

## MUSIC THERAPY WITH CHILDREN WHO SUFFERED VIOLENCE QUALITATIVE RESEARCH IN A PUBLIC HOSPITAL IN THE CITY OF BUENOS AIRES



### Musicoterapia con niños que sufrieron violencia: estudio cualitativo en un hospital público de la ciudad de Buenos Aires

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#### ABSTRACT

**Background.** Child sexual abuse often remains concealed within family settings, hindering timely detection and therapeutic intervention. This study examines the contribution of psychoanalytic music therapy to identifying sound-expressive indicators of abuse and supporting trauma processing in childhood. **Objectives.** To determine the clinical and theoretical contributions of psychoanalytic music therapy to the detection and treatment of sexual violence against children and adolescents in a public hospital. **Methods.** A flexible qualitative study was conducted through participant observation over ten months (October 2023–July 2024) in individual and group music-therapy programmes at a general hospital in Buenos Aires. Six cases (aged 3–13 years) were purposively selected using sequential sampling. Field-diary notes were analysed via intentional vignettes and source triangulation. **Results.** All six participants exhibited meaningful therapeutic changes—recovery of speech, affective containment and shared play—during the intervention. Emergent sound-expressive categories (silence, silencing and noise) operated both as trauma indicators and focal points for clinical work. Musical improvisation fostered expressiveness and symbolic elaboration of abuse. **Conclusions.** Psychoanalytic music therapy is a strategic tool in public-health contexts: it enhances detection of child sexual abuse through trained listening and offers transitional sonic-play spaces that foster relational repair and subjective integration. Integration into multidisciplinary teams and larger comparative studies are recommended.

**Keywords:** music therapy, child abuse, sexual, qualitative research, hospitals public.

#### RESUMEN

**Introducción.** La violencia sexual infantil suele permanecer silenciada dentro del ámbito familiar, lo que dificulta su detección oportuna y la intervención terapéutica. Este estudio explora el potencial de la musicoterapia psicoanalítica para detectar indicios sonoro-expresivos de abuso y acompañar el proceso de elaboración traumática en la infancia. **Objetivos.** Identificar los aportes clínicos y teóricos de la musicoterapia psicoanalítica en la detección y el abordaje de la violencia sexual ejercida contra niñas, niños y adolescentes atendidos en un hospital público. **Método.** Investigación cualitativa de diseño flexible, basada en observación participante durante diez meses (octubre 2023–julio 2024) en dispositivos individuales y grupales de musicoterapia de un hospital general de Buenos Aires. Se seleccionaron seis casos (3-13 años) mediante muestreo secuencial y criterio de pertinencia clínica. Los datos se recogieron en un diario de campo y se analizaron mediante viñetas intencionales y triangulación de fuentes. **Resultados.** Los seis participantes mostraron movimientos terapéuticos significativos (recuperación de la palabra, contención afectiva, juego compartido) durante el periodo de intervención. Emergieron categorías ligadas a lo sonoro-expresivo —silencio, silenciamiento y ruido— que funcionaron como indicadores de trauma y como núcleos de intervención clínica. La improvisación musical favoreció la expresividad y la elaboración simbólica del abuso. **Conclusiones.** La musicoterapia psicoanalítica constituye una herramienta estratégica en el ámbito hospitalario público: facilita la detección de violencia sexual infantil mediante una escucha trabajada y provee espacios sonoro-lúdicos transicionales que promueven la reparación vincular y la integración subjetiva. Se recomienda su integración en equipos multidisciplinarios y la realización de estudios comparativos con muestras mayores.

**Palabras clave:** musicoterapia, abuso sexual infantil, investigación cualitativa, hospitales públicos.

## INTRODUCTION

Violence against children is a social phenomenon of considerable global magnitude, producing conditioning effects on the subjectivity and holistic development of girls, boys, and adolescents. The World Health Organization defines it as a global public health problem (WHO, 2022). According to the Pan American Health Organization, a quarter of adults worldwide suffered physical abuse during childhood, 36% experienced emotional maltreatment, and 16% were subjected to neglect (PAHO, 2023). An international meta-analysis revealed that 19.2% of girls and 7.4% of boys suffered various types of sexual abuse, figures that escalate to 25% and 10% respectively in Latin American countries (Pereda et al., 2009).

