process and procedure changed and were incorporated into legislation initially during 2015, and as the author witnessed ensuing practice developments during 2016 to 2018. The article explores significant relational and musical moments as they occurred in music therapy with children and young people who had experienced significant trauma prior to being adopted. It forms part of the author's current research which highlights the importance of both client and therapist in the intersubjective relationship, where attunement and attachment are central. It emphasises the long-term nature of such work and why this is deemed essential for relational music therapy with complex attachment issues. The author did not set out with the intent of researching her work formally, but it was apparent that experiences in the therapy room were "speaking" stories that needed sharing. Families were valuing music therapy as a modality for relational change and wanted to share their experiences so that others may benefit. The article is envisaged as providing a guide to the world of contemporary adoption for all psychotherapists unfamiliar with this territory and incorporates current theory alongside case examples from practice to highlight the relevance of music therapy within contemporary adoption. It offers an introduction to how music therapy as a sensorial and affect-laden medium might be a helpful choice of intervention with families who may struggle to describe the impact of traumatic early life experiences on children. All clients have been made into composites and there has been consent to this process.

Key words: music therapy, adoption, trauma theory, attunement, intersubjectivity, embodiment, relational psychoanalysis.

Introduction

I begin this article with a quotation from a children's book *The Velveteen Rabbit* (Marjorie Williams, 1992) that I often recommend to families I work with:

> The Skin Horse had lived longer in the nursery than any of the others. Only those playthings that are old and wise and experienced like the Skin Horse understand about things. "What *is* REAL?" asked the Rabbit one day, when they were lying side by side, "Does it mean having things that buzz inside you and a stick-out handle?" "Real isn't how you are made," said the Skin Horse. "It's a thing that happens to you. When you are loved for a long, long time, not just played with, but REALLY loved you, then you become Real." "Does it hurt?" asked the Rabbit. "Sometimes," said the Skin Horse, for he was always truthful. "When you become Real you don't mind being hurt." "Does it happen all at once, like being wound up," he asked, "or bit by bit?" "It doesn't happen all at once," said the Skin Horse. "*You become*. *It takes a long time*. But, once you are Real you can't become unreal again. It lasts for always."

Adoption is a process of becoming real

I have come to describe my work in adoption, as both a music therapist and adoption panel member, in four words: it is small, dark, deep, and continuous. Working with people who need to have an authentic space to articulate what it actually feels like to be adopted, and to adopt, I have joined many journeys to becoming "real". The music therapist Jacqueline Robarts advises that our clinical experience is the most trustworthy route to theoretical understandings, and as families reveal themselves in the work, I also journey in understandings, drawing upon multiple perspectives, acknowledging the usefulness of bodies of knowledge from other professions, and constantly developing and informing theory and practice of music therapy.

The work has been kept safe, supported and enriched by my own therapy and supervision. Julie Sutton, music therapist, describes how, in work with traumatised clients, our own histories can be particularly exposed. Yet, in order to work within adoption, we are often required to have some personal experience of adoption. How do we both include and care for our own material? Clients need to know they can safely reveal their story without fear of damaging their therapist. To truly engage with client's raw emotions necessitates working with our own most dark materials, and when our personal experience resonates closely with our clients, paths will need navigating through parallel processes, transference, and countertransference. A truly connected relational approach can be extremely challenging at both a physical and emotional level when working within adoption.

The approach to my evolved practice I describe now currently incorporates:

- Intersubjectivity theory.
- Developmental neuroscience and neuropsychology.
- Relational psychoanalysis.
- Modern attachment theory.
- Trauma related theory.

