CHAPTER TWO
CONCEPTUAL FRAMEWORK
MUSIC IN THERAPY

2.1 Introduction

According to the researcher music provides a powerful form of multisensory stimulation that is almost impossible to ignore. Music experiences are useful in attracting the attention of clients who seem oblivious to most of the world around them and bring them to a state of greater awareness of themselves and the environment around them. Altering the structure of the music stimulates attention, alertness and positive responses in behaviour. It also contributes to increasing self-esteem and positive recognition by others.

Music as a non-verbal means of communication has been explained and defined in varied ways as it is often experienced and interrupted in varied ways by different individuals. However it is essentially a sensory experience that is most often linked to influencing the emotions. As defined by Alan in Bunt and Hoskyns (2002:3), “Music…is a spiritual language of emotion, which is hidden more secretly than the soul…. just as at the clavier the keys must be touched before they sound; it is only then that the emotion communicates with the slumbering realm of tones”

Because music is a multisensory experience, it includes auditory, visual, tactile and kinaesthetic components. Peters (2000: 73) is of the opinion that it helps the client increase his perception and discrimination skills in many sensory areas thus increasing awareness of themselves and the environment around them.
From experience and the researcher’s own knowledge, the making of music is often linked to the use of musical instruments, however, natural sounds from the environment and sounds made with the body can also be incorporated into the therapy process. Musical instruments can range from those that produce a solid rhythm and require more skill to play in harmony, for example, the guitar, drums and keyboard to those that require no skill but allow for more individual creativity, that is, percussion instruments. Using the body as an ‘instrument’ can range from simple clapping to singing a melody. The natural sounds and rhythms of the environment are often bypassed and the individual’s awareness needs to be prompted into listening to these rhythms, for example, the rhythm of waves beating against the seashore, the early morning birds chirping out a conversation between themselves or the rustle of trees in a breeze.

Listening to music implies absorbing the sounds from the environment as they are being produced by either yourself or another person. These collections of sounds, no matter what their source are made up of the elements of pitch, loudness, duration and timbre and lead to the formation of music. Included in this are rhythm, melody and harmony which are important components in the making of music. The drums are the most well known rhythmic instruments that in many cases holds an entire piece of music together. According to Campbell (2000:48) a child learns about rhythms from the early years of developing a pattern of a sleep-wake cycle, to later years of playing in repeated motions with a toy, to using their body in different patterns of movement.

The ability of a child to listen and maintain a melody often develops from hearing a sound or tune being repeated. In the therapy situation no emphasis should be placed on the quality or ability of the child to keep a good melody but the emphasis should rather be on what is being expressed through the
child’s melody that may be verbalized in words (singing) or played out on an instrument (non-verbal). According to Peters (2000:75) there should also be no demand on harmony of sound when playing instruments or singing with others in the therapy situation. The child’s ability to listen to others, complement the musical sound with his own and demonstrate cooperation and consideration of others is more important.

The child with severe disabilities seems to have little if any awareness of the people, objects and events around them. According to Peters (2000: 73), before these individuals develop other adaptive skills they must make some response, no matter how subtle, to stimuli around them, even if it is a facial expression, pupil dilation or constriction, slight vocalization or movement.

Music can be adapted to allow for many different levels of responses which elicits awareness effectively. As music is used creatively to reflect, mirror and match the ‘here and now’ of the child, identify and symbolize the relationship emerging between the child and the therapist, an awakening of the child’s responses often begins to occur. This is known as the ‘continuum of awareness’. According to Peters (2000:269), this is a creative process, of using music functionally as a tool of consciousness, to awaken, heighten and expand awareness of self, others and the environment. Music used in this way can be of immense therapeutic benefit to the traumatized child. Within the South African context, children caught in the web of trauma can definitely benefit from the therapeutic value of music.
2.2 The Therapeutic Use of Music within the South African Context

In Sutton (2002:98) Pavlicevic details the perspective of using music with children in a violent South African society. Within the South African context, trauma from violence could result from anxiety and distress over material loss, loss of feelings of safety and power, loss of community or of relationships. This psychosocial trauma results in stress, manifested in the child as negative changes in behaviour and emotional responses.