While all health problems are socially and historically determined, violence is distinguished from other ailments by its pre-eminence in this regard: there is no biological pathogen in this field; rather, its origin lies in the nature of social and relational dynamics. Due to its widespread global dimension, violence against children constitutes a structured social relationship, a hallmark of our era. Lenta and Zaldúa (2020) define it as a confluence of multiple processes of denial of their recognition as subjects, which produce affective, bodily, symbolic, and/or relational violations. Its most exacerbated expression is the commodification of children's bodies through trafficking networks, which, according to the UN, record 19% of girls and 15% of boys among their victims (UN, 2021).

As a symptom, these forms of violence point to the social barbarity that infiltrates human bonds, even the most primary, intimate, and close ones (Brodsky, 2011). The decomposition of social relations governs within the family structure itself, where bonds of trust are perverted under the weight of social deprivations and the persistence of gender and age oppressions (Capriati, 2019). Winnicott (1965) had already provoked his contemporaries by stating that nothing could be called a "child," referring to the fact that children only exist within the context of a family and social bond. This relational dependency, constitutive of childhood, tends to be misused as a fertile ground for subjugation.

Within the range of violence to which children and adolescents are subjected, sexual abuse holds a particular significance. Following psychoanalyst Susana Toporosi (2018), we can define it as "the summoning of a child by an adult to participate in sexual activities that the child cannot understand, for which their psyche is not prepared due to their developmental stage, and to which they cannot give consent from a position of agency." Most of these abuses occur within a relationship of dependence and trust, through which the adult exercises their intrusive power.

These experiences have traumatic effects, as they constitute an excess of reality for which children lack the tools for symbolisation or transformation (Toporosi, 2010). Those who endure them present symptoms or disorders involving the body. Among the most common, though not exclusive, are episodes of enuresis or encopresis, sleep disturbances, nightmares, disgust, compulsive masturbation, and hyperactivity related to an unmanageable excitation (Toporosi, 2005).

It is common for younger children to cease speaking or begin to stammer (Amir & Yair, 2008). Those unable to escape the threat of abuse utilise dissociative mechanisms, mentally withdrawing from the situation by separating it from their consciousness (Amir, 2004).

These forms of violence frequently include incest, which has been and continues to be a social taboo, referring not only to the commission of the act but also to the possibility of acknowledging it (Calmels, 2007). The severity of intrafamilial abuse lies in its paradox: the very person from whom protection and containment are expected is the one perpetrating the violence. In incest, perversity aligns with the exercise of the parental function (Quaranta & Goldwaser, 2022). This makes it difficult for children to conceive of themselves as victims, internalising a feeling of guilt that leaves them defenceless against assaults and prevents them from articulating what is happening.

Quaranta and Goldwaser (op. cit.) explain that these abuses are not solely linked to the satisfaction of the adult's sexual desire but are an act of power, of subjugation of the other, embodying a specific social structure. This phenomenon is often accompanied by and reciprocally reinforced by violence against women. Thus, the effects experienced by women who have suffered domestic violence are shared by their children, who grew up and developed in such contexts (Gasco, 2021).

Another crucial aspect of the phenomenon is transgenerational transmission. Toporosi (2005) suggests that in children who are victims of prolonged sexual abuse, it is very often observed that one of the parents was themselves a victim of sexual intrusions during their childhood, about which they could never speak. Therefore, for the author, these children become victims of the silence that has prevailed in their parents' generation. Similarly, Franco et al. (2020) argue for the existence of inter- or transgenerational transmission chains, with unintrojected meanings that include the unspoken, which are incorporated as an intrusion into the child's psyche, generating vulnerability.

Often occurring in the private or intrafamilial sphere, these episodes tend to be silenced. Added to this is the tendency to reductionistically categorise the subjective effects of these traumatic experiences under the label of developmental disorders or other similar diagnostic categories offered by mental health

manuals (Affonso Moysés et al., 2013). This is due to a logic of labelling and medicalisation of life processes, which, according to some authors, is causing an "epidemic of misdiagnoses" in children (Lebovic, 2023).

Faced with a problem of this magnitude, the present study aims to investigate the tools that psychoanalytic music therapy can offer for detecting these situations, as well as interventions capable of providing protection and support for affected girls, boys, and adolescents. Through an exploration of various clinical experiences taking place at the "Dr. Enrique Tornú" General Acute Hospital within the public health system of the City of Buenos Aires, the study will seek to identify some of the effects and contributions of music therapy in addressing violence and the violation of children's rights.

