

Tuning into the Music Spirit:

An investigation into the role of the spirit, in music therapy relationships. by Nicola Oddy BMus MA MTA CCC

The following are presentation notes, from a talk given in Vancouver in May 1999, at the national conference for the Canadian Association of Music Therapy (CAMT).

I am presenting this material so that I may share my experience of some people (and one person in particular), who have impacted me deeply.

These are the people that I work with and have worked with, who were born with con-genital disorders - severely disabled people who need total care, cannot walk, talk, or communicate tangibly, through whom I've been introduced into a world of spiritual connection through music. I've always believed that music allows us as music therapists into the world of people who seldom allow others in but now I've experienced it and have felt it.

It's the most intangible topic I can think of. I've approached it with apprehension, and even fear. If it was cloaked in religion, it would be easier because there would be parameters described, and modes of thought preconceived. This work has redefined who I am and how I work with others. It was a turning point for me and has raised some personal issues that I continued to work on independently.

My question is :

How do we explain those sessions which are remarkable, when someone who is seemingly unresponsive, responds, or when someone who has no speech or other way to communicate enters into communication?

I come to this paper not as a culmination of study, but at the beginning of study.

Setting Goals:

When working on a spiritual level, I find that no matter how hard I try to set goals in order to attempt to look toward the future, or evaluate my work in an attempt to take care of the past, it is the here and now that I am focusing on. Working with people who appear to be unreceptive is often discussed among my colleagues, with students and with caregivers. We often try to come to terms with ‘What are we trying to achieve?’ with this population. Since overt professionalism is very important in our field, we work with very tangible goals such as ‘improvement of the quality of life of the individual, or ‘the increase of sensory stimulation’. Our objectives are more specific: ‘will track an object to left or right’ or ‘will vocalize in response to musical intervention’. These elements are true, but there is also another truth which is much more difficult to articulate. It’s seldom discussed because there is often a fear articulated by fellow therapists, that their work will seem ungrounded and unprofessional.

My overall all-encompassing goal when working with anyone at all, and in particular with the population being discussed here is ‘that the client is empowered to achieve what is possible’. That which happens is what happens and the goal is let it happen.

Just before writing this paper, I studied briefly with Lisa Sokolov in the context of a workshop (Sokolov 1998). In that workshop, her instruction before leading vocal improvisation experiences, were ‘notice what you notice’. This was extremely effective for me as a participant. It released me from expectations of what I *should* notice and opened me to a complete acceptance of myself for whatever emerged. It was this inspiration that gave me the understanding that this is also how I work with my clients and although the written goal isn’t ‘that the client is empowered to achieve what is possible’, that is in fact what is happening.

I take this one step further.

My motto as a therapist, when working with a population of very challenged people is:

I SEE(meaning the use of all senses), I PERCEIVE, I RESPOND, I RECEIVE.

Harkening back to Lisa Sokolov's words, I notice what I notice and then through my personal motto, I become more specific. I feel what I feel, hear what I hear, see what I see, capture it, join it, move with it, and embrace it. Nothing is discarded as irrelevant.

Joe

Before I go any further, I'd like to introduce you to Joe who was my main teacher with this approach. His caregivers and public trustee gave me permission to use his name, because they wanted him to be acknowledged for his part in my recognition of his teachings. He's a man who I worked with for nearly 10 years. He was quadriplegic and nonverbal from birth. His body was bent irreparably – in fact when he was an infant he was never turned, so his back was literally shaped like a flat board. Someone like Joe had very few ways to express himself, but express he did. He showed pleasure with a smile, gaze, he could vocalise, and could show discomfort or intense pleasure, by shaking. He laughed and cried and shook furiously when angry.

Not only does someone like Joe have the physical pain of being in a misshapen body to deal with, but also the pain of being without parents, and of being institutionalised for his entire life. Luckily for Joe, he ended his life in a loving environment where caregivers paid attention to more than his basic physical needs. Even so, he experienced very little embrace and physical affection in his life. He was a person literally stripped of all the physical and emotional rights that many of us enjoy and yet despite those years of discomfort, and disability, this man's spirit shone to most who ventured to know him.

I try to imagine what life is like for someone like Joe. The reality was very painful to acknowledge and at first, and I kept my safe and professional distance. When I finally did venture beyond the sidelines of his world, I felt a mixture of incredible empathy, and feelings of inadequacy.

Joe is one who was born with many challenges and some might argue that he suffered less than someone who had in fact enjoyed a 'normal' life at one time and 'didn't know what he missed'.¹

My initial question as stated previously is 'how do we explain those sessions which are remarkable, when someone who is seemingly unresponsive, responds, or when someone who has no speech or other way to communicate enters into communication?