Pavlicevic in Sutton (2002:98) indicates that music used therapeutically offers children who live with and in violence, the opportunity to play spontaneously, creating a relationship with the therapist, which stimulates and evokes the child’s imagination, engaging the child in a meaningful activity. As a music relationship needs no or little words, re-visiting past hurtful experiences and transforming them occurs more easily in this non-verbal therapeutic setting.

In Sutton (2002:114) Pavlicevic writes of her experience as a music therapist working in a Gauteng township. She found that the most valuable thing she could offer children was an opportunity to play together, using music as the medium. Playing, singing, dancing, despite the lack of common language between the therapist and child, encouraged active participation of the child victims although sometimes participating shyly and reluctantly while at other times taking leadership and showing initiative. However, not all children were experienced in this way, as some were so extremely dominated by the trauma situations in their lives, that responses in music were less flexible and repetitive. The therapist found that she just needed to remain in touch with the child through the “endless
repetition” and “emotional stuckness” while accompanying the child through every aspect of their participation with music.

In Sutton (2002:114) Pavlicevic states that this part of the child that is healthy and creative has the potential to activate its own healing process. She concludes by saying that despite the adverse environmental influences that South African children are forced to deal with, the act of music-sharing offers the opportunity to rebuild relationships with themselves and others and hopefully at the end with their dysfunctional communities.

The influences of music in the process of healing are largely related to the interpretation the brain gives to information being received. The impact being on the individual’s emotions, thought processes and sensory processes which may produce different reactions in different children.

2.3 Music and the Child’s Brain

According to Peter (2000: 80), music seems to speak in a language that children instinctively respond to. Music attracts children (and adults) into imitating the lyrics of a song, moving to a beat of a song spontaneously and allowing one’s emotions and thoughts to be captivated by the depth and rhythm of the song. Watching children interact with music is a clear indication that it makes them happy, when they respond with bouncing, dancing, clapping and singing especially when it includes someone they love and trust. Together with this response that music elicits in children, it also impacts on a child’s mental, emotional, social and physical development and gives them the confidence they need to teach themselves and grow.

Campbell (2000:13) explains that brain development is a process of incorporating patterns into increasingly complex systems as a child grows.
This patterning begins on a neuronal level in the womb and after birth continues with the patterning of movement, cognition and the first experiences of social interaction in the real world. Campbell continues by stating that science has progressed so remarkably recently that the development of the brain can actually be observed using MRI (magnetic resonance imaging) and PET (petron emission tomography) and assists in determining what the type of stimulation and activities affects what parts of the brain. Experts now seem to agree that although a child’s inherited nature and temperament does play a part in his future development, the environment that the child grows up in is just as influential if not more on their future development.

Throughout the early years of a child’s life, beginning even before birth, the brain is influenced undoubtedly by sight, hearing, touch, smell and taste. It is these experiences from the environment that not only influences and moulds the general development of the child but also affects the patterning of the brain on a neuronal level, which with time increases in complexity.

According to Campbell (2000:14), at birth a child’s brain is in a remarkably unfinished state, as billions of neuronal pathways have not yet connected. However as the child grows, learns and forms attachments with parents, family members, other caregivers and the world around them, the neuronal pathways become connected through junctions called synapses. If these synapses are used repeatedly they become ingrained into the brains permanent circuitry and if they are not used often enough they are eliminated.

Campbell (2000:14) explains that a high percentage of environmental influence is received through the ears and from approximately eighteen weeks gestation, music plays a crucial role in the process of wiring a young child’s brain and enhancing the physiology, the intelligence and behaviour. He states
that such effects on the brain are real and measurable. This author also states that it is a known fact that the auditory nerve, which transmits information from the ear to the brain, is the first sensorial nerve of the body to become functional. This nerve establishes contact with all the muscles of the body through the baby’s brain stem, working via the vestibular system, which regulates muscle movements and creates a sense of balance. In this way the ear also has a significant influence on the physical development of the body, which in turn affects a child’s sense of balance in space and flexibility of movement.

