

The Voice of Pain:  
The Use of the Voice in Music Therapy  
with Hospitalized Children  
Undergoing Invasive Medical Procedures

Kate Richards  
New York University

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### III. My Approach to Pediatric Medical Music Therapy

There are three basic beliefs that have emerged during my clinical practice in Pediatric Medical Music Therapy at Beth Israel Medical Center: the body is an instrument with all the components necessary to create a musical environment; vocal toning and chanting are powerful and potentially healing tools for establishing inter- and intrapersonal connections; songs are a way in to an individual's inner world.

#### The Body as Instrument

One vivid experience I recall at Beth Israel on the Pediatrics Unit is the first time I heard an infant crying in a room down the hall. My entire body was pulled in the direction of the room as if by a magnet...or a vacuum. A pure maternal instinct became my divining rod. As I approached the child, then and every time since, I was toning on "Ah" a low tone that resonated strongly in my body around my heart. Sometimes I was able to pick up and cradle the child; this is not always appropriate or permitted in the medical setting because of insurance stipulations. Other times I'd pat or caress him. Sometimes I simply stood there with the mother and continued toning and rocking back and forth in a tempo she provided naturally.

#### Rationale for Vocal Holding<sup>1</sup>

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<sup>1</sup> I will use the word *holding* often in the proceeding text often qualified by the words vocal or physical. In both cases, the holding I refer to is of the gentle, flexible, caring kind to be contrasted to *restraint* which involves force and restriction often against the patient's will.

Ultimately my belief about vocal holding stems from the primary experience of tonal and rhythmic vibration in the womb as the first holding. When I watch audio-visual coverage of the in utero environment in films like *The Miracle of Life* (Erikson & Lofman, 1983), it's clear to me that human life begins in sound. I think of music as "the audible vibration of the life force" (Richards, unpublished manuscript, p.4), with the primary elements of music inherent in the human body. Much of this belief also stems from Loewy's influence regarding the attention to and treatment of the rhythms, resonances, tones, and timbres of the body to effect healing (Loewy, 1997b). When I hold a child and sing, I create an intimate human connection that vibrates safety.

For infants and small children in the sterile hospital environment, musical holding and the vibrations emitted from the body of the musician to the body of the child can be used to emulate that primal environment. For mothers and fathers who are feeling awkward about how to comfort their crying child, I have found re-iteration of this concept, in the most colloquial terms, able to alleviate their feelings of helplessness and rejuvenate them. Even the most panicked mom has nodded her head and smiled when I brought up the image of how her voice, just talking, must have sounded to her child inside of her and how her voice humming might remind him of that safe place. More often than not, mom's singing has had a soothing effect on both mom and baby.

### Mini-experiential

Within our physical make-up, without exerting any calculated effort, we are living tone and rhythm. Stop a moment and settle in to where you're sitting. Become aware of your heart beat. **Tempo**. Let your breath breathe itself in the body. **Meter**. Plug your ears with your fingers. Listen to the low rumbling. If you can't hear it, start to hum. **Tone**. This is your body. Welcome to your instrument.

As you hum, realize that you can utilize your breath meter to prolong the tone. Deliberately align your toning to your heart beat. This is your music. To take it one step further, notice an area of pain or tension in your body and breathe into it. Notice any change in your perception of this area. Now send a tone there and again notice any changes.

### Using Your Voice

This sets up my rationale for using the voice in this pediatric setting which is primarily encapsulated into the heightened, direct inter- and intrapersonal human contact, which for a child is essential for survival. Three music therapists at Beth Israel had the privilege to work with one infant, Baby Gina, who was living proof of this (see Appendix E). She was 9 months old, diagnosed "Failure to Thrive"; she looked about 3 months old. Vocal toning was provided with physical holding by one, two, or all three therapists. A significant increase in her intake of formula was observed when toning was offered during feeds. She began to look toward the voice and obviously relax in recognition. During one crucial episode of respiratory distress from pneumonia, three-layered vocal harmony was entrained to her breathing and assisted her in decreasing her respiratory and heart rates which made feeding possible. Music therapy was used here to stimulate harmonic balance of the dynamic systems of her body to enhance her capacity, not only to heal, but to live (Loewy, 1994b). This infant clearly thrived on this nurturance.