Work was initially informed by my own psychoanalytic music therapy training, and also by a previous training in systemic therapy. Working in the micro moments of a

free, improvisatory therapeutic relationship in adoption viscerally opened up to me the whole attachment process, as music made attachment shapes and patterns audible and visible. Music therapy is powerful to affect intra- and inter-personal responses as it exists as a temporal and affect-laden form. As I began to tentatively formulate why traumatised children struggled to relate within new families, I became aware of verbal analysts working in the field of relational psychotherapy (such as Schore, and Wilkinson) and researchers within the "brain-sciences" of neurobiology and neuropsychology (such as Gallese). They evidence brain plasticity, and the capacity for development of new neural pathways. This gave me both hope, and the basis of a rational for advocating for long-term therapy with families where there seemed to be little hope for change.

Music possesses specific aspects and qualities such as rhythm, timing, intensity, dissonance, etc., which are very clearly discussed in the literature of relational embodied psychotherapy (Beebe & Lachmann, 2002; Stern, 2004; Trevarthen, 2009; Tronick, 2007). Early on in my work I noticed how adoptees sought out elements of repetition and regularity, core aspects of what the baby needs in an attachment relationship, and unconsciously utilised form such as ostinato. Music had something special to offer, as these elements could be employed in the relational "space between" an adoptive parent and child, providing perhaps a "third object" that could hold much of the acting-out presented. The music therapist Jacqueline Robarts proposes that musical expression directly engages and activates the core of rhythmic and sympathetic impulses from which all human communication comes. Analysis of sessions in supervision showed how both the embodied aspect of what children presented and their music-ing contained all the elements of attachment formation. I therefore suggest that a music therapy relationship can first of all help us to gain an understanding of individual child and parent internal worlds, then enable work with traumatic material from early life, which impinges on the "here and now" relating within adoptive placements.

Changed spelling Trevarthern to Trevarthen throughout as believe it was incorrectly spelt, please confirm.

I have been working therapeutically with adoptees and their families in various contexts over some years. As both a member of adoption panels, and also as a therapist I have attempted to make links between my roles, critically exploring how decisions are made about adoptions, and the beginnings families have. The matching of children with their new parents at panel will critically shape the relationships that follow. Also, decisions the panel makes may dictate which supports are available to the new family once an adoption has been made. All the music therapy referrals I received were for families in extremis, facing disruption and breakdown. All the adoptive parents unequivocally stated, "We have failed." Modern adoption can be difficult, complex, and tremendously painful. An adoptive parent summed up the risks in the resultant lived experience of families, saying, "Sometimes it brings happiness yet often it ruins lives." Why?

According to the British Association for Adoption and Fostering, only 2% of children adopted during 2011 were under one, 71% were aged one to four and 24% five to nine. Children come into care as a result of having experienced neglect, or

emotional, physical, and/or sexual abuse. Recognising the damage inherent in removal, much work takes place to sustain children at home until it is impossible to do so. Removed children may experience years of neglect, damage, and often multiple placements with numerous caregivers. One boy I worked with had thirteen placements prior to the age of three, and, unsurprisingly, was described as having a resulting "attachment disorder". It is a hugely complex task to re-parent traumatised children.

Michael Gove's statement (initially to government and enshrined later in policy) that "love is enough" in adoption is time and again not borne out in practice. The risk is that at the interface of placement, trauma meets trauma. Adults have all their own loss "buttons" pressed by children who behave in ways that bewilder, frustrate, and ultimately repel and wear down their adopters. Children coming for placements are no longer in need of "love" in an ordinary family sense; in fact, that may be the last thing they can cope with. The work of Fahlberg (1994), Howe and Fearnley (1999), and Hughes (2000) shows that traditional parenting skills need adapting to "therapeutic parenting", as described by Cairnes (2002), if adopters are going to meet the needs of children with profound attachment difficulties consistent with their histories of abuse and trauma.

Bowlby (1998) described how infants construct internal working models based on experience with their earliest attachment figures. Beliefs about the self, others, and relationships, provide template-setting boundaries determining how relationships with other people are perceived and managed. The complex internal working models of adopted children differ, depending on their early care experiences. Children who experienced multiple placements prior to adoption, vary hugely in perceptions of intentions and motives of others. "Love" is not enough to help them develop emotional regulation and reflective function. Traumatic experience that is prolonged, multi-layered, and experienced at the hands of a caregiver, results in the accumulation of negative persecutory patterns in the mind, predicting the likelihood of dire future experiences of relating. And, of course, adopters may have not dissimilar internal world material themselves.

