

## “SONGS FROM THE HEART”: NEW PATHS TO GREATER MATURITY\*

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It is a well documented fact that both chronically ill and brain damaged children are at higher risk for psychiatric disorders in childhood, are educationally retarded, more frequently truant, troublesome in school, and socially isolated (Cantwell, Baker & Mattison, 1979; Pless & Roghmann, 1972). The “marked disposition of defeatism” in reaching retarded children via traditional therapeutic techniques (Donaldson & Menolascino, 1977; Gair, Hersch & Wiesenfeld, 1980) is changing gradually but is still prevalent with regard to severely disabled children. This is especially so if one accepts the premise that “spoken language is of course the single most important source of data as well as the most useful therapeutic instrument in child therapy” (Lewis, 1977, p. 656). Considering the amount of psychotherapeutic hours required to help children through the more “ordinary” crises of growing up, one can begin to imagine the needs of children who may have problems of eating, walking, talking, playing, and learning independently. It seems unnecessary to describe the enormity of emotional distress in such children. However, although parents and professionals have done considerable reporting about the experience of disability, rarely are children asked to express their feelings directly and in their own words (Madge & Fassam, 1982) and few reach the therapist’s office.

The birth of a disabled child sets parents apart from others (Featherstone, 1980). Mourning the “loss of the normal child” (Solnit & Stark, 1961) is frequently protracted and delayed and parents are left with unresolved feelings of immense sad-

ness, inadequacy, guilt, rejection, and loneliness. In this state, they can hardly be expected to convey much joyful acceptance of the child, to face his/her questions about his/her differentness with openness and equanimity, to encourage the expression of negative feelings. They themselves badly need support and guidance which may not be sufficiently available. In our experience, it is the exceptional parents who are able to reach a modicum of emotional balance within themselves, with each other, and with their children. Increasingly, family therapists are turning their attention to families with a disabled member, and stress the need for special therapeutic inventiveness and focusing on strengths within the family system (Coppersmith, 1984).

For all children, necessary ingredients of self-esteem and feeling good about themselves are parental pride in growth and accomplishment, and warm acceptance. As these tend to be in short supply for disabled children, they quickly sense the anxious tension surrounding them. Not only are they deprived of the usual pleasurable activities of normal childhood but often they must undergo more than a few unpleasant procedures, such as operations, long and lonely hospital stays, and many hours of various tedious therapies. Children’s reactions to hospitalization are filled with intense fear, and their fantasies of illness as punishment for bad behaviors only heighten already existing feelings of unworthiness and rejection (Bergmann & Freud, 1965; Freud, 1952). Seemingly omnipotent parents are held accountable both for their children’s miserable condition and for providing

\*Presented at the International Symposium on Youth and Disability, Jerusalem, Israel, June 30th–July 5th 1985.

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relief, so where is the child to turn with his/her questions, thoughts, and feelings?

In the early years, much parental and professional energy is expended on helping the child to cope with the problems of daily functioning. Although it is undoubtedly necessary and adaptive to focus on improving specific deficits or delays, too often the emotional component is neglected. Painful emotions are channelled into activity by trying to "fix" the disability, or into passivity by helpless resignation. Among certain groups in Israel, disability is seen as the will of God and is, therefore, passively accepted. Sometimes, later attempts are made to seek out miracle workers such as religious sages. Fear, pain, and sadness lead to an uneasy silence on the part of parents, relatives, neighbors, and even professionals. However, as children become somewhat less preoccupied with immediate physical functioning, and begin to compare themselves with siblings and other children, they often become less cooperative in various therapies and less interested in academic learning. For example, some children use their physiotherapy time for talking and for understanding the cause and outcome of their condition. The questions raised about their disabled bodies appear to be taboo with their parents. Others lose interest in occupational therapy because they become discouraged when many hours of therapy produce few useful improvements in functioning. Thus developmental gains in various areas may be seriously jeopardized unless children are encouraged also to express their fears and doubts, as well as their feelings of anger, discouragement, and sadness.