### Why Music Therapy?

Given that this is a veiled issue, typically occurring in the private sphere, a major difficulty for healthcare teams is effectively detecting these situations and intervening promptly, preventing their perpetuation. The effects of normalisation and silencing mean that violent situations are not directly articulated by their victims or adult caregivers, especially concerning sexual abuse. Often, suspicions surrounding these events only surface after a long period of treatment. Janin (2002) explains that society tends to keep what has happened silent and is determined to shame those who speak. This is why he asserts that giving a child a voice does not merely mean asking them to speak, but rather requires knowing how to listen to them.

Bleichmar (2009) points out that a subject's expressive modality, shaped by their sonic language, can be damaged by traumatic excess. Children may present indicative elements of these antecedents in the disarticulated manner of their psychic production. Similarly, van der Kolk (2015) asserts that trauma is almost impossible to verbalise. For Maiello (2013), psychotherapy has frequently neglected the musicality of language in favour of the primacy of the visual image and the semantic content of discourse. Therefore, he posits the necessity of developing a "resonance body" function, through a global listening that includes the sonic and rhythmic material flowing from the patient and allows for the reception of what is transmitted through the ambiguities of vocality.

This consideration is crucial when approaching childhood, as it is a stage where communication through spoken language is in the process of constitution. Thus, this study positions music therapy as a strategic discipline in this problematic area, as it conceptualises the sonic material of early bonding and the expressive modes that shape them (Gauna et al., 2015), extending beyond verbal language. Following Belloc (2009), music therapy proposes a "worked listening," which is a distinct and specific way of listening.

This implies an intervention based on a mode of perceiving and registering each patient's unique expressive production (Licastro & Arias, 2009). For Giacobone (2011), it is about encountering material that, when analysed modally and qualitatively, promotes a link between the discourses of the body and words, by "listening in the saying."

In relation to addressing situations of sexual abuse, Tkach et al. (2012) explain that elaboration does not begin simply by speaking or recounting the event. In some cases, these narratives may remain detached from affect. The authors emphasise the importance of differentiating "what one suffers from" (the symptoms or the symptomatic in a broad sense) and "what happened" (the factual event).

It is the work of therapy to discern what is traumatic for each individual subject. In cases of sexual violence, a subjective distrust is to be expected, stemming precisely from the fact that those who should have protected them are the ones who exposed or abused them. Therefore, a primary objective of therapy aims to establish a successful encounter within the transference relationship, enabling the generation of a "protective experience."

The experienced traumatisation is a wound that is re-enacted in the relationship with the therapist. For this reason, various music therapists have described how challenging the transference relationship can be when working with children who have been victims of sexual abuse (Strehlow, 2009). Unpredictability and uncontrollability are central characteristics of these experiences. Hence, music therapy with trauma victims aims to create a predictable and safe environment by controlling rhythm, volume, tempo, and timbre (Bensimon, 2020a).

Cassidy and Theobald describe a wide variety of techniques used for working with abused children, highlighting musical improvisation, listening to music, playing instruments, discussing songs, group singing, musical relaxation activities, guided imagery with music, and songwriting (Kim, 2015). Leitschuh and Brotons (1991) emphasise that music therapy provides a non-threatening medium for those who have difficulty expressing their experiences verbally, while also offering structures for socialisation and opportunities for pleasure and play.

Following Montello (1999), music allows for the circumvention of certain defensive operations of the brain's cortical functions, proceeding directly to the limbic system. In these cases, music is faithful to emotional life in a way that language cannot be, expressing ambivalences and enabling the unblocking of dissociated relationships.

This quality is enhanced by the difficulty in describing with words the feelings associated with trauma, especially when these episodes occurred before the child began to speak. For this

author, the creative experiences provided by music therapy can help heal the divisions in a personality shattered by the ravages of abuse.

Hong et al. (1998), for their part, assert that music therapy, due to the independent and communicative nature of its interventions, encourages a child who has learned to avoid intimacy with significant adult figures to take risks. They also underline that comforting activities are often important due to the lack of essential care in early childhood. Incorporating this capacity to receive comfort through music lays the foundation for the acceptance of care and affection.