Adoption is complex and rich because the multiple narratives that lead to placement involve multiple losses interacting in all manner of ways during the outworking of family life over the coming years. An *adoption panel* places children hopefully, but rarely sees longer-term consequences of decisions made. As *therapists*, we hear the ongoing stories, and how, if adoptive families are not supported with services shaped by an understanding of trauma and attachment, then early life experiences are re-enacted, resulting in family crisis/adoption breakdown.

In an adoption crisis, it is apparent that a pattern of inevitable cyclical negative relating between child and adopter occurs, based on clashing internal worlds. Children's continued struggles confuses and bewilders adopters, who begin to feel their parenting strategies are ineffective, leading them to doubt their own abilities as carers. Systematic undermining of confidence can lead them to emotionally or literally reject the child, thus confirming the child's internal working models.

Unthinking professionals may blame them for "failing" the children, if this relational dance is not understood and acknowledged. Additionally, adopters may be overwhelmingly painfully reminded of their pre-adoption infertility, or report renewed grieving for a dead child when adopted children do not correspond to fantasy images of a lost birth child. Parents who constantly, solely receive their children's enacted pain carry a huge emotional burden and additionally report feeling blamed and judged by workers, including therapists, who have not been trained to think about adoption/attachment specific problems.

Trauma and attachment issues may get lost in a whole gamut of "signs and symptoms" which may be precursors to intervention. Some adoptees accrue a specific mental health diagnosis, such as attachment disorder, ADHD, autism, or bipolar illness. All children I have seen presented with high levels of emotional and behavioural disturbance, and a lack of progress in placement, with threats of disruption. Adopters were self-blaming for difficulties persistently enduring many years beyond initial placement, even in the face of their 100% love and commitment.

The impact of the loss of an adopted child's birth mother can cause serious lifelong issues. Adopted adults, removed as young as days old, talk of the pain of simply being "given up" by their birth mother, even before they ever even had any problems to make them "deserve" being given up on. Infants absorb overwhelming sensations of abandonment, whilst not yet possessing resources for language to process and assimilate this experience. Verrier (1993) describes this as an open enduring emotional wound, which I feel is encapsulated beautifully by the Welsh word "Hiraeth", meaning "homesickness tinged with grief over loss and a yearning for a place to which you cannot return". Research with adult relinquished adoptees shows what it means to grow up not knowing *anything* coherent about ones' self-origins, often resulting in a fundamental enduring sense of displacement at best, an internal "Hiraeth". Jeanette Winterson's autobiography, *Why Be Happy When You Can Be Normal?* (2011) cites her own descent into depression and suicidal behaviour, which in therapy she located back to her experience of abandonment as a baby.

How might thinking about this then influence the music therapy we provide? Here are two examples of how the "problem" of adoption locates at the interface of the relationship between child and adult, and where trauma interacts with trauma.

> Maddie was seventeen years old, nearly eighteen. Searching out her birth family, she obtained a report detailing her birth parents' drug addiction and child abuse, culminating in the eventual suicide of her birth father. Maddie stated she hated social workers for removing her as a baby from her parents and thus "denying" her a relationship with her birth father. She was now herself using drugs and behaving extremely chaotically, in danger of re-enacting the script she had been given. We know that being born to a drug dependent mother will contribute to an infant's affect dysregulation. *Yet*, she was removed at just six weeks old, and held no conscious memories of the extreme neglect from her birth parents which had necessitated removal. She was deeply loved by her adoptive parents since her placement with them as a tiny baby, but again love was not enough, and her adoptive parents were ill-equipped to be able to make sense of her difficulties in the context of affect regulation.

