

# A BRIDGE BETWEEN REALITIES

by Auriel Warwick

## Introduction

The Music Therapy setting provides a space for children to share and communicate through the medium of sounds and silences. Interactive music-making allows them to bypass speech - a means of communication which is very difficult for some children. Music can lead to the building of a unique relationship between child and therapist where ordinary 'give and take' may develop.

## Non-relating Children.

During the past ten years, I have concentrated mainly on the autistic or autistic-like-child - a child who presents tremendous challenges to parents, teachers, therapists and psychologists because of his or her inability to relate, to share and to communicate in what is considered to be a normal way. I prefer to use the term "non-relating" as there are many children who are not autistic but who have problems in this area. These are children whose inability or unwillingness to communicate or relate impairs the development of their whole being.

At the beginning of Chapter 1 of her book, *Music Therapy for the Autistic Child* (Oxford University Press, 1978), Juliette Alvin, a pioneer of Music Therapy in Britain says:-

Music is a field of multifarious experiences which affect man's mind, body and emotions. It may bring a change in the behaviour of the listener or the player. It penetrates the subconscious and can reveal much of what is hidden there. It can also develop awareness of the environment, whether the individual is so-called normal, or affected by an illness or a handicap. Music in its many aspects is an eminently flexible, adaptable means which can reach an individual at any level of intelligence or education.

## Music as a Tool

The music therapist uses music as a tool for achieving such aims as improved communication and concentration, the development of self-esteem, confidence, identity and the sense of being in touch with the inner world while being able to discriminate between that inner world of feeling and sensation and outer reality.

The first task of the music therapist is to find out where the child is and where the music may be within that child. A non-relating child often reacts strongly to music, but is not necessarily 'musical' That is, his natural ability and interest in music is no more than any other person. The music therapist needs to remember this and retain a sense of perspective when meeting the child's musical response.



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**In order to assess the child's needs, the music therapist must pay close attention to the child's responses (or perhaps the lack of them) to vocal and instrumental sounds, their different timbres, pitches, rhythmic and harmonic structures. The therapist also needs to allow the growth of an intuitive understanding of those individual musical responses. It is vital that the therapist begins where the child is, even if that is with only one sound. For the relationship to grow, the child must also understand that the therapist is willing to share and communicate with him or her at whatever stage he or she is.**

**In my work, I believe it is important to let the music speak for me. In the beginning I try to keep any talking to a minimum. Explanations may well fall on deaf ears or be totally confusing - it is far more important to 'do' - to play and sing, always giving the child time and space in which to respond. Response, because of the penetrative and emotive power of music, may be immediate and often is, but if it isn't, it doesn't necessarily mean that there has been no inner response. I once assumed this to my cost in my early days as a therapist when working with a severely autistic girl. I had improvised a song around her name, using the guitar as the accompanying instrument, in the key of E minor. She continued to gaze out of the window, her body immobile like a statue. During the following week's session, I strummed two E minor chords, whereupon I heard a perfectly pitched tuneful voice singing - her sounds approximating the words - the first two lines of the songs she had heard only once. That experience taught me one of the most valuable lessons of my career. As well as giving time and space to the child, I had to give myself time and space, to be prepared to wait and deal with my own frustration when results didn't happen when and where I thought they ought.**

**Through music, the child has permission to express deep feelings, feelings often unrecognised. Being given the opportunity to be in touch with these feelings allows**

the child to take the first steps across the bridge towards communicating and relating. Supporting those first steps is a great privilege for me as the therapist. In the following case study, I want to share with you the growing musical and personal relationship with Jenny who attends a school for children with severe learning difficulties.

## **Jenny**

Jenny is eight years old, described as having some autistic tendencies and generalised delay. She understands simple verbal prompting but will not use language though she will use some simple Makaton signs. At school, she works best in a structured, well directed environment. At both home and school, she can be very manipulative. Jenny is a very attractive little girl with a most beautiful smile, only seen when she is very relaxed. Both parents and teachers noted a great enjoyment of and response to music and on this basis and her need to learn to relate and share, Jenny was referred for Music Therapy: one session per week. When we began, sessions lasted for 20 minutes; now she has no difficulty coping with 40 minutes.

During Jenny's first session, her responses were both delighted and delightful. She smiled when I sang Hello to her but was hesitant about touching the body of the guitar or its strings. Once she had plucked up courage to hit the palm of her hand against the strings, there was no holding her back. She spent several minutes using the guitar in this percussive way. As she became more involved, she began to make vocal sounds - a series of babbling sounds using different pitches. She became excited; her laugh being short, high squeals. Jenny's beating on the drums, tambour and tambourine with her hands, only one hand at a time, was rapid and quiet. She was prepared to hold a beater but wanted to put it in her mouth rather than make music with it.