Considering the influence of the environment on a child in terms of what the child receives through hearing, it would imply then, that negative influences through hearing would have a detrimental influence on the life of a child. Through repetition of a negative experience, synapses in the brain would then become ingrained into the child’s system of living and how they perceive and experience the world around them. The outcome in terms of a child’s behaviour and responses to their environment are therefore influenced largely by what the child receives through hearing inutero and in the early stages of development after birth.

According to Campbell (2000:24), research shows that if the mother’s hormonal balance is happy, loving and with a relaxed state of mind that mix is fed directly to the child however if the hormones reflect a state of fear or despair the baby receives that message. Therefore exposure of the foetus to sounds, music and voices that are happy, loving and relaxed can significantly impact on the child’s emotional state during future development.

The specific influence of music on the emotional well-being of a child needs to be explored in greater detail. The sensory experience regarding music and it’s
influence on the emotional well-being of a child will be discussed in the section that follows.

2.4 Music as a sensory experience

Assessing and giving the child opportunities to become fully aware of his senses, forms part of the initial stages in the process of gestalt therapy. In establishing and strengthening the sensory modalities, that is sight, sound, touch, taste, smell, movement, of the child, Oaklander (1988:109) explains that it is through these experiences that the child makes contact with the world. Oaklander (1988:109) continues to explain that “somewhere along the line many of us lose full awareness of our senses; they become blurred and hazy and seem to operate automatically and apart from ourselves.” When this happens to a child, the child may present as being disorganized in his behaviour and thinking, not having the ability to support himelf and interact in an integrated manner with the environment.

Music as a medium used in therapy, can dynamically stimulate the contact functions in a child through sound. According to Campbell (1997:44), ‘hearing’ sound involves receiving auditory information through the ears, skin and bones while ‘listening’ is the ability to selectively focus on, remember and respond to sound. Hearing is passive while listening is active. For the child to effectively make contact with his senses and the environment around him, he needs to make some kind of response to the sound input being received.

According to Campbell (1997:34) varied volumes and rhythms in sound have different influences. He explains that loud, pulsating music can sometimes mask or release pain and tension from the body and help the child break through to new levels of achievement. However high frequency and loud noises can also have a negative effect of creating immediate headaches,
discomfort and disequilibrium in the child. For the child in a therapy setting, banging spontaneously and continuously on a drum, in rhythm or without any sense of rhythm, can be an opportunity to release tension, an opportunity to experiment with sound for the pure enjoyment of it or a means of communicating to the therapist what he is unable to put into words.

From personal experience softer and more ambient music creates a sense of calmness and relaxation, enabling one to later interact more effectively with the environment. Campbell (1997:66) explains that ambient music can shift the consciousness from the beta activities, that is brain waves that are active during day to day activities and during strong emotional experiences, to the alpha range, that is brain waves that create calmness and heightened awareness, thus enhancing alertness and well-being. Soft background music in a therapy situation or creating sounds with instruments that are less noisy and more relaxed, can therefore assist a child in moving from a state of tension to a state of well-being and calmness.

According to Campbell (1997: 80), the pulse and pace of music has an influence on the thinking and behaviour of a child. He explains that the pulse and pace of music can determine whether a child feels healthy, rushed, relaxed, sluggish, out in front or completely left behind. He states “the music that does not have a standard, organized beat may invigorate the child for a time but could annoy him over the long run. The pace of sound affects our inner metronome, the ability to coordinate the physical and mental functions.” In a therapeutic setting, a child can respond spontaneously to rhythm in music with movement, by complementing the therapist’s rhythm on an instrument or keeping the rhythm set by a group of participants. All these responses may indicate the child’s sense of being in contact with himself, those in his environment, his ability to actively listen and communicate appropriately and
sensitively to another individual. All of which forms an important part in the process of building a child’s sense of self-support and integration with all aspects in his field, that is, the environmental influences.

2.5 Exploring Emotions with Music

The influence of music is most commonly known to be experienced on an emotional level although it has significant influence on physical and intellectual levels as well. According to Campbell (2000:96), the right brain, which has to do with feelings, imagery, dreams and the unconscious, is known to be activated by music and other aesthetic experiences to a greater extent as compared to the left brain.

