

of this treatment is that it is extremely pleasurable for the patients who have it. For example, maintaining the range of movement and preventing the onset of fixed deformities in spastic clients has to date often required strenuous and occasionally uncomfortable physical treatment, whereas we find that we are achieving very good results simply by lying clients on a special unit and giving them vibro acoustic treatment. It is a deeply penetrating, and relaxing sound which sets up vibration right inside the body. Using the correct frequency, and an appropriate level of intensity, and also combining with relaxing, unstimulating music, the benefits to a variety of different disorders is evident. The treatment does not claim to cure chronic or long-term illness, but it provides considerable relief from pain and discomfort.

Statistical analysis of the data supporting this conclusion may be obtained from the authors.

THE EFFICACY OF MUSIC THERAPY FOR PEOPLE WITH H.I.V. AND A.I.D.S.

by Colin Lee

London Lighthouse

London Lighthouse is Britain's first major residential and support centre for people living with H.I.V., A.R.C. and A.I.D.S.. It provides about ten holistic disciplines to help clients develop according to their needs. It is a centre committed to becoming an Equal Opportunities organisation which opposes all forms of discrimination faced by people with H.I.V., A.R.C., A.I.D.S., black people, women, drug-users, lesbians, gay men and people with disabilities. Its non-judgemental approach allows me, as music therapist, to explore deeply the use of creative intervention as a means of alleviating many of the psychological and physical problems associated with H.I.V. and A.I.D.S.

The foundation for Music Therapy at London Lighthouse is based mainly on therapeutic improvisation. I use this in individual sessions, group sessions and sessions for the residential unit. I have also come to acknowledge other forms of music which may have a positive therapeutic effect - for example, Guided Imagery, taped music, singing, concerts and piano teaching. Learning a new skill can give an individual an invaluable sense of achievement which has therapeutic consequences. This achievement helps the client in other areas of learning and supports his ability to live with the virus.

Two Case Studies - Charles and Colin

Charles was depressed and ill when he first approached Lighthouse. He had lost his managerial position in a large corporation; he had lost his car and was facing the potential loss of his property. Charles enrolled for Music Therapy, Arts Ther-

apy and Creative Writing. After ten months of tapping into various aspects of his creative self, Charles is now more able to live with the virus, is producing beautiful music, paintings and essays, and is physically much stronger. His psychoneuro-immunological system has been stimulated to work for him.

Sessions with Charles are highly-charged, emotional and extrovert. He is not intimidated by exploring sensitive issues verbally and musically. His music can be quiet and sensitive, then flamboyant and impulsive. At first the sessions contained much verbal dialogue, necessary for establishing trust and bonding. Eight months later the sessions are full of music comprised of piano duets, percussion, recorder and piano pieces. As Charles has developed confidence within the Music Therapy setting, he has become freer within himself and with the instruments. Through wild improvisations which include dance he has been able to explore issues of anger as well as of exultation. Through our piano duets, he has faced issues of calmness and tranquillity, and of persecution, death and apartheid.

Colin was transferred to the residential unit of London Lighthouse during the later stage of his illness. He had been referred to me because of his violent outbursts of frustration and anger. My immediate reactions were: What would I do? ; what could I do?; and what was Colin expecting of me?



...explore issues of anger as well as exultation...

Colin was furious at having to die at such an early age. I felt it was crucial for him to have the space, through music, to express these feelings specifically towards me, the therapist. I believed that Colin needed to identify one person at which to direct these feelings rather than be angry with an ambiguous, undefined whole. Initially we discussed his literary career, then his favourite piece of music: the *Four Last Songs* by Richard Strauss. I suggested that he could try to express his present feelings on the instruments. From the instant the music began the session took a natural shape of its own; one of intense violence. Despite the fact that Colin was very ill he managed to find the strength to express his rage through powerful drum and cymbal playing. In the second sessions, Colin used verbal means to explore his ensuing death. During the third session Colin again expressed anger through violent percussion playing. But he also showed another

side to his musical self in a controlled and beautiful solo piano improvisation. He died four days after our third session.