Another important aspect in working with children is to grant them the possibility of playing games in which they have control (Bensimon, 2020b). Play allows for creative experiences in an intermediate space between children's inner and outer worlds, alternating between reality and imagination.

Creating a world of their own, where the child dictates and determines the rules, allows energy to be channelled towards a zone of safety that is the self-constructed play space, in a sense similar to what Winnicott terms "experience of omnipotence" (Tagle, 2016).

Regarding the directionality of therapy, psychoanalyst Silvia Bleichmar proposes that abductive work is necessary to weave together the fabric torn by trauma (Toporosi, 2021). This consists of assembling fragments within the framework of transference, giving rise to what she designates as "transitional symbolisations." The purpose of therapy, from this perspective, would be to achieve forgetting, not through repression, but through connection, enabling the dis-investment of that which repeats.

Following Jares (2020), the process of assembling this new subjective fabric can be facilitated by working with the sonic-musical in transference, as it is here that a fiction operates, allowing for the symbolic re-covering of the marks of devastation. This fiction constructed in music therapy sessions acts as a screen, produces a veil, and operates as a distance that enables the unfolding of one's own subjectivity and the constitution of a novel social bond.

## MATERIALS AND METHOD

More than 20 years ago, a team called "Vulnerable Families" was formed at the Tornú Hospital in the City of Buenos Aires, comprising the Paediatrics Service and the Social Service. Composed of professionals from various disciplines, including medicine, social work, psychology, and music therapy, the team provides support in situations of rights violations against children, in collaboration with art and education workshop facilitators, and an

outreach programme for the music therapy degree at the University of Buenos Aires (UBA) directed by Lic. Judith Martínez. As part of their intervention strategies, the music therapists have developed individual clinical care provisions and group therapeutic spaces.

To investigate the effects and contributions fostered by these provisions, the present study followed a qualitative approach of exploratory and descriptive scope, adhering to SRQR standards. The aim was to develop and interpret the experience by constructing a reciprocal dialogue with theory, through a hermeneutic data analysis (Ynoub, 2015). This design adopted a flexible character, favouring the approach of emerging thematic axes. The process of immersion and subsequent fieldwork spanned a ten-month period, between October 2023 and July 2024.

### Data Collection

Data collection utilised participant observation in individual sessions and therapeutic groups, in interviews with mothers, fathers, and caregivers, as well as in supervisions and team meetings. Through a triangulation of primary and secondary sources, this material was cross-referenced with session records, patients' clinical histories, chronicles of the provisions compiled by the team, and minutes of their meetings. Data collection took place via a field diary that accompanied the entire process.

### Data Analysis

The evaluation of the different situations and cases was presented through vignettes, purposefully selected as they characteristically expressed the phenomenon under study. Through brief narratives, this technique allows for the illustration of partial but significant aspects of the clinical process to facilitate theoretical articulation (Miari & Fazio, 2016).

In their enunciation, phenomenological or observable data constituted a first phase of analysis, which considered the assessment of patients' expressive and relational modes, the construction of the therapeutic bond, the proposed objectives, the intervention methodology developed, and the effects and movements that were observed.

The elaboration of the vignettes involved an initial selection from the experience. The process was influenced by the researcher's subjectivity, as the individual who selected the collected material and reflected on its scope. This selection may have been influenced by their educational background in Sociology (UBA), with a postgraduate specialisation in Health Education and Promotion (RIEPS-GCBA). The present study formed part of the Master's Final Project for the University Master's in Music Therapy (UNIR), under the supervision of music therapist

Lic. Cinthia Nicolini.

Once drafted, the vignettes were submitted for consideration to the music therapists who graciously opened their clinics for this work, Lic. Judith Martínez, Lic. Tatiana Jares, and Lic. Laura Favazza. The purpose was to revisit the experienced journey, evaluate its clinical significance, and intersubjectively construct a final version of the vignettes. Following this exchange, the material was subjected to a second analysis, with the objective of formulating conjectures and hypotheses that would address the research questions guiding this study.

### Participants and Ethical Considerations

The selection of patients and team professionals to accompany was conducted sequentially (Martínez-Salgado, 2012), based on theoretical relevance and the possibility of integration into the different sessions and therapeutic instances, following the signing of an informed consent form by all participants (in the case of children under thirteen, their parents or legal guardians).