To a very young child between ten to eighteen months, emotions can sometimes feel too overwhelming, especially if the child does not have the experience, the cognitive development or sufficient language skills to express what and how he feels. This child sometimes is left with no other choice but to scream, withdraw or refuse any kind of consoling a parent may offer. Tuning in to the child’s stress and responding in a rational way rather than becoming angry, the parent can serve to strengthen the neural connections between the rational and emotional parts of the child’s brain and help him to learn to calm down even in a stressful situation. According to Campbell (2000:113), during these early years, when words are not always available music can offer positive ways for a child to explore, express and learn to release emotions.

Self-esteem, which is one of the most important of emotional attitudes, that with each positive experience, establishes a sense of trust with the world around the child and trust in the future. This creates a feeling of safety to explore despite the fact that it may seem scary at times. Campbell (2002:113) states that parents can contribute immensely to this attitude by keeping in
touch with how the child is feeling. Repeatedly and simply engaging him in a happy song or just rocking him with a cuddle and the gentle rhythm of the parent’s voice can be enough to encourage him to try again. Through this experience of rhythm, movement and song the child learns to develop avenues to express himself in meaningful ways and learn how to comfort himself in times of stress.

Music has an influence on both positive and negative emotions. According to Oaklander (1988:122) children have a limited ability to communicate their emotions, they tend to see things as “black” and “white”, that is polarities, therefore it is helpful to give children experiences with a variety of feelings and their nuances.

Dreikurs in Oaklander (2002:115) states “the pleasant experience of music, often in the background, stimulates participation, permits an increase in attention span, and raises frustration tolerance. External and internal tensions disappear, as reality becomes more pleasant and less threatening. The demands for participation are so subtle that they are not resented or defiled.”

As a child develops and has the necessary skills, the child can be accompanied in humming or singing a melody, moving to music and later even playing an instrument, while the caregiver, constantly keeps in touch with how the child is feeling. This will build confidence in knowing that he can share his feelings within a safe environment. According to Campbell (2000:116), listening to one another, expressing one’s feelings, trying to imagine another’s feelings and learning to take turns in musical games are all precursors for healthy and positive behaviour.
Campbell (1997:64) explains the positive and healthy influence of music not only on a person’s emotional state but also on physical and intellectual ability.

2.6 Exploring the therapeutic benefits of music other than emotions

According to Campbell (1997:64) the following are the healing properties of music; -

- **Masking of unpleasant sounds and feelings**

Campbell gives an example of the penetrating sounds of the dentist’s drill that can be disguised or even neutralized by quiet Baroque music in the background. He explains that one can apply the same principle to repel or override invasive noise in other situations, whether the child is in traffic, at home or even on the playground. A child who has been traumatized would therefore benefit from the pleasant sounds of music, which would assist in neutralizing unpleasant thoughts and feelings caused by the traumatic experience.

- **Slowing down and equalizing brain waves**

Campbell (1997:65) explains that the slower the brain waves, the more relaxed and contended we feel. To achieve this, music with a pulse of about 60 beats per minute can shift consciousness from the beta range, that is, brain waves that occur when we are engaged in daily activities or when we experience strong negative emotions, to the alpha range, that is, heightened awareness and calm, thus enhancing alertness and general well-being. During the therapeutic process, the therapist needs to be in tune with the child’s feelings and use the appropriate type of music to encourage the child to focus on being aware of and in touch with, how he is feeling, how he is thinking and what he is experiencing in the here and now.
• **Respiration**
Campbell (1997:66) explains that because breathing is rhythmic, a slower rate of breathing contributes to calmness, control of the emotions, deeper thinking and better metabolism while shallow fast pace breathing contributes to impulsive and disorganised behaviour, scattered thinking and a tendency to make mistakes. It would therefore be important for a child in therapy to sustain a slower rate of breathing which would assist in the control of their emotional state and behaviour.

• **Heartbeat, pulse rate and blood pressure**
According to Campbell (1997:67) the heartbeat is particularly sensitive to sound and music. He explains that the heartbeat responds to frequency, tempo, volume and tends to speed or slow down to match the rhythm of the sound. From personal experience, heartbeat naturally increases in a traumatic or stressful situation. For the traumatized child, using the appropriate type of music would assist to calm and reduce the speed of the heartbeat, enabling the child to focus more clearly on making contact with his environment during the process of therapy.