Claire was also referred for "extreme behaviour problems" including an unplanned pregnancy resulting in termination. Her adoptive mother, struggling to cope, stated through her tears in assessment "when I see her promiscuity, and how easily she conceived a child, all I remember is my inability to do this thing, and I'm so jealous." Claire was also adopted at six weeks old, and very loved, though her adopted mother was expressing her own unresolved trauma which was in itself impacting on Claire's behavioural difficulties.

Adoptees often carry the blame for placement failings, generating referral because of pathology they accrue. They may know that they are pathologised, blamed, and sent to be fixed, and often feel desperate; weighty responsibility for experiences they cannot help but enact in placement. Seven-year-old Alice, adopted with her two brothers, painfully monitors their behaviour, becoming overly "good" and controlling, living in desperate fear that this placement too will break down. Their first adoptive placement failed after two weeks. She thought it was because of her brothers "naughtiness". Her compliance, and her playing of beautiful, yet tightly-controlled music, was indicative of extreme anxiety.

There has been clear recognition in my approach that short-term therapy risked replicating the experiences and inner worlds of children well used to adults flitting in and out of their lives, if they made a relationship with a therapist only to have it quickly severed again. This meant arguing strongly for longer-term pieces of work, necessary for sufficient containment and holding because attachment needs *time and space*. Therapy we provide is inevitably shaped by the political context, currently of reduced funding under austerity. Indicators in recent legislation that arts therapies were recommended for adoptive families lack any real funding base. What work is supported tends to be short term. Yet, critical junctures for adopted people in life, such as any transition (e.g., children moving up to high school), will evoke attachment feelings and behaviours (especially reaching eighteen when a child can trace their birth family and, ironically, when all supports stop, as a "child" becomes "adult" and can no longer access children's services). There is no provision specifically for adult adoptees within social care, who inevitably go on to re-present with mental health problems (often misdiagnosed attachment disorder). I continue advocating for lifelong access to therapeutic supports, given that the adoption journey is itself lifelong.

More recently, at junctures in my work of total pain and crisis and distress, I am increasingly being pressed for 'results". Children have even been described to me as too "difficult, controlling and naughty". If "improvement" (in terms of "outcome measures" and "evaluation") cannot be shown, and indeed shown *quickly*, there are threats to me and the child of therapy being discontinued because it is not "doing anything". But, these children sometimes need to get much worse before they get better and need therapists who can go into the darkness with them and really stay there with them for a long time. Awful experiences create a persistent darkness, and so we must stay and stay and stay. Such practice often feels counter culture in a world where we are pressed to show evidence of resolved attachments within a six-week block. Knox writes about the necessity of staying in the sharing of traumatic

experience to establish different relationship forms that only *over time* move towards integration. A space to think and a time to think in then are the first ingredients for families to feel contained enough to work safely.

Specifically, then, what is music therapy work offering within adoption, and how can I argue this commitment to long-term work? The work is rooted in my own understanding of a definition of intersubjectivity which I summarise as: "the embodied relational matrix out of which each individual human being both emerges and in which he or she also remains embedded". The attachment communications and music of adopted children are expressed at levels beneath conscious awareness within the dynamic intersubjective field. I have learnt to not reject *any* communication but to think and reflect on possible meanings. Music therapy becomes a language for affect-laden material, in work that attempts to make unconscious relational experience more conscious. This needs TIME and SPACE.

Daniel Stern's work on intersubjectivity introduces the concept of "affect attunement". Attunement is lost for the child who is adopted when the fundamental first relationship of attunement with the birth mother is totally denied them. Babies placed at just days or weeks old, become children who describe a "hole" in themselves. This "hole" might function as a metaphorical description for such children. Since the quality of attachment for many adopted children has not been sufficiently secure, the metaphor stems from an attempt to describe impaired intersubjectivity which impacts negatively on their core of rhythmic and sympathetic impulses, as well as on developing brain connectivity, self-regulation, and attachment capacity. In adoption placements, the attunement part of relating is damaged and a music therapy relationship and setting provides a creative, safe space for relating to happen. Attunement originates in non-verbal elements of communication, and exists in the how and when of an interaction or exchange, rather than its apparent content. Attunement grows out of spontaneity, creativity, and unpredictability in our work, which Stern himself beautifully calls sloppiness, or intentional fuzziness (2004). Attunement and affect regulation, are then twin regulatory processes central to my argument for longer term work. They can only happen if they have enough time.