Among those undergoing treatment in the individual and group music therapy provisions, a sample of six situations was selected. This involved a five-year-old girl, two boys aged seven and nine, and a thirteen-year-old adolescent, observed within the framework of an individual therapeutic process, and a three-year-old boy and a thirteen-year-old adolescent who developed their experience with music therapy in the context of different group settings. All these settings operated on a weekly basis.

The selected cases were marked by a history of sexual violence against these patients, with the sole exception of the three-year-old boy, in whose case the victim of abuse was his mother, and he suffered other types of maltreatment. All situations were, in turn, entangled in chains of transgenerational sexual abuse involving their progenitors and varying degrees of precariousness in family living conditions and violations of their rights.

The signing of the informed consent form was preceded by an exchange with the responsible adults, during which the research objectives were explained, along with the option to refuse or withdraw from the study without this affecting their children's treatment under any circumstances. The signed document stipulated that the material to be analysed would be anonymised following international guidelines for the protection of confidentiality and personal data. The vignettes were drafted using fictitious names, and certain contextual details were altered to prevent the possibility of participant re-identification.

**Table I**

*Clinical Situations According to Observed Objectives, Approaches, and Movement*

Note: Own compilation

These documents, along with authorisation from the hospital

Client	Age	Therapeutic objectives	Session	Method	Observed movements
Miranda	5	To enhance expressiveness stifled by silencing.	Individual weekly (Observation: 6 months)	Free play, musical improvisation.	Sonic-musical unfolding and the recovery of spoken language.
Martín	7	To provide a playful framework for the instinctual overflow associated with abusive experiences.	Individual weekly (Observation: 6 months)	Here's the translation: Free play, playful interventions	Acceptance of legality introduced through play.
Fabián	9	To establish a play space that enables relational contact	Individual weekly (Observation: 56 months)	Here's the translation: Free play, sound interventions, bodily movement.	Moments of shared play and enjoyment.
María	13	To develop expressiveness as a tool for working through intrafamilial abuse.	Individual weekly (Observation: 4 months)	Songwriting	Unfolding through songwriting and singing.
Hernán	3	To offer emotional containment in the face of maltreatment and the deficit of primary care.	Group weekly (Observation: 5 months)	Free play, bodily play, sound interventions, and musical interventions	Shared play moments, bodily contact, and the acceptance of comfort through music.
Vanesa	13	To foster an expressive and relational environment to address inhibition caused by sexual abuse	Group weekly (Observation: 9 months)	Musical improvisation, singing, and songwriting.	Musical and vocal unfolding, development of relational bonds, and assumption of leadership roles.

authorities, were submitted for consideration to the Ethics Committee of the Faculty of Social Sciences and Humanities at the Universidad Internacional de La Rioja (UNIR), which issued a favourable opinion for the conduct of the present study.

### RESULTS

As can be observed in Table I, all six participants showed significant movements during the observation period during which their processes and music therapy sessions were accompanied. Each did so starting from their own difficulties and needs arising from the traumatic experiences endured, which was expressed in the diversity of therapeutic objectives and approaches developed. This further underscores the situated nature of the approaches, which, for psychoanalytic theory, stem from the

unique position presented by each subject and their social and relational context. In some cases, it was necessary to complement music therapy sessions with other interventions, such as psychotherapy, psychiatry, speech therapy, psychomotricity, and/or psychosocial support for families.

To delve deeper into the clinical experiences and dynamics, and given the brevity requirements of this article, we opted to develop vignettes for two of these six cases to delve deeper into the therapeutic processes and theoretical articulations they offer. These are Miranda and Hernán, whose vignettes will be presented in italics.

### **Miranda, Silencing, and What Precedes the Word**

Miranda is five years old. She comes to the consultation because her mother, Claudia, fears she may have been abused in nursery. She suspects the bus driver who transports the children. The account is confused and laden with distress, intertwined with the abuse Claudia herself suffered during her own childhood.

In sessions, the girl maintains a tense, unperturbed silence while manipulating spiders that attack a small doll she refers to as her sister, Luna, who is two years older than her. The scene takes on a sinister edge, characterised by a constant increase in tension. Miranda hides Luna under the bedspread or in the cupboards, but the spiders advance towards her. The only sound is the girl's heavy breathing, a dynamic that repeats session after session.