My next question is 'how can I possibly meet Joe and other people like this, in a genuine and honest way?'

The answer that carries me through my sessions is: I feel that my job as a music therapist is to be in the moment with the client and to see and hear every nuance, gesture and tiny sound. My job is to capture those nuances and *believe* them to be something significant.

Just before I initially presented this paper, I heard Carolyn Kenny read her paper entitled "Raven Steals the Light: Music, Imagination and The Sense of Art" (1999). Her words were very validating and important to me. She said that we as music therapists can and do express beauty for beauty's sake. These words allow me to accept my own resolve that in my job, there *is* a place for empathy, an outflow of love, and of spirit.

Diane Austin (1996) says.

'Music functions as pure experience in the here and now - as mediator between conscious and unconscious'.

Diane's clients are 'whole' people and one might wonder how her thoughts can apply to someone who is severely disabled, nonverbal, and non-communicative. But I think her words do apply for those people when considering the mediation between conscious and

¹ Joe is not my only teacher. I have worked with many who knew differently and one in particular comes to mind. Her body was as Joe's was, (without movement or speech) but this condition came to her through a car accident. She was once a singer, musician, a young woman in love and newly married. This lady still had cognizance after her accident and the pain she must have felt is beyond any of my wildest fears. There really is no way for me to perceive the depth of the pain people like this feel, except perhaps on a very superficial level.

unconscious.

With Joe, I have laughed, and cried. He laughs so hard sometimes that I think his little body will explode. I believe that this is where truly making a connection is the best kind of Music Therapy session-when we ourselves become completely involved and can truly share the experience.

As Jean Vanier puts it ‘Communion is at the heart of the mystery of our humanity. It means accepting the presence of another inside oneself, as well as accepting the reciprocal call to enter into another.’ (Vanier 1998, p. 28)

He also says ‘ the one who is healed and the one who is healing constantly change place. As we begin to understand ourselves, we begin to understand others’(Vanier 1998 p. 25)

Defining spirit:

In the dictionary, spirit is defined as coming from the latin word spiritus, which means breath. I find this definition particularly ‘inspiring’, because when I work I use my voice primarily as my medium. The voice is all breath, all spirit. I like that.

Breath is the life force that feeds the spiritual fire of the musical self. Taking in breath is drawing closer from the collective whole and outside, and channelling it into the inner self. To breathe in is to inspire, bring in, open and receive. It is a respiriting from without. Letting out breath is to expire, release, empty, and shine. (Sokolov 1987, p.357)

What are some other definitions of ‘spirit’?

A group of people with whom I worked, helped me by adding these definitions:

- An essence of being through the breath to created oneness with the universe
- A circle of energy moving between two people
- A completion
- A connection with a greater power.
- The closest thing to pure joy.
- Brings tears
- Pure happiness
- No difference between you and the other
- No thought.
- Allowing the energy to come in
- Like holding a drop of water - squeezing, and it vanishes - intangible
- A circle of Love.²

Where the Tangible ends and the Intangible Begins

Working through these ideas, has led me to wonder where the intangible begins, and so has led me to wonder what my *process* of awareness is as a Music Therapist when I meet someone who is severely disabled. .

1. Appearance: Coming to terms with any discomfort that I feel concerning unusual appearance and physical traits
2. Facial output: Noticing if the client smiles easily, if he or she makes eye contact or if the face is passive or active.
3. Physical output : Noticing heart rate, breathing pattern, ability to move voluntarily or involuntarily. As a music therapist I tune into specifics of the body as quickly as possible in order to make a musical connection. I realize that I listen to the clients body very intently.
4. Outputs of sound: Listening for sounds in the voice such as rasping, clicking,

² During the presentation we discussed this, and added to the list

- groaning, vocalization, speech, singing³
5. Emotional output: What mood are they exuding? Is it ever changing, or is it steady?
 6. Social Output : Do they seem withdrawn, or outward? Do they repel my presence or invite it.

How does the above affect my goal setting?

Goals that I set someone like Joe when knowing the above elements are usually quite tangible

- Develop a mode of Communication
- Relax a Flexed Body
- Alleviate Depression
- Discover an avenue for enjoyment
- Enable/ allow expression of anger and frustration
- Increase motivation
- Increase socialization
- Increase attention span
- Encourage eye contact
- Develop co-ordination
- Increase sensory stimulation

We are all familiar with these tangible goals, it is after all the basis of our training and our work.

The process of awareness then continues beyond the tangible. The people I've worked with have taught me to take it that next step - into the following intangible realm:

³ ..and all the while, expanding my definition of singing to include every form of vocal expression be it melodic, or percussive, or pure release of sound

7. Awareness of the preferences of the client without any verbal or gestural cue
8. Response to those preferences regardless of their intangible nature and regardless of the fact that they aren't based in the rhythms, timbres, and melodies of the body.
9. Returning to the connection off and on throughout the session.
10. Reconnecting on the return visits with possibly no memory of you on the part of the person.
11. Awareness of my counter-transference.