It is not easy to break through the firmly built walls of silence surrounding the experience of disability. However, children are marvelously ingenious in expressing themselves if only adults are patient enough to convey their own readiness to hear and understand them and to believe in their ability to communicate. In play therapy, even children with extremely limited movement can be helped to act out their fantasies. Nonverbal children can be understood via the use of augmented communication systems such as Blissymbolics (Helfman, 1981), thus enabling therapists to verbalize unspoken thoughts and feelings for them. Many surprising fantasies emerge in individual therapy and show how much able-

bodied therapists still have to learn from children who struggle daily with their disabilities. The overriding wish to be like others, strong and whole, recurs again and again.

Helping children at a young age to emerge from their confusing and lonely silence is essential to ensure their all-round developmental progress. This may then enable them to deal better with adolescence when social isolation becomes an even greater issue for disabled youngsters (Chess, Fernandez & Korn, 1980). As they fail to meet the expectations of their able-bodied peer group—being attractive, competent, and independent—they are forced to confront their future and the limited opportunities available to them in the larger community; they often become dejected and may entertain suicidal thoughts. Thus, verbal group therapy, although slow and laborious, is both a feasible and important way for youngsters to share their feelings and concerns with each other. As they develop a sense of trust and group cohesiveness, they gain the courage to express their innermost doubts and fears. They feel less isolated and are validated in the process of sharing (Niedorf, 1983).

Additional channels of communication are seen in the various expressive creative arts therapies, one of which is music therapy. The literature highlights various theories and techniques regarding the use of both the elements of music and music activities for therapeutic gains as a primary therapy, and about the effectiveness of music therapy as an adjunct to physiotherapy, speech therapy, and occupational therapy. Some typical goals of music therapy for cerebral-palsied youngsters are to effect relaxation, attract attention, increase concentration span, minimize effects of undesirable environmental stimuli, stimulate motor activity, increase muscular control, provide an emotional release, harbor the feeling of belonging, and encourage positive interpersonal relationships. However, the literature concerning the use of music therapy as a supportive psychotherapy with this severely multi-handicapped population is sparse.

As mentioned earlier, severely multi-handicapped youngsters have limited social contacts and peer interactions, resulting in delayed development and emotional immaturity, expressed in feelings of insecurity and lack of personal worth (McDonald & Chance, 1964).

Through music therapy, a youngster can develop feelings of increased self-esteem, improved self-concept and self-confidence within an environment that emphasizes success rather than individual disability (Karr, 1981). Familiar experiences, such as those found in the predictability and order of music, provide the youngster with feelings of security (Alvin, 1976; Rudenberg, 1982).

Some music therapists (Ford, 1984) believe that certain cerebral-palsied youngsters avoid activity because they feel tense and self-conscious regarding their disability, preferring passivity rather than chance embarrassment. The potential of music as a socializing agent is one of its most important contributions to therapy (Lathom, 1981). Music experiences can elicit social interactions by arousing interest and fostering greater participation. One way of modifying negative self-concept is to involve the group with some musical production whereby even the inhibited child may be persuaded to join in at his/her own level of ability. The word "production" is used in the wider sense of referring to a task, i.e., creating a product. A music therapy program of this nature might involve selecting appropriate songs to include in a songbook. How will the production of a songbook aid the youngsters' psychosocial development and level of maturity?

Cerebral-palsied youngsters suffering from emotional constriction need a socially acceptable means to vent their feelings. In group music therapy they can express themselves with less fear of rejection. Although the literature focuses primarily on expression aimed at the release of aggression, music provides an ideal medium to express feelings of hope, loneliness, and fear as well (Ford, 1984). Nordoff and Robbins (1971) write that songs can become an effective educator of emotions since each song has an emotional content that it can impart to youngsters. They feel that most handicapped children have unformed feelings that life offers them little opportunity to realize and express. It is the beauty and gentleness of song lyrics that bring out affective responses.