• **Muscle tension and body movement**
In study at the Colorado State University, Campbell (1997: 69) details a study in which researchers found that when a group of young women coordinated their movements with the beat of a synthesizer rather than following their own internal rhythms, they had significantly more control over their bicep and tricep muscles. Providing children with opportunities to coordinate their movements and rhythms effectively, would give them a certain amount of control over using their bodies. This would form significant part of the
therapeutic process and growth for a child, who has lost all sense of control due to the severity of the traumatic experience.

- **Body temperature**

  According to Campbell (1997:70) here are subtle changes in body temperature according to the different types of music one listens to. Transcendent music creates a sense of warmth, loud music can raise the body temperature while soft music can weaken it. According to Bloem (2004), through the experience of working with severely traumatized children, observations indicate that temperature is often experienced inappropriately, as many children often feel very cold on a hot day or may fluctuate between feeling very hot and very cold. It would be important for the therapist to create a sense of stability in the child’s body temperature, as part of the therapeutic process when working with children is ensuring that the child’s sensory modalities are intact. According to Campbell (1997:10), this can be accomplished by exposing the child to the appropriate type of music.

- **Endorphin levels**

  Campbell (1997: 71) quotes a research study from the Journal of the American Medical Association (1996), which explains a study on expectant mothers who listened to music during childbirth and did not require anaesthesia. The article states, “music stimulation increases endorphin release and this decreases the need for medication. It also provides a distraction from pain and relieves anxiety.” Reducing the anxiety level of a severely traumatized child would facilitate the child’s progress in therapy and enable the child’s attention and focus to be drawn towards awareness, change and growth rather than focussing solely on the traumatic event.

- **Stress related hormones**
Campbell (1997:72) indicates that anaesthesiologists have found that the level of stress related hormones in the blood, that is, adrenocorticotropic (ACTH), prolactic and human growth (HGH) hormone, decline in those listening to relaxing, ambient music. The child experiencing trauma especially over a long period of time would have developed high levels of stress. Exposing the child to relaxing music would assist in reducing these levels of stress that would otherwise be an obstacle to healthy growth and change.

- **The immune function**
  In a study at Michigan State University reported in 1993, Campbell (1997:72) explains that researchers found that listening to music for only fifteen minutes could increase levels of interleukin in the blood from 12.5 to 14 percent. Interleukins are a family of proteins associated with blood and platelet production, lymphocyte stimulation and cellular protection against AIDS, cancer and other diseases. Campbell explains that the influence of stress and trauma have a significant negative influence on the absorption of vitamins and minerals. Considering the above information the researcher is of the opinion that, by listening to music the child may boost his immune system in such a manner that the child will be less susceptible to disease.

- **Perception of space**
  According to Campbell (1997:73), ambient and slow music has more space within tones than fast music. It can make the environment feel lighter, more spacious and more elegant. The child’s own inner space feels more orderly, efficient and active, giving him a sense of security and control.

- **Perception of time**
  Campbell (1997:73) explains that brisk, repetitive music can quicken our pace and speed up our activity level, while in a clinical setting like a hospital where
minutes seem like hours, up-tempo music can make time seem to pass more quickly. A traumatized child can sometimes come into the therapeutic environment with very low energy levels and very lethargic, not keen to actively participate or make any form of contact with the environment. Using the type of music that Campbell describes here, can contribute to increasing the child’s activity level and energy levels so that he becomes involved in the therapeutic process.

- **Memory and learning**

  As with exercise music increases our stamina, Campbell (1997:74) explains that with studying, light music in the background can help some people to concentrate but may be distracting to others. He indicates that listening to Baroque music can enhance memory for spelling, poetry and foreign words. This would be useful to a child in terms of their academic development especially when studying and while listening to the teacher in the classroom.