From this process of awareness, the music is born.

Defining our tools

Each and every one of us has a set of tools (instruments and methods) that we prefer to use in any music therapy encounter, but what tools can we use with severely disabled people who aren't able to hold an instrument or interact with our tools be they physical or methodological?

I've noticed that my attitude toward my instruments and methods changes. Now the instruments become tools to evoke movement and pleasure. They are used to explore the clients ability to hear, or used to try and inspire a response of some kind. They are seldom used in this context, to make *interactive* music in the traditional sense. I've found that by releasing my stereotyped attitude toward my instruments, I come to see the underlying abilities of the people that I work with who are severely disabled.

Because the use of instruments are limited for this population of people I find that the guitar, and the voice are my primary tools, and that is how I personally can go to step #5, or to the realm of the intangible in the above outlined process.

The Voice

The primary instrument that I use as a tool is my voice. The Voice is immediate, flexible, and with it, I can pick up on rhythm from the breath, heart, and movement. In addition to this, I can match pitch, volume, intensity, and unusual timbres through my voice. I can easily harmonize with the other, joining the client who has had very little previous meaningful contact. My voice allows me depth and breadth of musical experimentation.

The voice is regarded as the midpoint between the physical, emotional, intellectual and spiritual self. Being an inner instrument of the body, the voice is at a unique and powerful vantage point for working with the self from within. This vantage point distinguishes vocal improvisation therapy from other approaches of healing and therapy. (Sokolow 1987 p.358)

Singing has always been a way to access one's deepest self. When we sing, we are intimately connected to our breath, our bodies, and our emotional lives. The voice is like a bridge that can connect the mind to the body and heal splits between thinking and feeling. When we sing, we can give voice to and find relief from intense pain, fear, and anger. When we sing, we can celebrate and express joy. We can transcend everyday reality and make contact with the transpersonal, spiritual dimensions of life. We can connect with each other and we can build and strengthen community.' (Austin, 1998 p. 316)

'Singing is regarded as the universal language of the human' (Sokolov 1987)

I read about Benenzon's 'sound identifying object' (SIO) idea years ago and it has been a strong influence in my work as a music therapist, as a basic principal. I sometimes believe that we should in fact call ourselves 'sound therapists' as opposed to 'music therapists'. Benenzon believes that we all have an SIO - a sound that we relate to and respond to. He injects a lot of energy into discovering his clients SIO by way of an

assessment that includes questionnaires to family members inquiring about sounds that the child responded to as a child or in utero. He works with all sounds that the child would make (not just musical sounds) such as grinding, clicking, and makes use of water to integrate the child into the programming. While they handle it, he plays different types of music, and sounds to see what works.

I mention this theory, because I have noticed that with the people I've worked with, it seems the voice contains most of the necessary options. It contains the sounds heard in utero, it contains the sounds of care givers, the sounds of family, the sound of affection and of any emotion at all. Its flexibility is unmatched. Joes' voice was particularly guttural and throaty. He opened his mouth wide and released an almost strangled sound. He used to laugh when I mirrored his sound back to him with my own voice. This was a something that connected us at a deep level and something that simply could not be done on any other instrument.⁴

Goals one could make when looking back at the process of awareness outlined above, of a session that goes beyond #6

- to offer spiritual human to human connection, in a world where there may be very little
- to offer pure joy
- to offer pure laughter
- to be on the same ground.
- to offer the chance to feel that they are not different to another, in this one activity in their lives.
- to offer relationship through music.

Discussion: Based on our spirit list, what else are we offering?

⁴ I have since completed my Masters Thesis, exploring the use of the voice in this intangible way.

Joese sessions

After working together for many years, our sessions took on a set form of 3 parts.

1) I worked with one chord. It was an E chord, chosen simply because that was the chord that contained the pitch that he vocalised on. From the E chord, I would go up the neck of the guitar, and vocally improvise around variations on this chord. He usually, unless in pain or discomfort, began to smile broadly at the striking of this chord. He often began to vocalise, and when he did, I seized the opportunity to vocalise with him, or harmonise with his note when he held it long enough. I found that he responded best when I imitated his quality of voice. In Joe's case as described above, he had a rather throaty quality. This is where my experience as a voice teacher came in handy, as I have had to develop the skill of imitating vocal quality in order to demonstrate problems in the voice. He smiled widest when I copied that throaty quality in his voice. I stayed with the music that was being created until he no longer responded and then, I would change it again to match the mood that he was now exuding next.