A different scenario emerges when Miranda is offered musical instruments to explore and play together. Following a basic candombe-inspired rhythm, Miranda takes the bongo and makes it resonate with body and a sustained rhythm. This serves as both a release and a feedback loop for the clave and the sonic construction. Her enjoyment is palpable when the music becomes shared, through imitation or response.

In parallel, interviews with the mother reveal situations of intrafamilial violence. Claudia reports that Miranda's father, Gabriel, forces her to have sexual relations. The girls witness these situations in a small house where everyone shares a single room with two beds. Claudia states she struggles to sleep because she remembers the abuse she suffered as a child, so she seeks out her daughters to sleep with her. She wraps herself in their presence.

Interventions with the mother prove fundamental in modifying this oppressive family context. Claudia initiates a separation

1. For an in-depth understanding of the remaining four situations, please consult the Master's Final Project that the author submitted as part of their studies for the University Master's in Music Therapy at the Universidad Internacional de La Rioja (UNIR).

process from Gabriel. This coincides with noticeable changes in Miranda's behaviour during sessions, where she gradually begins to reclaim and employ spoken language. Over time, the girl participates in shared fictional scenes, engages in role-playing, and gives voice to her characters.

Towards the end of the treatment process, Claudia mentions hearing Miranda tell her father, "don't ever touch my bottom again," breaking a silence that could relate to the objectified position she occupied in that relationship. In this final interview, the mother recounts that Gabriel works as a driver. The initial complaint regarding violence outside the family may have been a roundabout way to address what was happening internally.

### **Hernán, the Dimension of Noise, and Music as an Envelopment**

Hernán is three years old. He attends the music therapy group for young children due to his difficulty playing with other children. At nursery, he can't stay for more than an hour, as he often throws objects at teachers and peers.

Hernán doesn't speak and cannot tolerate singing or music being played. It becomes intrusive for him. He suffered maltreatment and neglect in his early years from a very young, also victimised, mother who would lock him in a room to work without risks or obstructions. Hernán's presence in the group is disruptive. The child repeatedly tries to open the door and leave the space. When he realises this isn't possible, he tends to dispute toys with other children, lunging aggressively. Upon hearing someone sing or play an instrument, he responds by flinging the nearest object.

This necessitates a change in strategy, through individualised follow-up and a redesign of the setting, leaving only soft objects such as cushions and cardboard boxes of different sizes. Concurrently, his mother, Mónica, is invited to participate in an adult caregiver group, which runs parallel to the children's group. There, she recounts that she had Hernán during her first sexual relationship as an adolescent. She explains that she didn't know how to protect herself.

One day, a joint group session is proposed, inviting mothers, fathers, and caregivers to enter the space with the children. Mónica positions herself far from Hernán, who plays alone, without interacting with other children. Mónica's rigidity and her difficulty engaging in a play zone with her son are observed.

As the groups progress, Hernán gradually gains confidence and begins to participate in shared games. A game is proposed with

2. Candombe is a South American cultural expression of African origin. As a musical genre, it's defined by a syncopated rhythm that accompanies dance and is played on drums.

a fabric sheet, on which small boxes and cushions are placed, and the children swing it, making the objects jump. Later, he himself gets onto the sheet and is swung while the song "To the golden swing, Hernán is a treasure" is sung. Hernán enjoys the dynamic, asking to be swung two more times.

In the adult group, Mónica also starts to relax. One day, she recounts that her family is from Bolivia, and since they never saw her pregnant or met Hernán, they don't believe her when she tells them she has a child. She herself says she only realised she had a child when she held him in her arms. She admits she doesn't know how to talk to him and that she never sang him a song. Gradually, she begins to articulate her problems and make space for her son.

In the group, another game is created with Hernán, where he climbs onto one of the coordinators, who is on all fours, like a horse. He balances on the other's body until he falls onto a mat. He laughs and asks to climb on again and again.

He ends up tired, so the music therapist suggests lying on the mats for a nap while she sings a lullaby. Hernán tolerates the song and gently plays with the coordinator's beard and eyebrows. At one point, he notices that the door to the space has been left open and approaches to close it.