Not only are songs an appropriate outlet for direct emotions, but they also serve as a vehicle for youngsters to talk about their injuries and their anger regarding their imposed altered lifestyle (Rudenberg, 1982). With songs, youngsters

may be able to find relief from the impossible tasks and the fears faced daily (Alvin, 1961; 1976; Schulberg, 1981). Research has indicated (Berg, 1953) that individuals under stress are able to temporarily displace their conflict through song material. It has been suggested that the content and structure of the words and melodies may facilitate the unconscious integration and organization of one's personality (Schulberg, 1981). Other researchers (Cattell & Anderson, 1953) point to the fact that musical choices are determined by personality factors including emotional need and constitutional temper; therefore, song material may have diagnostic and therapeutic potential (Hannett, 1964). It seems that the manner in which one associates with song lyrics is related to unconscious processes. The content of the chosen song expresses dominant transferences and defensive issues in focus at the time (Ficken, 1976). Song selection and the fashion of presentation can be used as a "projective technique" to stimulate emotional and imaginative responses, and is thus a valuable clinical tool in music therapy (Van Den Daele, 1967).

Song lyrics are used by youngsters to convey emotions and feelings that would otherwise not be expressed directly (Hannett, 1964). Another person's words seem to provide the necessary distance and also give hint to the underlying themes and turmoil. Rosenbaum (1963) concluded that there seems to be some correlation between repressed ideas and the lyrics, while repressed affect seems to correlate to the melody. Thus, songs can be understood as a dream with both manifest and latent meaning, the former being the defensive surface and the latter reflecting impulses and wishes. Though problematic in nature, in contrast to verbal and written language or the signs and symbols exploited by the visual plastic arts, musical sounds are not explicit in their denotation but rather abstract. Specific meanings or "connotations" are the result of an association made between various extra-musical intra- or interpersonal experiences (Meyer, 1956). "Music presents a generic event, a 'connotative complex,' which then becomes particularized in the experience of the individual listener" (p. 265).

However, one of the main therapeutic aspects of using song-material is in clarifying issues. "Music associations may not only form a link to

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Verse I: Yonder is the Golan Height  
 Just reach out and touch her  
 Secure and silently she commands you to halt  
 In glistening isolation, also Mt. Herman  
 Sends a cold wind from her ivory tower

Verse II: Once I'm old and grey, and walk with a curved spine  
 My heart will blaze like a foreign torch  
 How could I betray you?. How could I forget?  
 How could I forget the moments of my youth?

## Kinneret

WORDS - RACHEL SHEMER

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Fig. 1.

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new material but, because of the idea expressed by the particular music [song], may strengthen the new insight gained from the exploration of the materials" (Payn, 1974, pp. 288–289). In summary, music therapy as a supportive psychotherapy proposes to provide catharsis and ventilation of feelings, to strengthen insight gained from affective exploration, and to develop better mechanisms to maintain and restore adaptive equilibrium (Rudd, 1980).

Music therapy at the Ilanot School for Cerebral Palsied Children (in Jerusalem, Israel) involved one group of youngsters in a project lead-

ing to the production of a songbook. Despite their age range, 15 to 20 years old, they function on a similar academic level. Of the five members in the group, three are wheelchair-bound, one is nonverbal and another partially deaf. Three are male, two are female. In order to assure equal participation and to delegate all responsibility in the production, a contract was drawn up assigning roles such as secretary, typist, printer, editor, binder, and general work foreman. On a weekly basis, each youngster presented a song that had particular "emotional meaning" for him/her and sang the song individually and then with the

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Verse I: Just open up your eyes—look around  
 Here and there the winter's over and spring's in bloom  
 In a field along the wayside the cornflowers have blossomed  
 Please don't tell me that all this is just a dream.