I want to illustrate this now from my clinical work. Therapy with mother/child couples provides, perhaps in Winnicottian terms, a sense of holding for the mother, so the mother can hold and contain the baby. Holding happens within the space that *both* music and relationship provide. The mother of a child I shall call Edward had previously been struggling with her own adoptive history. Removed as a baby herself, she adopted Edward, aged four, who had also experienced severe physical abuse from drug-using parents. She desperately wanted to care for Edward, but found her overtures consistently rejected. Overwhelmed by the pain he had experienced, which resounded her own losses, she minimised both. Her unconscious memory of early abandonment resulted in a style of parenting which overloaded Edward sensorially. Music therapy became a space where Edward could regress to very early states, and she could meet and mother him, making some reparation for

the years lost to them. Enabled to hold her own internal baby, she could then meet Edward, and enjoy moments that seemed like reverie.

Adopted children carry internalised knowledge of their early trauma. They know in their deepest cell memory what has happened to them. This manifests in the work as what Margaret Wilkinson describes as *the old present*, or what we may know in attachment terms as implicit knowing. Almost all children I have worked with have acted-out play involving "ghosts" (as described also by Robarts). Difficult early experiences remain buried within, unknown and unknowable, but carrying an instantly recognisable feeling tone that is often a meld of helplessness, rage, terror, and dread. Strong emotions of distressing events are stored principally in the amygdala, unavailable to recall, yet governing ways of being and behaving.

Eight-year-old Alistair was born with significant physical disabilities, and also additionally suffered life-threatening injuries from his birth parents. In music therapy, he would constantly conflate past and present, and often enact aspects of his early life narrative. His music would bring trauma alive, re-enacted in the room, and I needed to work to ensure he had a space both to express how he had experienced the world (especially as a defenceless baby, and with much of his experience residing in the body–mind), and also to return to the here and now. The behaviour and mood of children can change instantaneously in flashbacks where trauma is relieved as isolated and sensorial. Often, he would say to me and his teacher that we were his birth parents, and minor changes in our embodiment would resonate strongly with him.

Alistair often stated, plainly and simply, "I just don't want to be adopted." Within therapy he revisited early states, for example telling me how he simultaneously loved and hated me, then seeking reparation. Any break in our work was experienced very badly. He devised a whole repertoire of "punishing songs" which he sang on our return, punishing me for abandoning him, and then seeking to mend the rupture. Desperate to control our relationship, he showed me how rejecting and controlling he needed to be. I sensed clearly how powerless he would have been not only as a disabled baby, but one who suffered physical abuse. As music therapists, we are well placed to deal with non-verbal unconscious material. When we seek to attune to our clients in improvisational music making, our medium of music has its own special power to allow both body and mind to "speak" and to be heard. This seems then to justify music therapy as a preferred modality as metaphors of the child's internal world are revealed through both sensory symbolic play and evolving song narratives.

The music of traumatised adopted children is neither tidy nor beautiful necessarily, yet spontaneity that is met and contained and reflected back musically can show a child that their sadness is witnessed and held. Through its intrinsic sensory modality and psychophysiological effect, spontaneous song in a session can help develop a child's narrative of being.