## DISCUSSION

A primary element observed in Miranda's vignette is her distinctive silence. Silence is a constitutive and necessary part of communication, enabling alternation. It can be conceptualised as a pause that facilitates elaboration. Like words, it carries meaning, and at times, possesses more power than they do (Sutton, 2002). However, in this case, it was a heavy silence, laden with tension, referring to a silencing. According to music therapist Judith Martínez, a worked listening can distinguish between "mute silences, silences that scream, that hurt, that hide, that link, empty silences, silences that express the ineffable" (Alegre et al., 2019).

Through her selective mutism in sessions, Miranda denounces the objectified position her father placed her in when he subjected her to a form of bonding that included touching. Due to its insistence and repetition across sessions, this dark silence became a noticeable field for listening. It was a sonic signifier that intertwined with the accounts of domestic violence brought by Claudia and acquired the dynamic of what Bleichmar (2009) terms an indicative element.

Music, and in this case clinical improvisation, provides the avenue for Miranda to find a different terrain of expression that does not require the use of spoken language. If Miranda's si-

lence is a way of creating distance from the bond with the other, music opens a safe shared territory for play and connection. Thus, she can inhabit sessions in a different manner and emerge from the passivity inherent in trauma.

In this evolution, her musical production and expressiveness precede language, allowing her to experience a discursive potentiality and creative freedom that are fostered by sonic support from another (Clements-Cortés, 2008). Musical improvisation is, in that interim, a place of release and affective connection, accompanying her process and enabling her to break free from the repetition of the sinister in which she is silenced and trapped.

Following Jares et al. (2021), music therapy interventions, by offering scaffolding for encounter with the other, drive a subjectivating process termed inter-sonority, within whose fabric appear different speeds, durations, pauses, movements, and also silences.

Moreover, the mother's actions are significant in enabling Miranda to emerge and come out of hiding. The abuses suffered by Claudia in her childhood, which extended into her relationship with Gabriel, represent a heavy psychic burden for her. Follow-up interviews with Claudia reveal the strategic role of what is known as *transference à la cantonade* in child clinical practice (Mónica Lourido, 2016). It is not without the attachment figure, upon whom they depend, that space can be created and a new non-violent context and conditions can be structured to foster their development.

Hernán's vignette, in turn, prompts reflection on noise. Hernán is not only a child who doesn't speak but also one who cannot listen. Music, whether in the form of instruments or the singing voice, is something he cannot tolerate. He covers his ears or reacts violently. According to music therapist Daniel Lago (2020), the dimension of noise is associated with the initial stage of helplessness in which human beings enter the world. In this phase, stimuli arrive constantly, fragmented, and chaotically.

Immersion in the realm of noise is characteristic of a "body that is," lacking the representations that later allow for the constitution of a "body that is had." In contrast to sound, which presents itself as that which is articulated by a subject's active listening position, noise appears as contingent and inarticulable. This implies a passive position of the subject regarding what is heard as an intrusion. Moving from noise to the dimension of sound implies a transition.

This rupture is established by the other who provides early care, who manages to understand the child and their needs, and who demands their presence as a subject, whether to feed

them, contain them, comfort them, etc. (Lago, op. cit.). The encounter with this other—the mother, or whoever fulfils that function—allows the baby's reflexes to be imbued with meaning, constructing a symbolic framework in which the child is held and named. This path was seriously altered in Hernán's development, inasmuch as Mónica, dissociated from her own pregnancy, could not nurture him, speak to him, or sing to him.

Hernán's difficulty in playing with other children and developing symbolic play, which usually occurs from the age of two or even earlier, relates to the absence of another transition, which, in Lago's (op. cit.) terms, leads from the dimension of sound to that of music. This indicates the beginning of dramatisation, in which sound loses its direct reference to the field of meaning, constructing a fictional structure. With this separation, sound finds its musical dimension.

In this phase, shared legality, with its roles, rules, and prohibitions, allows for the development of play with others. Without this established legality, as observed when Hernán throws objects or directly advances on other children's bodies, play is interrupted. For Lago (op. cit.), the sonic-musical offering and the logic of music therapy interventions must be meticulously tailored according to the unique way in which the subject has intertwined with these three dimensions: noise, sound, and music.