My three sessions with Colin formed the crux of my first four months' work at Light-house. I learned to trust the Music Therapy process through this experience and to realise how valuable creative Music Therapy can be in terminal care.

Music Therapy in Hospice Care

Artists, poets and musicians are now entering hospices. Music Therapists however, have not readily been included in this progression. I believe this is due, in part, to the lack of a scientific base for the efficacy of Music Therapy intervention in terminal care; and, in part, to the lack of a clear therapeutic process evaluation which could define the boundaries of our work.

Definitions of Music Therapy need to highlight its function to ensure that this is clearly recognised. For example, David Frampton (1986) says that Music Therapy is beginning to find a place within the Hospice Movement. But he then limits its role to entertainment and performance. In order for Music Therapy to be effective in hospice care, therapists need to be aware of the psychological phenomena associated with H.I.V. infection. Some of these are:

Shock about:

- diagnosis and possible death
- loss of hope for good news

Fear and Anxiety of:

- uncertain prognosis and course of illness
- disfigurement and disability
- effects of medication and treatment
- isolation and abandonment and social/sexual rejection
- infecting others and being infected by them
- loved-ones' inability to cope with their possible illness
- loss of cognitive, physical, social and work abilities

Depression about:

- 'inevitability' of health decline
- absence of a cure
- the virus controlling future life
- limits imposed by ill-health and possible social, occupational, emotional and sexual rejection
- self-blame and recrimination for being vulnerable to infection in the first place

Anger and Frustration over:

- inability to overcome the virus
- new and involuntary health/life-style restrictions
- being 'caught out' and the uncertainty of the future

Guilt about:

- past 'misdemeanours' resulting in 'punishment'
- possibly having spread infection to others
- being homosexual or a drug user

Hypochondriasis and Obsessive Disorders:

- Relentless searching for new physical diagnostic evidence

Relentless searching for new physical diagnostic evidence

Faddism over health and diets

Preoccupations with death and decline, and avoidance of new infections

Relating any of the above specifically or collectively within the Music Therapy process appears difficult. Maranto (1988) proposes possible goals for the Music Therapist which clearly evolve from a hypothetical, rather than practical viewpoint.

These include: to

increase self-esteem and self-acceptance

allow expression of anger and fear provide spiritual support, optimism, hope and

facilitate reminiscence and life-review.

Through the evolving sessions at London Lighthouse, the concepts of **acceptance** and **unconditional space** in accommodating any of these issues has become central to my own model of Music Therapy.

Psychoneuro-immunology, Creativity and A.I.D.S.

Psychoneuro-immunology is concerned with the relationship between the central nervous system and the immune system. There are differing hypotheses concerning the relationship between the two, but the main springboard for the work at London Lighthouse is based on the assumption that there is a definite correlation between stress and the severity of the progression of the virus (Solomon 1985).

David Miller states: "The perspective a patient has on his or her illness or infection can play a significant part in the development of his or her condition" (Miller 1987).

If creativity does affect and alter the being of a person, then Music Therapists must consider the psychoneuro-immunology of their clients. In order to assess the effectiveness of creativity to A.I.D.S. from an immunology standpoint, a major research project needs to be established to validate the relationship between creativity, stress and the immune system.

The Therapeutic Relationship

"Hold pleasure and pain, profit and loss

Victory and defeat to be the same

then brace yourself for the fight". (Bhagavad-Gita)

When working with people who have H.I.V. and A.I.D.S. the therapist needs to acknowledge processes of self-assessment: "I consider it indispensable to carefully elucidate the therapist's cognition of his or her very personal feelings, fears, doubts and struggles in the face of work with the terminally ill" (Munroe, 1984).

Being aware of issues regarding counter-transference are also essential. These have been classified accordingly:

Fear of unknown

Fear of contagia

Fear of dying and death

Fear of homosexuality (homophobia)

Over identification

Anger

Need for professional omnipotence

Through examining New Paradigm research, I became familiar with the terminology of researcher and co-researcher as the essential dynamic of approach. This concept became fundamental to my own research project investigating musical processes of therapeutic improvisation. The idea of therapist and co-therapist, rather than therapist and client became essential to my approach to the therapeutic relationship within the Music Therapy setting.