CHORUS: There are good people along the wayside  
 Very kind indeed  
 Nice people along the wayside  
 And with them, we march along

Verse III: One man will build a bridge for me to cross the stream  
 Another will plant a forest on a remote hill top  
 And another kind woman, if I'll be in need  
 Will point to the horizon and promise me, that . . . (CHORUS)

Good People

WORDS AND MUSIC  
 NAOMI SHERER

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Fig. 2.  
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group. The presenting youngster read the lyrics aloud and then gave the reason(s) for choosing the song. In the group discussion that followed, the other members were able to reflect, identify with, and challenge him/her. Finally, the group voted on accepting the song into their songbook if it met the criteria of "a song with emotional meaning." Each song was given a subtitle which reflected the meaning, association, or newly gained insight. It should be pointed out that the act of accepting each song by majority vote con-

cretized the "curative factors" of peer acceptance, positive contribution, and universality. When all the youngsters had presented their song material, the group returned to their original task, i.e., production of a songbook. The typing, printing, editing, and binding were far less problematic than deciding on the sequence of the songs. The disagreements (about sequence) were resolved in the following way: The first initial of each member's name was combined, like in "Scrabble," to form a phrase which in Hebrew

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A man within himself dwells  
 Within himself he dwells  
 At times he is saddened and bitter  
 At times he sings with joy  
 At times he opens his door  
 To welcome an acquaintance  
 However, for the most part  
 A man within himself is shut off

A Man Within Himself

WORDS AND MUSIC  
SHALOM HANOCH

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Fig. 3.  
 Shalom Hanoch. Used with permission.

means "Perfumed Greetings." This phrase determined the final sequence. The songbook was titled "Perfumed Greetings: Songs from the Heart."

Most of the songs chosen are pop/folk tunes. Because they are in Hebrew, the authors have taken the liberty of translating them freely for illustrative purposes. The first song presented was about the Golan Heights (Fig. 1). The general feeling conveyed in this song is that of a prayer almost mournful in quality. This feeling is the result of a slow tempo, minor mode, and clear texture. However, it is the interplay between the melody and its harmonic accompaniment that produces the characteristic of lamentation.

The presenting youngster sang this song beautifully, with feeling, as if it were our national anthem.

At first, the group members felt that this song had to do with political nationalistic belief regarding the annexation of the Golan Heights. However, in a choked voice, this youngster reflected on his leaving school in a year or so, on his future, and the pressure to achieve independence, which seems so distant. His ambivalence about his future is represented by the Golan Heights which, though a part of Israel, is the furthest point north and seems inaccessible for this wheelchair-bound youngster. In the group discussion, the other members also expressed their fears about the future and their readiness for "life after school." At a later date his homeroom teacher stated that this song may also relate to his wish to dispose of his mother—"I'm sure he would like to put her up there on that inaccessible mountain." Possibly there is a hint of guilt

Verse I: In the land that I love the almond trees bloom  
In the land I love we are waiting for a visitor . . .

Verse III: In the land that I love there is a flag on the turret  
In the land that I love will come one on a pilgrimage  
In a good time. In a blessed time.  
All sorrows and pain will be forgotten.

## Be'eretz Ahavati

WORDS - LEAH GOLDBERG  
MUSIC - MONNIE AMABILIO

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Fig. 4

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feelings expressed in the lines "How could I betray you? How could I forget?" The song was subtitled "In hope of my coming future."

Another song presented is called "Good People" (Fig. 2). This song offers a light, cheerful mood. Though the verse appears in the minor key, it is the chorus—"there are good people . . ." that impresses one, and this is presented in a major mode. Though this contrast of the major key adds a spirit of freshness and optimism, it is the rhythmic element in the song that enhances the joyous feeling.

The presenting youngster began by saying that her song is dedicated to all those people who have helped her along her way. However, the discussion around this song did not deal with gratitude, but with dependency issues and fear that perhaps someday there will not be someone around to help. Group members talked of their striving for independence. Perhaps the biggest help one can give is not to help at all—"Let me

do things for myself . . . I'm disabled, not incapable," said one boy. Others discussed the fact that there are many not-so-kind people who laugh and poke fun at wheelchair-bound people. The song was subtitled: "In thanks to all those who helped me, and in hope that there always will be."

