

Using The Emergent Voice in Institutional Treatment Planning

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“Sound pervades my world and invades my being”.

Sense and Significance – Don Idhe (1983)

My work over the past seven years has been in the extended care population, and I found that disturbing sound environments were similar across the four different sites and 800 bed case load I manage. I questioned how I could work effectively in shared open spaces in the midst of random interruptions, traffic movement, call bells, PA systems, disruptive and agitated residents, and busy task-oriented staff and visitors. I felt that - too often - the most disturbing sounds of resident agitation were overlooked, ignored or rationalized as part of the dementia process. I felt – at an instinctive level and a trained observational level - that there was more behind the behaviours, than the dementia process.

In the course of this phenomenological investigation, I introduced theoretical concepts such as the Emergent Voice, Therapeutic Conscious Intentionality, and the Aesthetic Continuum. I describe these concepts and outline the 3 treatment strategies I used.

There are three fundamental notions I use in my work and personal life.

- We are always in relationship to something.
- All events -- large and small, known and unknown -- impact on the environment.
- It is a physiological fact that we are vibrational beings in a vibrating universe.

"Sound pervades my world and invades my being."

Don Idhe speaks of the phenomenology of auditory experience – the characteristics of sound. He describes sound as spatial, physical, and temporal. We cannot escape sound – we weren't born with earflaps – and in fact, our total evolutionary time on earth has ensured that we are wired to perceive sound. It has been a matter of survival. And if Ellen Dissanayake

is correct in her theory that *the aesthetic* is also a *biological* reality, than our survival may depend not just on how well we hear – but also on what we hear and how sound feeds our aesthetically determined needs. Tomatis talks about sounds that 'charge' and 'discharge' our cognitive processes.

Criss-crossing sound events tended to increase whenever I ran a group – sabotaging the therapeutic processes while increasing agitation in residents who were not participating in the group, and staff activity. I too was influencing the chaos. I personally experienced disempowerment and anger whenever this happened. And I came to reflect upon the source of my own anger.

In Systems Thinking I found a philosophical foundation to support the notion that if I felt disempowerment because I wasn't heard or valued, then it was possible that this was an environmental cue – or habituation. From a systems thinking perspective there was concrete clarity that the environment was a major player that had been ignored and marginalized (much like my own experience). With what I like to think was HUGE courage, I began to really listen to the '*sound that pervaded my world and invaded my being*'. Thus emerged the concept of the "Emergent Voice" – and my environmental approach.

The Emergent Voice is simply the totality of the sound experience in any institutional system. It is the auditory version of what we base our impressions on in any given environment. However, the emergent voice also contains important information. It contains qualities – and by listening with a particular kind of ear, we can discern these qualities. They may suggest therapeutic issues. In short the emergent voice is a subjective measuring stick to determine health or illness in the system.

The *Aesthetic Continuum* refers to the full scope of aesthetic meaning. In the context of environmental strategies, aesthetic experiences require a meaningful connection to the environment, whatever that may be for any given individual at any given time. For the environmental music therapist, we place our aesthetic intention in the environment to influence behaviour. (Williams Sears questioned, “How much influence on behaviour is demanded by the music, and how much by the manipulation of the environment by the music therapist?”)

What is an Environmental Approach?

The environmental approach is about listening to and treating the environment that our clients/patients/residents are housed in. It means treating the environment as a healing ally. If the environment does not contain any aesthetic meaning our residents will not connect to it. They will not reach out from their inner focus of despair and depression to engage with an environment that is sterile or reflects neglect and ambivalence. This is a matter of survival – not just aesthetic survival, but biological survival as well.

The theory constructs and approach emerges from a Gestalt perspective. Gestalt therapy looks to the wholeness of an experience, personality, or situation. In my approach I ask, “Is the Emergent Voice whole?”

For me the answer was no. The Emergent Voice contained a sense of neglect—as though no one (staff, residents, visitors) felt validated or heard. There was an absence of listening and the entire ‘whole’ seemed to be a pathos of disempowerment. There was illness in the system. The resident’s voice was not present – mostly because it wasn’t invited to be there. Given the systems thinking perspective that all events and systems are related, I concluded that no one was listening and no one (at any level) was being heard in this environment. Perhaps hidden realities were driving and habituating the behaviour of not listening. And so, the absence of ‘listening’ – rather than the ensuing consequences -- became the focus for my environmental treatment planning.

Treatment Planning

1. BY PROGRAMMING

For the purposes of this presentation I have used Sears 4 classifications of musical situations. In a global approach, all programming reflects a conscious therapeutic intention to heal the environment. We can infuse the environment with aesthetic influences by:

1) the music itself; 2) by listening to music; 3) having music in the environment; 4) the making of music.

i) *The music itself:* to influence, manipulate and normalize the environment for the agitated and the restless – providing "*affectively*

ordered behaviour" through the structure and the aesthetic of the music itself.

- ii) ***Listening To Music*** transforms the environment- and who better to model this behaviour than the residents? I Created listening zones in my facilities. It is amazing what a profound effect listening groups have on the whole environment. I have seen task-oriented, schedule-driven kitchen staff poised at the dining room entrance fresh from their stainless steel environment with knives and forks in hand – honoring the listening space regardless of their opinion of the music. Listening is palpable, infectious and cultural and sacred. (It takes a lot of energy to monitor a 'listening zone' in our facilities – but the rewards are worth it.)
- iii) ***Having Music in the Environment:*** (Meal time tapes) – ambient music can be played at a specific time to influence behaviours around meal times. The *musical environment* must give the behavioural cues – not get started after the disruptive behaviours have set the tone.
- iv) ***The Making of Music:***
Performing/expressive Groups – include the aesthetic of the resident in the environment.

2. BY TEACHING LISTENING

I give short experiential inservices to staff on the physics of sound. They experience how sound feels, how the same music can 'charge' or 'discharge' our will, and how planned silence heals the environment by integrating and bringing to consciousness what has passed before. They experience hearing with their bodies – not just with their ears, and they learn that we have 10 cranial nerves leading to the ears with one being the vagus nerve that winds its way throughout our body – innervating the internal organs and entire autonomic system. They learn that we are biological ANTENNAS - wired for sound regardless of our auditory acuity – instilling increased awareness of what it must be like for our residents who have limited choice as to the sounds they receive.

3. USING THERAPEUTIC INTENTIONALITY: - a matter of attitude.

We may start the process but mustn't take ownership of it. Once we have set the aesthetic in motion, it is shared by everyone present in the environment. Therapeutically, however, we must respond and guide - in challenging feedback-

loops that carry our aesthetic intent, but we are now in partnership with the participants and the environment – and as such we – as therapist - are transforming the environmental influences and the immediate experiences of all present.

Summary:

The key point here is that staff must learn that we all take responsibility for the sound environment. It requires conscious attending and awareness. The facility is never going to be a sound-pretty space, but neither is a traditional home. If there is a balance of voices, resignation and withdrawal will not be prevalent behaviours. A balance in the Emergent Voice may mean that the behaviour of listening is active and a meaningful aesthetic is present.

What can we hope for? That we eventually perceive the Emergent Ear.

*There is a sweet music here
That softer falls
Than petals from blown roses
On the grass
Or night dew on still waters
Between walls of shadowy granite
In a gleamy pass;
Music that gentler on the spirit lies
Than tired eyelids
Upon tired eyes;
Music that brings sweet sleep...
Down from the bluest skies.*

A Tennyson

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