- **Productivity**

  Campbell (1997:75) explains a research study at the University of Washington, which reported that in a study of 90 people editing a manuscript, accuracy in the group listening to light classical music increased by 21.3 percent, by contrast to those listening to a popular commercial radio format, which improved by only 2.4 percent. This indicates that productivity can be greatly enhanced by certain types of music. This would also be applicable for a child in school while he is learning to enhance his accuracy of work.

- **Endurance**

  From general knowledge and personal experiences it is known that many people worked to the accompaniment of songs on farms and fields. Music in such settings, usually during physical labour appeared to foster greater stamina
and endurance as explained by Campbell (1997:76). Children in the classroom situation who are in distress often have difficulty keeping up their physical and psychological endurance for the entire day at school as much of their energy, thoughts, and emotions are focused on the stressful event. A teacher sensitive to this can incorporate singing or music to improve the child’s physical and psychological endurance.

- **Unconscious receptivity to symbolism**
  Campbell (1997:77) explains how filmmakers use different types of music to create and maintain the tension of a movie evoking symbolic thoughts and appealing to the unconscious. This could be applicable to the child when he makes his own music, enhancing symbolic thoughts.

- **Safety and well-being**
  According to Campbell (1997:77) “Music provides a haven for the listener. The popular music of each generation not only gives voice to its collective concerns, but also creates a sonic sanctuary.”
  In today’s culture, youth appear to use music as a refuge, which in many cases only brings temporary relief to the stressors they may be facing. The high volumes, high energy, different styles and often forbidden lyrics seem to captivate many youth into a false sense of security. However, when a child has been traumatized by an experience or circumstance, the appropriate type of music, used with a specific objective in mind has all the positive benefits described in the previous sections above. It is in no way used to create a false sense of security but rather as a medium in therapy that contributes to positive change and well-being.

The power of music in generating healing contributes to the integration of the mind and body, which in turn influences the wellness of the child. The ability
of music to have a significant effect on the child within a therapeutic environment depends to a large extent on the therapist’s ability to facilitate the healing process appropriately and sensitively.

This aspect can be illustrated when a child experiencing emotional trauma shows signs of Attention Deficit Hyperactivity Disorder (ADHD). The therapist in this situation needs to explore and decide how music can be most effectively and sensitively used to reduce the symptoms of ADHD especially in the case of trauma victims, to bring about integration of the mind and body.

2.7 Music and ADHD (Attention Deficit/Hyperactivity Disorder)

According to the DSM IV R (2002:85) version of diagnostic criteria, attention deficit disorders with hyperactivity presents with either symptoms of inattention or hyperactivity-impulsivity. These symptoms persist for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the individual. Inattention includes behaviours of; difficulty listening, being disorganized, careless, easily distracted and forgetful in daily activities.

Hyperactivity includes being fidgeting, restless, difficulty working quietly, ‘on the go’ all the time, talking excessively.

Impulsivity includes blurting out responses, difficulty awaiting their turn, often interrupts or intrudes on others.

Campbell (1997:183) records the research of nineteen children between age seven to seventeen with ADD and ADHD. They were exposed three times a week to the composer, Mozart, compositions. Nothing was played to the control group of ADD and ADHD subjects. The researchers reported that those who listened to the Mozart music reduced their theta brain waves in exact rhythm to the underlying beat of the music and displayed improved focus, mood control and social skills.
This improvement was maintained in seventy percent of the subjects for six months after the research. Campbell (1997:233), also quotes other cases in which children with ADD and ADHD have shown significant improvement in their academic ability and other areas of development as a result of using music as the therapeutic medium.

According to an article (EEG Biofeedback. sa), theta waves are slow waves present during sleep. They are implicated in anxiety, in attention deficit disorders and other neurological conditions. In these conditions theta waves imply slow information processing and is associated with inattention and memory problems. By training patients to inhibit theta waves whilst increasing beta waves, their state of arousal, attention and concentration, problem solving and other intellectual processes improve.

For the purposes of this research it is important to notice that children experiencing emotional trauma may show symptoms of ADHD. Symptoms of ADHD whether as a result of trauma or as a result of brain dysfunction, may benefit in the therapeutic use of music.