Jonathan, aged eleven, brought pre-composed songs to music therapy, redolent with meaning. Contemporary pop music was his vehicle for telling me his story. He

repeatedly sang one verse from a "Coldplay" song. This was one of many he potentially had access to in contemporary culture, yet it was *this* verse that needed to be thought about differently in a therapeutic space, driven as it appeared by an unconscious choice, and specifically brought to mind. His intense, urgent agitated singing communicated huge emotional distress. Discussion with his social worker revealed that prior to adoption, Jonathan's birth father broke into the birth mother's house, by smashing Jonathan's bedroom window. The lyric Jonathan repeated was "It was the wicked and wild wind … blew down the doors … and shattered windows". The song seems to hold unconscious recognition of a narrative he could not cognitively know he had, providing a borderland for the language of his pre-verbal self. Jonathan could not "talk about adoption", but he *could* sing about it. Ostinata and circling repetition provided containment, self-soothing, and affect regulation for him, increasing self-regulation wherein his old present (or implicit knowing) could be repeated and more safely thought about, so he could make more sense of his experiences. Music therapy provided a modified response, and a different affective experience through relating with another at the deepest levels both consciously *and unconsciously*.

When Jonathan's adoptive mother joined us in sessions, the pop-song-playing teenager regressed, sitting instead with her on the floor, sharing xylophones, and interacting with tiny sounds. She identified this herself as "baby Jonathan" needing to communicate with her, and maybe, like with Edward, this became a form of musical "motherese", a language they had been denied experiencing as he was not her birth child? When their placement was at its worst, she felt these brief moments of positive, attached behaviours sustained them. Safe holding for both of them, and insights into his inner world, were provided in the free space of improvising music together. Gallese suggests motherese could also be described as "motion-ese" and stresses the importance of embodiment.

Trauma is often communicated in implicit, affective, non-verbal ways. Most music of adopted children I work with reveals their chaotic internal worlds. Seven-year-old Kit lacked any spatial sense, and seemed disconnected from his own body moments, yet was a bright boy with no diagnosis of learning disability or autism. Deeply traumatised within his birth family, he experienced multiple foster placements, and an adoption breakdown. His internal chaos was expressed as hyper arousal generated by ordinary movements, gestures, or sensory stimuli. His embodied chaos in the room meant initially instruments would not be played but were turned into weapons. Expecting us to attack him, he would rather attack us first, even "accidentally" damaging instruments. His hyper arousal was incredibly hard to manage as he pushed at the very fabric of the room and the instruments in fragmented, non-sequential leaps from one activity to another. Yet, in his loud, aggressive, and fractured music his adoptive mother said she could really "hear his tears".

The pre-symbolic/pre-conscious level at which we experience music in the body as emotion has a special role in work with adoption. A child can feel grounded in

their own music, whilst processing and assimilating the emotional impact of traumatic experience, in musical relating with a therapist. Music offers an experience of ourselves as embodied in sound and in silence. Pavlicevic's concept of dynamic form perhaps encapsulates what I have been learning from verbal analysts' work on embodied empathy where dynamic form becomes ourselves, portrayed in relation to another, in sound or, in Trevarthen's terms, dynamic form externalises our very own intrinsic motive pulse and audible gesture.

Transformational power may be embedded in the simplest, most fleeting of affective interactions, and in silence. The experience of silent looking and gazing has been an important part of many children's therapy. For some weeks, eleven-year-old Hayden sat holding my gaze for minutes before he could consider play, stating once, "If we look we might see each other." Schore (1994) demonstrates how gaze plays a crucial part in the development of a sense of self and of other and underpins all relating that develops out of the earliest relationship.

I showed clips of Hayden to my supervisor, who thought the video was on pause, as the moments between us were so incredibly still. It felt necessary to be in this with him. The recent discovery of mirror neurons and their significance in the human brain suggests this is essential as only in such shared being is a more direct access to intentional states of others available. Knox states that the observation and imitation of the expression of emotions not only activates the same expressions in the therapist but also the same group of brain structures, a mirror matching mechanism. This enables us to recognise i*ntent* in emotion. The mirror neuron system automatically prompts the observer to resonate with the emotional state of another individual and is the basis of the experience of "emotional contagion", or "feeling with". Hayden had to experience my being with him, before we could play together, and this is indeed what Winnicott states about the mother–infant relationship; being precedes playing. Times of almost nothing going on between us are essential when children have experienced the worst sorts of intrusions. Gallese emphasises the significance of stillness for micro attunements. Our music may be a single sustaining note or constant repeated rhythm, if anything at all.