Two group members presented songs of identification with able-bodied individuals. In one sense these are healthy fantasies, such as "If I were a rich man." On the other hand, the songs are a denial of life's unfortunate predicaments that have befallen these youngsters. One boy presented a song about a little girl named Danna. Danna is off to her first day in kindergarten. The song is sung from her mother's view. Her mother envisions Danna in grade school, high school, and then in university. In his self-disclosure, the youngster said that the song represented his wish to have gone to a regular school and to a university. Perhaps, though, the boy was only express-

ing his mother's wishes. The song was subtitled "As though I were like Danna." Another song presented by a girl is called "The Paratrooper Song." This song relates to her feelings that she would like to serve in the army like everyone else. In the group discussion that followed, the members spoke of their altered life-style and how different it is from their able-bodied peers. "But it is still nice to dream," said the presenting girl. The song was subtitled: "On the border of a dream, that cannot be actualized."

The last two examples were from two youngsters who identified a certain personality trait with some aspect of the lyrics. One boy presented a song called "A Man Within Himself" (Fig. 3). Musically, this song is in a recitative style, based on a blues pattern. As such it distracts very little from the affective impact of the lyrics.

The presenting youngster is nonverbal as a result of his cerebral palsy. He communicates with a letter/word board. During the discussion, the group challenged the boy about his introversion, as they felt that he shields himself behind his disability. Letter-by-letter, this youngster said, "Even if I could talk, I would talk little," indicating that he tends to be turned inwards. The song was subtitled: "In reflection of myself." The second song was from a very passive youngster. It took him three weeks and much nagging from the group to find a song; his was called "Be'oretz Ahavati" (In the Land that I Love) (Fig. 4). This song is melancholic in nature. However, its slow tempo is offset by a 6/8 perpetual mobile accompaniment of arpeggio, and its minor key is brightened by many potent excursions to the relative major key.

As can be seen from the text, the song speaks clearly of the Messiah. This youngster spoke of the Messiah: "When he comes I will no longer have to live in an orthopedic hospital and I will no longer be disabled." Until then he was just going to wait in patience and passivity. Group discussion was on the theme of ways in which one can help oneself overcome one's disability. As the presenting youngster was not interested in helping to choose a subtitle for his song, the group decided for him. The subtitle reads: "An escape from reality."

These few examples illustrate the use of song material as a clinical tool. One of the particular

difficulties of cerebral-palsied youngsters is belonging to a group and making positive contributions (Bixler, 1968). This may be a result of their many dependent one-to-one relationships with adults who are parents, teachers, caretakers, therapists, etc. However, peer relationships are important for the severely disabled youngster to form a clearer, more accurate picture of him/herself, and to set more realistic goals for life. As can be seen, singing and dealing with "songs from the heart" may help pave new paths to greater maturity. The use of music with a psychotherapeutic approach opens up an additional mode for expression of psychological issues and painful feelings. Rosenbaum (1963) states that "as the ability to verbalize and otherwise express instinctual derivatives matures, the need for a group-approved expression by song decreases" (p. 265). We must be clear in our goals and persist in our efforts to encourage the severely disabled youngster to acquire the strength and determination to look within him/herself and, ultimately, to communicate with others on his/her own behalf. However, until that time it is hoped that these youngsters will continue to sing and share with others the songs from their hearts.

#### REFERENCES

- ALVIN, J. (1961) Music therapy and the cerebral palsied child. *Cerebral Palsy Bulletin* 3(3): 255-262.
- ALVIN, J. (1976) *Music for the Handicapped Child* (2nd ed). London: Oxford University Press.
- BERG, I. A. (1953) Observations concerning obsessional tunes in normal persons under stress. *Journal of Clinical Psychology* 9: 300-302.
- BERGMANN, T. & FREUD, A. (1965) *Children in the Hospital*. New York: International Universities Press.
- BIXLER, J. W. (1968) Music therapy for the child with cerebral palsy. In E. T. Gaston (Ed.), *Music in Therapy* (Pp. 143-150). New York: MacMillan.
- CANTWELL, D. P., BAKER, L. & MATTISON, R. E. (1979) The prevalence of psychiatric disorder in children with speech and language disorder. *Journal of Child Psychiatry* 18(3): 450-461.
- CATTEL, R. B. & ANDERSON, J. C. (1953) The measurement of personality and behavior disorders by the I.P.A.T. music preference test. *The Journal of Applied Psychology* 37(6): 446-454.
- CHESS, S., FERNANDEZ, P. & KORN, S. (1980) The handicapped child and his family. *Journal of Child Psychiatry* 19(1): 56-67.
- COPPERSMITH, E. I. (1984) *Families with handicapped members*. Aspen System Corporation.