On a practical level, the voice is extremely portable and highly adaptable. This can come in handy in many medical situations that are people-full and space-limited, especially in a teaching hospital where you might find several interns observing a procedure in a confined treatment room. I was called in at the spur of the moment to see a child who appeared to the team to be selectively mute. The

physician asked if music therapy could "get this kid to speak." I zoned in to the toy bunny she was holding and quietly began to sing "Mr. Rabbit, Mr. Rabbit, your ears' mighty long..." (see Appendix B2) to which the child beamed with interest. I gradually increased the level of interaction in our play, setting up a motivation for her expression of a need or desire. I sang the whole time about what we were doing until she began to vocalize. Her intonation suggested she was expressing complete thoughts but her words were incomprehensible. I continued to use musical interventions to assist the doctor in conducting a developmental exam which led the team to suspect severe deprivation, neglect of basic modeling and learning skills, and partial hearing loss.

Another feature of the voice that I advertise is that most people have one. And though I certainly do not presume or promote that music therapy can be or should be done by anyone, there are certain techniques that parents and staff can learn to use, like singing lullabies and tonal entrainment, that can assist their children in coping with certain aspects of hospitalization. I strongly believe that parents can be empowered with ways to be with their children that foster healthy bonding and mutual autonomy. Many don't know how to access their inner resources to take care of themselves and their children, and while I don't pretend to be an expert in childcare, I observe that a mother who gains an ounce of confidence by daring to sing with her child has become more fully aware of her potential for nurturing and endurance.

### Singing

Singing, toning and chanting require conscious use of the voice and so are powerful and potentially healing tools since they intentionally access our very life energy. Developing my own style of vocalization in medical music therapy I

noticed that I would interweave the three depending on the situation and the changing needs of the patient.

As I speculate above, our bodies are naturally designed for establishing inter- and intrapersonal connections in utero and vocalizing is a means of carrying that potential out to span our separateness and perhaps to remind us of our spiritual oneness. How often I pondered this phenomenon as I sat at the bedside of James, a 10-year-old boy in the end stages of AIDS whose trust in me allowed him to cuddle up and fall asleep to my lullabies. By the end of the internship year, I had learned to take the vibrato out of my singing and effectively entrain to his breathing to provide an authentic, intimate holding environment in which he could rest even amidst typical hospital disruptions. Removing the performance out for my singing has revealed my potential as a pure channel of healing energy.

When one naked human howl meets another, the walls are gone and there is just...a place within oneself where no one ventures of his own free will. He must be forced, either through compassion for another, or because of pain and terror. One is rooted there, forever. (Rothenberg, 1977, p. 108-9)

Singing with a child's cry engenders a give and take exchange, a musical internal and external mirror of the human pain response discussed earlier—contracting in/releasing out. In the music the energy can flow in all directions simultaneously. He cries out in fear or pain or both, a call out to the species for help (Sokolov, personal communication, 6/20/97). I come to his aid, meet his tone, and sing with it. His cry changes; his body loosens its clenched grip; his eyes search for who has caught his. In my tonal embrace, he lets go gradually of the responsibility of holding himself to me and opens himself to his own body's healing process. The child is in an active state of release and yet takes in my holding in the same instant. My toning is also a cry, a "howl". Of compassion? Of my own pain and terror? At times it is all of these, depending on the scenario.

Regardless, it is allowing me to hold him but also to release my own anxiety that is triggered by the very act of being with a child who is crying in pain.

Pinpointing and taking responsibility for my emotions and then being able to ground myself again in the moment is imperative in this work.

### A Shared Experience

Nancy Lewis, an art and creative writing specialist, associate director of Touchstone Center for children, at Bellevue Hospital, New York City, discusses the possibility of painful procedures, like needles, becoming "shared events" (1978, p. 210). She refers to a healthy sharing of responses to pediatric experiences among peer patients. I observed this phenomenon a couple of times with Elliott (p.17) who would follow me right into the treatment room or to a patient's bedside. Familiar with the routine, he'd begin strumming my guitar and singing with me, intent upon assisting me. I was always struck by the sincere compassion in his eyes when he'd ask: "Are we going to use music therapy to help him or her?" In some of these circumstances, I realized that he knew more about what his peer was going through and how to comfort him than I ever would. I also learned from him the crucial element of sitting and being with children, sharing in their moment of distress, even when and especially when I didn't know how to help them.

It seems to me that if I create and shared musical environment and align myself with another with the intent to heal, then it's possible for this musical connection to have an integrating effect on the patient. It was apparent with Baby Gina and is perhaps more subtle with older children. Ann Turry, Certified Music Therapist at Tomorrows Children's Institute, Hackensack University Medical Center, in New Jersey, presented at the 1997 AAMT conference the case of a preschooler with Sickle Cell Anemia who had just undergone a finger stick procedure. During an improvised song, entitled "I got a finger stick," the child beat the drum and cymbal in a progressively organized way seeming to be "musically reconstituting as she [found] ends of phrases" (1997). A child's interactive music making can serve to regain her sense of mastery and autonomy in her world. In doing so, she is reinstating her intact coping faculties and

integrating not only her body systems, breathing and heart beat, but also her emotional, psychological, and spiritual systems.