Gallese describes an embodied basis for empathy and intersubjectivity in the simulation and imitation of the emotional body states of others. Knox describing something similar calls this analogic relatedness, by which she means a reciprocal shaping and picturing of the immediate central emotional embodied experience of the other. I am not just musically "copying" what clients play, but rather, the feelings behind the playing become the referent. This is imitation, from the inside, of what experience *feels* like, not simply how it was expressed in action. Emotion is constituted, experienced, and therefore directly understood in embodied simulation, producing a shared body state. Freud observed we have a unique human capacity to simulate and imitate the experience of the other and was probably describing what we now know as neurobiology when he suggested a path that might lead from identification by way of imitation to empathy. Within music therapy we can predict clients predicting feeling similar to us in the body, knowing we empathise, to the

extent we induce in our embodied music, the state prevailing in theirs. Embodiment becomes an essential element for the emergence of intersubjectivity.

Adopted children can find safety in improvised music, trusting their own phrasing and patterns, and hearing a therapist with them. Repetition offers continuity and expectation leading to shared participation. Bodies move in a synchronicity, which is perhaps not unlike the rhythm of safety which Tustin has described in the mother–infant relationship. The prosodic interchange in music therapy seems to emanate from the proto-conversation of mother and baby. From as early as eighteen weeks' gestation the fetus knows the intonation and timbre of mother's voice (Gallese) and this is the basis of prenatal attachment through sound, having significance in respect to its emotional quality, relational engagement, interaction, and loving affection. Clients engage in a dance of attunement, wherein early intuitive emotional communication is evident in dynamic form, which Trevarthen has called communicative musicality. This is the base from which meaning in all relationship flows.

There were similar times with Anna who would sit by me as together we slowly and painstakingly counted every single bristle on a drum brush, before she could use it to make tiny sounds. Such holding is not easy to achieve; the process takes time yet in an experience of "being", seeing, and existing in the mind and heart of another, reparation may happen. The containing and holding power of listening or simply sitting beside a child provides an attending, waiting, reflecting, space of shared observed attention wherein the child can experience themselves and their thoughts and feelings in the moment. Hearing themselves reflected in musical relationship gives a vital sense to these children of being alive in the presence of another. Knox has similarly described this as a witnessing position wherein such necessary reflecting back of the affective state of a child is groundwork for the expression of trauma. Tuning into all aspects of music, including the unsounded music of the child's internal world, can offer a child an experience akin to Bion's maternal reverie.

Near the end of his music therapy journey, Alistair created a song to sing *with* his adopters. It concluded with the line "Now the old king is dead! Long live the king!" Healing children, dealing with complex situations and ideas of families, need to somehow integrate both the kingdom they originated in, and the new kingdom before them. Both kingdoms will endure for them. Jonathan came to music therapy at a point where his family anticipated he would return to care, and he was already in respite foster care one week a month. His singing of Adele's "Someone Like You", encompassed his experience of initiating contact with his birth mother. Finding this unmanageable, he was unable to allow his adopters to help. As he sang "I hate to turn up out of the blue uninvited but I couldn't stay away, I couldn't hide it … I hoped you'd see my face and that you'd be reminded that for me it isn't over," his adoptive mother acknowledged her support of him in his need to know all that had happened to him, and all the loss that endured, if he was eventually going to manage some integration.