- DONALDSON, J. Y. & MENOLASCINO, F. J. (1977) Past, current and future roles of child psychiatry in mental retardation. *Journal of Child Psychiatry* 16(1): 38-52.
- FEATHERSTONE, H. (1980) *A Difference in the Family Living with a Disabled Child*. New York: Basic Books
- FICKEN, T. (1976) The use of songwriting in psychiatric setting. *Journal of Music Therapy* 13(4): 163-172.
- FORD, S. C. (1984) Music therapy for cerebral palsied children. *Music Therapy Perspectives* 1(3): 8-14. National Association for Music Therapy (NAMT).
- FREUD, A. (1952) The role of bodily illness in the mental life of children. In R. S. Eissler (Ed.), *Physical Illness and Handicap in Childhood*. New York: Yale University Press.
- GAIR, D. S., HERSCH, C. & WIESENFELD, S. (1980) Successful psychotherapy of severe emotional disturbance in a young retarded boy. *Journal of Child Psychiatry* 19(2): 256-269.
- HANNETT, F. (1964) The haunting lyric. *Psychoanalytic Quarterly* 33: 226-269.
- HELFMAN, E. S. (1981) *Blissymbolics; Speaking Without Speech*. New York: Elsevier/Nelson Books.
- KARR, G. S. (1981) Music and the physically disabled child. In L. H. Kearns, M. T. Bitson & B. G. Roehner (Eds.), *Readings: Developing Arts Programs for Handicapped Students* (Pp. 113-117). Arts in Special Education Project of Pennsylvania.
- LATHOM, W. (1981) *The Role of Music Therapy in the Education of Handicapped Children and Youth*. Washington, D.C.: Hawkins & Assoc. Inc.
- LEWIS, M. (1977) Language, cognitive development and personality: A synthesis. *Journal of Child Psychiatry* 16(4): 646-661.
- MADGE, N. & FASSAM, M. (1982) *Ask the Children: Experiences of Physical Disability in the School Years*. London: Batsford Academic & Educational Ltd.
- MCDONALD, E. T. & CHANCE, B. JR. (1964) *Cerebral Palsy*. Englewood Cliffs, N.J.: Prentice Hall.
- MEYER, L. B. (1956). *Emotion and Meaning in Music*. Chicago, Ill: University of Chicago Press.
- NIEDORF, H. (1983) Group discussions of growing up by adolescents with severe cerebral palsy. In E. Chigier (Ed.) *Special Education and Social Handicap*. London: Freund Publishing.
- NORDOFF, P. & ROBBINS, C. (1971) *Music Therapy in Special Education*. New York: John Day.
- PAYN, S. B. (1974) Music associations in psychotherapy. *American Journal of Psychotherapy* 28(2): 288-291.
- PLESS, I. B. & ROGHMANN, K. J. (1972) Chronic illness and its consequences. In S. Chess & A. Thomas (Eds.), *Annual Progress in Child Psychiatry and Child Development*. New York: Brunner/Mazel
- ROSENBAUM, J. B. (1963) Songs of transference. *American Imago* 20: 257-269.
- RUDD, E. (1980) *Music Therapy and Its Relationship to Current Treatment Modalities*. St. Louis, Mo: Magnamusic-Baton.
- RUDENBERG, M. T. (1982) Music for handicapped children: Orthopedically handicapped. *Music Monograph Series of the National Association for Music Therapy (NAMT)*, W. Latham & C. Eagle (Eds.).
- SCHULBERG, I. (1981) *The Music Therapy Source Book*. New York: Human Science Press.
- SOLNIT, A. J. & STARK, M. H. (1961) Mourning and the birth of a defective child. In R. S. Eissler (Ed.), *Physical Illness and Handicap in Childhood*. New York: Yale University Press.
- VAN DEN DAELE, L. (1967) A music projection technique. *Journal of Projective Techniques and Personality Assessment* 31: 47-57.