The singing is always improvised - rarely with someone like Joe, do I use pre-created songs.

2) We go beyond the parameters of the tangible (the pitch, and rhythms and timbres of his body). We created other chord structures and improvised freely. Notice how I say 'we'. Although Joe was non verbal and non gestural, we were doing this together. This was where I felt like I had gone that step further and where it seemed intuitive. I just seemed to understand where to go with him. Please forgive the stilted articulation about this experience. It really is very difficult to put into words.

It's important to *feel* along with my listening, and then I can feel the evolution that is taking place between myself and the client, which then translates into musical interaction. When it's right- that is when the spirits are connected through the mutual music making, I forget what I am doing, and the session feels suspended. Time goes and I don't realize

it. Instead of feeling tired afterward, I feel invigorated - like a thousand miniscule fireflies emanating from my body. When that happens, it's very profound. The response from the client definitely increases and because the response increases, there becomes a real interplay. But it's not a tangible one.

It's very difficult to put into words where the information comes from to create these improvisations. In the case of Joe, I believe that it came from him. I feel that this is the spiritual connection.

I'm still exploring what this means and probably will for the rest of my life.

It's as Carolyn Kenny has said in her talk referred to earlier in this paper. 'We influence each other and 'We're equal as human beings'. (Kenny 1999)

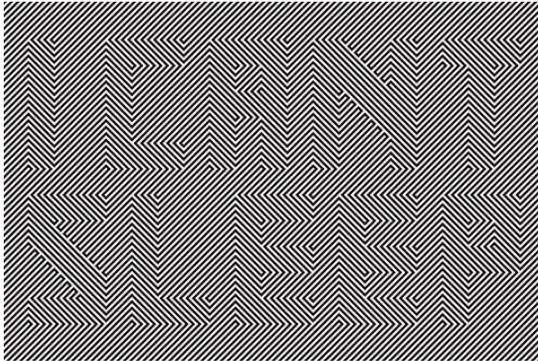
3) There is an exception to the fact that I rarely use pre-created songs in a musical relationship such as the one I had with Joe. There was a melody that emerged during one of Joe's sessions during one of our improvisations, which he loved to hear over and over. I had put words to it, and used to sing it to him with those words. He loved that song, and always responded to it as if he knew it came from him. Since then I had recorded the song and had given him a copy. His care-givers used to play the CD to give him pleasure between our visits.

With Joe, that is how the sessions went. There was nothing profound in style, but it was profound in response. Simplicity works, and as well all know - focussing on the wellness instead of the illness.

The next step is to be able to make the connection repeatedly throughout the session, and then to reconnect weekly, despite the fact that the person may or may not remember you

It becomes easier once the initial connection is made. I like to compare it to when you finally can see a picture inside one of those bizarre mixed up pictures that were popular a

few years ago. Here's a more current example..



Like if you see what it says.

My friend is a United Church minister, and he made the analogy about seeing that picture in relation to knowing God. He said that once you've known God, it is easier to access him/her next time. There is a similarity here in that once you've made contact with the spirit of a person, it's easier next time.

Ways to be open to a connection

- Not being afraid of close proximity,
- Not being afraid to gently touch,
- Not being afraid of intense eye contact.
- Seeing ourselves as primarily the same as each rather than primarily different from each other.
- Sharing human qualities (Kenny 1999)
- Feeling more like a partner than a caregiver.
- Feeling on par with the client as opposed to more capable.
- Feeling the joy and the tears.
- Feeling the connection

- Considering the client to be my teacher

It's of course important to be acutely aware of our actions, our counter-transference, and whether or not we are becoming too close, too fast.

Jean Vanier again: 'People with disabilities have profound lessons to teach us. When we include them, they add richly to our lives and add immensely to our world.' (Vanier 1998 p.45)

I suggested that participants try this visualisation:

Imagine that you cannot talk or move – you can only vocalize. And someone joins you in your vocalization. They sound like you! They not only join you, but you can join them. You can direct and they take your instructions. No one could ever figure out how to do that before. It feels incredible. You laugh, until your body shakes, and the music continues, and you still feel connected. You get a little bored, and drift away for awhile. The music changes, to match your new mood, and you feel connected again. This time the music goes somewhere that you didn't expect, and you are surprised, and again it makes you laugh. The endorphins enter your body - and you get a surge of a feeling of elation. That's good. The music is over and you can't wipe that smile off of your face.

At this point I showed my Joe video and also some footage of another of my teachers, Jill.

'People with intellectual disabilities are so similar wherever you go. From their place of obvious weakness, they most often respond to love, a love that reveals to them their value, and love that understands.' (Vanier 1998 p. 37)

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