The importance of faith: A commentary on Bower’s and Shoemark’s article.

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When I became a parent at the age of 34 in 1990, my music therapy work changed. I acquired a new found sense of confidence, authority, and maturity. Being in a parental role somehow made the role of therapist a more natural one for me. This overall change was present whether I was working with adult or child clients. With adults, I felt more comfortable being a therapist for someone who may have been my own age or even a number of years older than me; with disabled children, I had a new sense of poignancy as I imagined being a parent of such a child. I also developed a great deal of empathy and admiration for such parents.

Something that struck me in reading this article was that the work in it may not have even been possible had Rick’s parents not demonstrated a strong sense of faith, both in music and in their son. Recall that after the first five sessions there was no response from Rick to the music, and yet his mother requested that they continue; she believed in the value that music would have for her son’s recovery and clearly conveyed this faith to the treatment team. At times, I have seen parents of disabled children criticized for having unrealistic hopes for their children. Yet, who among us would not also harbor such hope. While realism is a virtue, perhaps another stance is best called for when parents find themselves acting to protect their children and create a sense of possibility and hope in those professionals charged with the child’s treatment.

In this brief case study, a few classic music therapy principles are illustrated which themselves are reflective of the faith that music therapists have in music. In a way, this faith in music is not so different from the faith in their child expressed by Rick’s parents.

First, we see an example of the belief that music bypasses areas of disability to reach the healthy part of the person. On a number of occasions, the point is made that music was being used as a means of accessing unimpaired cognitive functions and areas of the brain. The neurological speculation is presented as a way of operationalizing this assumption held by many music therapists and presented in classic form by Nordoff and Robbins (2007) in their notion of the music child as a constellation of musical sensitivities and capacities unimpaired by profound disability.

Also emphasized is the natural propensity of music to awaken dormant social desires and bring people into connection. Pavlicevic and Ansdell (2004)
refer to this as the *ripple effect*. They observe that while the power of music to help people look inward is commonly discussed in music therapy, the fact that it also radiates outward (as do ripples in water) and leads people into relating to one another is an equally important facet of its clinical value. Repeatedly in Rick’s therapy, it is noted how the entire focus was on enhancing his ability to establish meaningful relationships with others as a precursor to his functional speech rehabilitation.

Last, it was noted in the article that Rick was able to speak but that he was not able to “formulate meaningful interactive language to communicate” (p. 70). This recalls Peter Hoffmann’s work with his client Karl recounted in Ansdell (1995). In this case study, also involving someone with a traumatic brain injury, it was noted that although the client was heard talking in his sleep, while awake he exhibited no intentional use of speech. As a result, the clinical focus involved awakening the client’s will and re-establishing his capacity for intentional action. The work with Rick neatly illustrates how music can stimulate the will which in turn activates the body (Aigen, 1998; Ansdell, 1995).

In closing, I would like to observe how the work with Rick emphasized something of vital importance in our clinical work as music therapists. Initially, it was noted that Rick had no response to the music. However, this does not mean he was not receiving the music. Often we mistake a lack for response for a lack of awareness because response is how we assess awareness, but these two capacities really are logically and functionally separate.

When he is finally given an instrument, he does play it! Thus, giving the client the initiative evoked greater participation than did having the therapist be the sole music-maker. Yes, his playing was not responsive to that of the therapist, but it was responsive to some inner factors—this is an important place to start. Too often we are looking for inter-personal connection or a relationship to us, when what is even more primary is the client connecting to an inner impulse to play, whether or not that involves us as therapists. Rick reminds us of this important clinical consideration.

References