Adoptive families shoulder a burden of care, and are healing damage, on behalf of society. It is to be hoped that legislative changes ensure the full extent of children's difficulties is acknowledged and supported, otherwise the call for faster universal adoption is unwise. Adopted children who do find a sense of home and stability, are much less likely to act out distress later in life, or to re-enter the care or criminal justice systems. Surely society has a duty of care towards these families, and a moral imperative to support and resource adoption, rather than insist families heal by their own loving. Families desire lifelong access to specialist supportive resources, not necessarily continual therapy, but an accessible, flexible, enduring system. Many of us have lost, rather than gained, work through government legislation changing under austerity and my experience as a music therapist is that families struggle and compete for therapeutic support post-placement, which at the point of placement at panel they are led to believe is available and accessible.

At the beginning of this article I mentioned Robarts imperative that our clinical work leads the way as we puzzle out what children and families need. Knox has argued that we should not make the constituent active ingredients of therapy into a presumed theory or treatment model, because simplified therapy "packages" do not necessarily provide support for the specific interventions that derive from them. Gallese is similarly cautious about mapping out a model of therapy extrapolated from neuroscience, suggesting rather that we look, and see our therapy anew, with the science helping us to explain. *Relationship* is the key component of therapy with adopted children and families experiencing the outworking of attachment disorder and trauma. As music therapists, we are well placed to work within the non-verbal, automatic, unconscious mutual embodied situation that arises from mirror neuron activity. This translates into therapeutic practice as renewed significance given to elements of listening and imitating, two key elements of our work. In music therapy, the regulating and shaping of musical–emotional communication is consistent with communicative musicality and affect attunement (Robarts). We need enough space and time though, and should resist the seductive idea that this work can happen quickly. It is a necessarily slow and delicate process as children and parents alike tell us how awful their experiences have been, and then develop trust enough to risk to re-awaken from emotionally frozen states and risk relationship again. Seemingly beautiful music may decompensate to more authentic fragmentary and disorganised play. None of the placements described in this article ended up disrupting, and I dare to suggest that the therapy may have helped. I continue to work in small, dark, deep continuous ways wherever I am allowed, holding on to hope where there seems to be no hope. To end I return to where I began, with the wise words of the Skin Horse:

> "The Boy's Uncle made me Real," he said. "That was a great many years ago; but once you are Real you can't become unreal again. It lasts for always."

You become. It takes a long time.

References

Beebe, B., & Lachmann, F. (2002). *Infant Research and Adult Treatment: Co-constructing Interactions*. Hillsdale, MI: Analytic Press.

Bowlby, J. A. (1998). *A Secure Base: Clinical Applications of Attachment Theory*. London: Routledge.

Cairnes, K. (2002). *Attachment, Trauma, and Resilience: Therapeutic Caring for Children*. London: British Association for Adoption and Fostering.

Fahlberg, V. (1994). *A Childs Journey Through Placement*. London: British Association for Adoption and Fostering.

Howe, D., & Fearnley, S. (1999). *Disorders of Attachment and Attachment Therapy*. *Adoption and Fostering Journal*, *23*(2): 19–30.

Hughes, D. (2000). *Facilitating Developmental Attachment: The Road to Recovery and Behavioural Change in Foster and Adopted Children*. Northvale, NJ: Jason Aronson.

Schore, A. N. (1994). *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development*. Mahwah, NJ: Erlbaum.

Stern,D. (2004). *The Present Moment in Psychotherapy and Everyday Life*. New York: Norton.

Trevarthen, C. (2009*). Communicative Musicality: Exploring the Basis of Human Companionship*. Oxford: Oxford University Press.

Tronick, E. (2007). *The Neurobehavioural and Social Emotional Development of Infants and Children*. New York: W. W. Norton.

Verrier, N. (1993). *The Primal Wound*. Lafayette, CA: Gateway Press.

Williams, M. (1992). *The Velveteen Rabbit* (1st edn). New York: Egmont.

Winterson, J. (2011). *Why Be Happy When You Could Be Normal?* London: Random House.

I think the publisher for Hughes (2000) is Jason Aronson, not Rowman & Littlefield, please confirm (I checked the internet for the publisher location and this is all I found).

Changed spelling Trevarthern to Trevarthen throughout as believe it was incorrectly spelt, please confirm.