I was profoundly moved by the enormity of existing alongside and also sharing in an essentially therapeutic musical experience. I endeavoured to be in touch with an individual's grief while striving to hold a silence through the intensities of improvisations that broke through to the essence of emotional intent. I believe that we, as music therapists, need to **accept** and **share** these crucial moments which may accomplish great changes musically and therapeutically for both co-therapist and therapist.

Political Issues and Their Effects on the Music Therapy Process

H.I.V. and A.I.D.S., perhaps more than other illness in our society, has strong social implications, which, by their nature, must influence both therapist, co-therapist and the Music Therapy process itself. The three following press cuttings exemplify the social status of those with H.I.V. and A.I.D.S.

"A 30 year-old man with A.I.D.S. was refused admission to a Bedfordshire hospice in June because he was not suffering from cancer, and as a result had to travel more than 60 miles to an acute ward at St. Stephens Hospital, London. His family's doctor raised the matter at the annual conference of the British Medical Association in early July, stating that 'the hospice's refusal reveals a real gap in our services, which is bound to get bigger as the numbers dying from A.I.D.S. increase.'" *Observer* 9.7.89.

"An auxiliary nurse who looked after mentally handicapped children in Paignton, Devon, claimed on August 6 that she was sacked because she has H.I.V. infection and health officials in Torbay Health Authority are afraid she may pass the virus on to her colleagues. *Daily Mail*, 7.8.89.

"Charles Burrows, district general manager of Torbay Health Authority, said there were no plans to review the situation. 'We believe we have a duty to protect our employees and that is what we have done' he said ". *Daily Express*, 10.8.89.

"If someone is drowning you don't stop to ask them if they are gay or have A.I.D.S'. - Son of a woman who died in the *Marchioness* sinking, responding to a police telex warning rescuers of H.I.V. risk from gay passengers." *Sunday Mirror*, 27.8.89.

From my own personal experience, it is these attitudes that affect not only the co-therapist's representation within Music Therapy but the therapist's also. The compulsion to become part of the 'soap-box' appeal needs to be faced by the therapist in the light of such persecutory incidents as the above. How this is resolved within Music Therapy is a concern for the conscience of each therapist both within the therapeutic relationship, and as an individual.

Conclusion

"O divine music,
O stream of sound
in which the states of soul
Flow, surfacing and drowning
While we sit watching the bank
The mirrored world within, for
Mirror upon Mirror mirrored is all the show.
O divine music,
Melt our hearts
Renew our love."

(M. Tippett: King Priam, Act III)

In order for me to define the boundaries of Music Therapy at London Lighthouse, it became essential for me to re-evaluate the role of music within the therapeutic process. Paul Nordoff, talking about his work with children, in his series of lectures entitled *Talks on Music* writes: "It is necessary for Music Therapists to become musically cultured people. The more you feed into your inner life, the richer it will be, and the more you can give from within to children. It will become part of the 'musical' you and the music you have to bring to the child."

Unless an effective drug-therapy is discovered in the near future that could halt the progression of H.I.V. and A.I.D.S., we will need to develop more facilities to care for and accommodate the needs of people with the virus. The male homosexual population is no longer the only target area for the virus and the latest figures provided (*H.I.V. News Review*) demonstrate that everyone can now be categorised as 'high risk'.

Through my personal experience of working with co-therapists in long-term and short-term therapy, I feel that Music Therapy does have a role to play in improving and maintaining the health of people with H.I.V. and A.I.D.S. I have seen that therapeutic improvisation can help an individual contact his deepest feelings in the immediacy of a session and support an on-going reflective process that enables him to re-evaluate his life, and death. As we are all now potentially at risk from H.I.V. and A.I.D.S., more and more of us may need to consider the efficacy of Music Therapy for our own lives.

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