The second session began to reveal some of the problems which would need to be confronted before the relationship could develop. Again her responses were positive, but I felt, as the session progressed, that she was beginning to test out the boundaries of permitted behaviour. In the first session, I had allowed her to manipulate and lead - now she was trying to discover how far she could push me. At one point, I insisted that she hold and play an instrument on her own. There was resistance at first, but when she realised that I was not going to give in, she began to co-operate after which I was prepared to compromise. In the third session, Jenny still needed to establish where the boundaries lay. It was at this stage that I read the psychologist's report where I discovered that Jenny made a point of testing everyone new to her. Initially, I had to be firm about the fact that I was in charge.

The next three sessions formed a period of consolidation and negotiation of the boundaries, both musical and personal. As soon as Jenny understood that she couldn't always have her own way if her behaviour was going to interrupt the growing musical relationship, she was able to feel more secure and we began to trust each other. By imitating me, she discovered it was fun to lift her hand high and come down on the tambourine with a resounding and satisfying boom. She had begun to break the pattern of her tentative, rapid beating. If she wanted to be angry

with me, she was allowed to show it by the dynamics of her playing. After these periods of activity, each session ended with known nursery songs with guitar accompaniment. This never failed to produce greater eye contact and spontaneous smiles. However, what also happened was the loss of the vocalisation which had been demonstrated during the first two sessions. We don't know why - she was also very quiet in the classroom. As far as I was concerned, she was enjoying the tactile experience of using her hands in a variety of ways on the untuned percussion - finger tapping, beating with the whole hand and beating with her fists. The rapid playing gave way to a more moderate pace; control improved and she understood and enjoyed communication through taking turns. These experiences seemed to be more important for her than using her voice for communication. At the same time, I felt that we needed a piano as well as the guitar for support in order to extend our now more secure musical and personal relationship.

Fortunately I was able to procure a large room with a good piano. Jenny was more than ready for this and our musical dialogues and improvisations have taken major steps forward. She also enjoys the reverberation of the room, which motivates her to create bigger and better sounds. Now Jenny uses a beater in each hand, moving freely between the drums and cymbal. I spend my time either sharing her instruments with her or improvising at the piano, supporting what she is doing. Her facial expressions reflect what she is feeling now - from serious concentration to wicked, gleeful abandonment. One activity we share when we are very quiet together is playing the piano as a duet - Jenny at the treble end while I support in the bass with sustained chords. Usually, she plays quiet single notes with one finger and there are periods of silence. Physically we are close, but emotionally we can withdraw if we want to. As usual, we end with singing and guitar before the Good-bye section. However, from being a passive participant in this part of the session as she had been for four months, Jenny is beginning to join in, making vocal sounds at the ends of lines of those songs she knows and loves. She anticipates well, showing a sense of fun and mischief.

At Jenny's last case review, I invited her parents to watch videos of some sessions. They were delighted to see what she could do - and gave me useful feedback about her musical responses at home. Jenny's story is not one of great dramatic achievement - we both have a way to go in our partnership. I do not know how much we will achieve together. Jenny has had one year of therapy with major developments taking place in the past three months. I shall continue with her for the remainder of this academic year when I will review how many of the aims we have reached and whether they need to be revised. Maybe we will have come to a plateau when it might be advisable to have a break in the Music Therapy programme.

## **Conclusion**

There is no doubt in my mind that Music Therapy does provide a bridge between inner and outer realities. Music Therapy's great strength is that it allows an immediate path to the emotions which can be expressed through sound using voices and instruments as the physical means. By providing a structured channel for deep

emotions, the Music Therapy setting gives both the non-relating child and the therapist keys for unlocking blocked communication. In an ideal world Music Therapy would have a central place in enriching all the members of the multi-disciplinary teams involved with the care and curricula of non-relating children, as Music Therapy can lead to emotional growth and development for all participants.

# THE HEALING POWER OF MUSICAL TONES

by Mary Masselos

Since my earliest days I have been aware of the beauty of music and its many wondrous qualities, but over the past twelve years, during my search into forms of therapy, my relationship to music has changed and deepened, so that I am now able to perceive more of the possibilities for its application to therapy. One such possibility is startlingly simple in its use and effect. It is a method I have been developing since I realised the power of the single musical tone. Conclusions are difficult to draw but I shall describe my observations and experiences, indicate how I construe them theoretically and conclude with some ideas about what they may mean.

### Images from Tones

As the first sounds we hear are those of the human voice and nature, it should not be surprising that people, on hearing music, receive images of nature, have memories of childhood, and of human and animal cries. But what is surprising is that these images arise from individual tones, listened to with focused attention for a few moments each. This is not composed music sounding like the wind or water or the human voice. The scenes of nature evoked do not always include sound, but may also be alive with movement, colour, perfume and the seasons.