### 2.8 Utilizing music in a therapeutic environment

- According to Sutton (2002:50), using music in therapeutic work with children, gives the therapist “direct access to the emotions and the inherent dangers of provoking and consolidating unpleasant and threatening memories. However, when used appropriately and with care, music has the power to heal by helping the child to understand and rationalise emotions.”

Using music in a therapeutic environment with children involves being highly sensitive at every moment of the process to the changing needs of the child, to the fear, anger, confusion or contentment he may be experiencing, without
making judgements. According to Bunt and Hoskyns (2002:38), the therapist has a responsibility to demonstrate real focussed attention with intense listening to the quality of verbal and non-verbal sounds, to the pace, to the feelings behind any music as the child interacts with the therapist, musical instruments, other materials and the environment. Although it may be impossible to totally understand the world of a child, who may also come into therapy with developmental limitations such as language and movement, music is a medium or tool that the child can use for sounding out their experiences or what they wish to communicate to another person.

Bunt and Hoskyns (2002:39) is of the opinion that music used therapeutically can accomplish the following: -

- **Music can engage an individual in an empathetic musical dialogue**
  The child will be able to ‘sound out’ through music what he is trying to communicate to the therapist. The therapist can then reflect back sounds, complementing the child’s sound thus engaging in a conversation, which demonstrates understanding and empathy.

- **Music can reflect the individual’s long period of silence.**
  Even during the silent periods of a child, the therapist can sensitively reflect, using music, this time of quietness, and observe the subsequent reactions of the child to any music intervention. This process of demonstrating and being in tune with the child at every stage is a subtle yet dynamic process.

- **Music can be used to convey and interpret feelings.**
  The therapist can use both words and music to reflect back, interpret and suggest to the child how the music made the therapist feel. The therapist may then encourage a response from the child.
• **Music improvisation (spontaneous making of musical tones)** can engage the child and therapist, in a flexible relationship of sharing and complementing each other through being aware, carefully listening and responding appropriately.

The therapist also needs to be in tune with the rhythms, patterns, timing, pitch, intensity of sound and tones of music, which are the components, and structures that make up the variety of musical sounds. Keeping in touch with the changes and variation in these structures can assist the therapist in making sense of a child’s emotional state at different moments during the therapeutic process and enables the therapist to sensitively respond. In this kind of therapeutic atmosphere the child’s sense of ‘self’ and ‘awareness’ of the environment around them is enhanced. Oaklander (1988:114) states, “helping children appreciate sound increases their sense of being in the world.”

The essential role of the therapist when using music as in all other therapeutic processes is connecting with the child in a patient-therapist relationship. According to Pelham and Stacy in Bunt and Hoskyns (2002:35), “relationships are the melting pot for development of a sense of self and self in relationship to others.” This is a dynamic process of bringing growth and change through musical communication.

During the therapeutic process just ‘being with’ the child may appear simple but can be one of the most difficult things to do. If a child is distressed and confused its is hard to resist the temptation to be active, perhaps with some kind of music intervention or fill in gaps of the child’s musical silence.
According to Bunt and Hoskyns (2002:37) this may not be the need of the child at that specific moment and the therapist often needs to stay in silence with the child, just ‘being with’ them. The therapist needs to create a ‘safe’ environment at all times ensuring that the child always feels they are for them. This has a lot to do with the quality of attention and listening given to the child who needs to feel that their every communication is valued and heard no matter what the quality, depth or length of the sounds. According to Bunt and Hoskyns (2002:37) the therapists posture and alertness are also important in this regard to communicate reassurance and safety.

These approaches and attitudes of the therapist form an empathetic relationship. According to Rogers in Bunt and Hoskyns (2002:38) empathy “involves being sensitive, moment by moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever he or she is experiencing. It means temporarily living in the other’s life, moving about in it delicately without making judgements.”

2.9 Conclusion

As stated in this chapter music is a non-threatening means of entering the therapeutic process with the child facing trauma. It is a non-verbal means of communication and making that initial contact with the child. Used throughout the therapeutic process of the child, music can be adapted in numerous creative ways to meet the specific needs of the child. For the purposes of this research, music was adapted creatively, and used with children facing emotional trauma. The multi-faceted aspects of emotional trauma experienced by children would be explored in depth in the following chapter.