### Improvised and Precomposed Songs

I believe that music is where children live; tone and rhythm make up their primary means of communication until verbal language takes precedence. Improvisatory songwriting has been a valuable tool in many ways, such as: communicating with a child in his own native tongue; establishing rapport; providing a forum for mastery of stressors of the hospital environment; reconnecting to people places and things outside of the hospital; and offering creative expression for thoughts and feelings. The children have taught me that they prefer the structure of familiar melodies or song forms, like A-B-A or I-IV-V-I, over free improvisation. This is most likely due to the need for safety and predictability in the unfamiliar setting of the hospital.

As part of a music therapy session, open-ended songs can be a doorway to an individual's inner world. Two introductions I often used were "Once upon a time there was a little girl who..." (in a children's tune) or "As I was walking down the street, I bet you can guess who I did meet..." (in a blues). The images that a child offers in a framework like this can provide illuminating evidence about how he is understanding and coping with his illness and/or hospitalization and/or family situation. Issues of food come up often as a healthy sign of nurturance, that a child is feeling well-cared for. For many of the children with asthma, loss of pets or family members is a common theme. Sometimes the characters from popular movies like *The Lion King* and *Cinderella* will be brought up in a song and can offer interesting perspectives on the child's alliance with hero figures. One boy said the Pumba was his favorite character from *The Lion King*, and on further investigation, I could clearly see the similarities: both

are clever, funny, and surrounded by loyal friends/family. Another patient spent the majority of one song elaborating on the mice and birds who made the ball gown for Cinderella. It became apparent that she longed for people to dote on her since she lacked a consistent maternal figure and had very few friends.

For therapeutic value, a conflict will arise in the patient's imagery or be introduced by the therapist. In the medical setting, it's important to consider the correlations of the conflict to the child's diagnosis. Then, if he does not do it naturally, the therapist provides an opportunity for the child to resolve the conflict. Allowing him to find an ending reinforces his already established coping strategies; ones that he is symbolically drawing upon to deal with his illness and hospitalization. School-aged children are often able to hear the therapist directly how these images can be used by him to cope with his challenges.

Songs have a magical and sacred quality over speaking. Improvised songs can offer a child a chance to let his imagination run wild and come up with creative solutions to the challenges of illness and hospitalization. Song requests, especially favorite songs, can "reflect the dynamic, intra psychic mood as well as issues of concern to a person's lifeworld" (Loewy, 1994b). James (P. 28) often requested "The Lion King Song", by which he meant "In the jungle, the mighty jungle, the lion sleeps tonight" (see Appendix B3). He often asked for it during procedures or when he didn't feel well and wanted to sleep. It was his song for when he felt vulnerable and needed ego strength. The image of the mighty lion gave him a feeling of safety and protection. He shunned it when he was feeling good and ready to be discharged. Here he requested "Down by the Bay" (see Appendix B4) which startled me with its lyrics: "Down by the bay, where the watermelons grow, back to my home, I dare not go." It's an upbeat, playful, rhyming song that could support both his enthusiasm and fear of going home. My guess is that home is a wonderful place for him but, due to his fatal condition, he

always eventually gets frighteningly sick again and has to be rushed back to the hospital.

Goodbye songs can have a special way of crystallizing the events of a session. At the end of one lengthy songwriting session, a 12-year-old girl, with the diagnosis of Sickle Cell Anemia, played the violin and engaged in something that resembled Austin's "free associative singing...a musical stream of consciousness" (unpublished manuscript) . Mirroring each line back to her, she smiled as if to herself and basking in the warmth of someone actively listening to her innermost thoughts and feelings. She had opened herself and let me in. I was accepting her, affirming her, helping her build ego strength. Meanwhile, she reported her pain scale went from a 6 prior to the session to a 0 during music making.

Utilizing the concepts of the body as instrument, vocal toning, and improvisatory songwriting, I have made connections with patients of an intimate and healing nature. They have helped patients access and explore their own internal resources as well as draw upon the strength and safety that I provided. The opportunity to acknowledge the healthy aspects of their bodies, to reclaim their voices, and to create stories/songs about what is important to them, allows children to use what they know about themselves and their world to increase their competence and self-esteem.

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