Noise is also the terrain of trauma. The inundation caused by trauma perforates what, in Freudian terms, is called the "stimulus barrier" (Delgado, 2011). This protective barrier is the chain of psychic representatives, which allows the subject to process stimuli and bind drive energy. When this does not occur, and the external is perceived as noise, that barrier has been breached or never managed to be constituted.

Hernán exhibits this need for a barrier, a boundary, and envelopment. It is significant that when play occurs from this place—as physically and emotionally containing—through the fabric swing or the body of the other holding him, Hernán not only experiences no problems listening to the "golden swing" song or a lullaby but also enjoys them and wants to repeat the experience.

This thus produces what Hong et al. (1998) refer to as the capacity to receive comfort through music. Similarly, when Hernán gets onto the fabric or has a piggyback ride, what these authors describe as the possibility for a child who has learned to avoid intimacy with adults to take risks is observed. In these paramusical activities, which become routines as sessions progress, what Bensimon (2020a) refers to as a predictable environment is constructed, restoring a sense of security.

In the reading of his vignette, the interplay between what is

sought and what is possible emerges, both in Hernán's attempts to leave and in the team's intervention methods. It is a game of approximations, where adjustments and adaptations seek to find a possible place for encounter and interaction. This entails passing through what Nitsun conceptualises as "anti-group" experiences (Oosthuizen, 2019), where chaos and disjunction prevail, which can be seen as necessary moments of group maturation.

This back-and-forth also calls upon his mother, who begins to feel held by the therapeutic provision. In the transformation of her demeanour, an anticipation of a possible development for Hernán appears. This is confirmed in one of the last sessions when the child who only sought to escape approaches the door... to close it. The framework offered becomes inscribed in his subjectivity.

This experience leads us to the question of where a child belongs. The absence of a symbolic place for Hernán characterised his early years, both in his mother, during pregnancy and early infancy, and in his family, for whom he still does not exist. This rejection, which presents as a non-place, links Hernán to the chain of violence enveloping Mónica and weighing on the constitution of his psyche as another form of vulnerability.

At the end of the journey, when Hernán manages to pass through different stages of play, from physical activity to relaxation, sustaining scenes that lead him to tenderness, the possibility of constructing attunement—an affective synchronisation in terms of Jacobsen and Killén (2015)—becomes discernible. A new place begins to emerge for him.

This vignette re-evaluates Gasco's (2021) proposal, in the sense that in families where transgenerational violence is entrenched, with mothers who are victims of gender-based violence and affected by dissociative mechanisms, a dyadic music therapy approach can be useful to re-establish the maternal-child bond.

The change in Mónica's position, through her participation in the adult group and encounters with the children, confirms the necessity of this kind of intervention. Through the therapeutic space and the transference relationship, this mother and her child find in music therapy what Tkach et al. (2012) term a protective experience.

Finally, it is necessary to highlight the limitations of the present study, related to the small size of its sample, which is limited to a case series, as well as the relatively brief period of observation of the therapeutic processes, between four and nine months, without possibilities for longer-term follow-up. Added to this are the biases of observation and selection of experiences, inherent to the qualitative approach and the chosen theoretical framework, which restricts the possibility of generalisa-

tion. These limitations could be overcome in the future through mixed, comparative, or longitudinal studies, with possibilities for long-term outcome measurement.

## CONCLUSIONS

The journey through the sessions and provisions allowed for, firstly, the dimensioning of worked listening, which fosters intersubjective encounter and the identification of central indicative elements in the detection of sexual violence, including its sonorous-expressive qualities. The path opened by the clinical experiences, enriched by a flexible research design, led to the emergence of categories such as silencing and its reverse, noise—two dimensions linked to the experience of traumatic and de-structuring situations.

Secondly, the experiences developed demonstrated that the transition to the dimension of sound—of the articulated, of language, and of the musical—depends on the encounter with an other who provides support and demands the subject's presence within that representational framework. The structuring potential of musical, creative, and playful experiences was evinced, serving as transitional and transformative spaces that incorporate a legal framework enabling social bonding, favouring the processing of lived experiences, and the construction of coping mechanisms.

These findings align with those who argue that music therapy is a strategic discipline in this field, as it can make substantial contributions to addressing the suffering affecting girls, boys, and adolescents subjected to situations of violence and rights violations.

### Generative AI Statement

The author declares that no Generative AI was used in the creation of this manuscript.

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