

music
**emotion
therapy**
2001

Summary of the Lectures 2001

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The Physical-Emotional Development within Music Therapy of Children Suffering from Severe Contact Deficiencies

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Children with an impaired development are often referred to as either suffering from a mental, physical or sensorial disability or from a perceptual or behavioural disturbance, according to their most conspicuous handicap. What remains unmentioned with such classifications is that the disability, caused by the handicap, to make any contact usually also induces a disturbance in the emotional development. Children with a severely impaired development, as e.g. autistic children, are not in a position to express themselves by means of communication and hence inevitably also suffer from an affective regulatory disorder, which manifests itself among other things in auto-aggressive behaviour. They often do not develop any language at all, or their language lacks emotional content. Thus we experience them as disturbed in their ability to make contact and form relationships. A video film (which is presented in the lecture) shows excerpts of music-therapeutic sessions with seven- to twelve-year-old children. All children suffer from a disorder of their social relations and are diagnostically described as autistic or as having autistic traits. At first they show the obvious stereotypical patterns of behaviour and the inability to regulate their affects themselves or to share them with others. Music in the sense of an early mother-child-dialogue (Schumacher, 2000) together with the musical-physical forms of playing, which are developed by the therapist according to the situation, respond to the child's affective condition. By attuning the child's affects audibly and sensorially (Stern, 1992) the therapist initially regulates and shapes them. The aim of this is for the child to learn how to regulate itself via its own perception of its body and its own affects in growing interaction with the therapist.

The film „Der körperlich-emotionale Ausdruck“ ("Physical-Emotional Expression") illustrates an assessment instrument devised by the developmental psychologist Claudine Calvet-Kruppa and the music therapist Karin Schumacher. It should serve to assess the child's level of emotional development and thus give an indication as to the required intervention. With the help of a

physical-musical "language" the therapist can "respond" to the child's unbalanced, erratic and frequently extreme affects, which makes a dialogue possible and initiates a positive development.

The Research Instrument "EBQ" (Einschätzung der Beziehungsqualität) for Assessing the Quality of Relationship ("AQR")

As already mentioned elsewhere (Schumacher, K., Calvet-Kruppa, C. in: Decker-Voigt, H. H., 2001) in addition to developing an adequate language under particular consideration of the emotional development, the qualitative description of interactive patterns is a further aim of music-therapeutic research. The already published assessment scales for the quality of relationship ("EBQ") concerning vocal and instrumental expression (Schumacher & Calvet-Kruppa, 1999, Schumacher, 2000) are here supplemented by the analysis of physical-emotional expression. The scales are based on knowledge derived from developmental psychology and can be used as a diagnostic help, for the description of music-therapeutic procedures and as a research instrument. Emotional development is especially significant since the ability to establish human relationships partly depends on the ability to regulate affects. Examples from practical work in music therapy illustrate that music as a medium, particularly in the form of musical dialogue, is extremely effective here. Scientific findings from developmental psychology indicate that the experience of positive affects plays a vital role in motivating development. The film shows the methodical procedure in music therapy whereby certain qualities of relationship are illustrated and discussed on the basis of practical examples. Seven different qualities of relationship are distinguished which help to determine the child's physical-emotional level of development. These seven modes, however, need not necessarily occur in continuous graduation since development is not always a linear process (Rauh, 1997).

The Scale of Physical-Emotional Quality of Relationship (KEBQ - körperlich-emotionale Beziehungsqualität)

Mode 0: Lack of Contact/ Contact Refusal

The basis of emotional development is the processing of perceptions provided by stimuli. If the innate ability for amodal perception and transmodal transference is disturbed, symptoms of severe developmental disorders occur, such as the failure to take up eye contact, the lack of physiognomic perception and stereotypes functioning as a protection from stimuli. The encounter with the person carrying out the treatment normally triggers off so-called vitality

affects which result in an exchange of feelings. The symptoms mentioned above prevent such an exchange and thus the regulation of the affects by other persons. The affective condition is primarily neutral. If affects become perceivable, they are difficult to interpret, since they are not related to the contextual situation (the child may, for instance, smile or show discomfort for no apparent reason). These preliminary signs of positive and negative emotions change in rapid succession.

Case Study: Max

Max keeps on running diagonally across the room as if driven by an external force, flicking through a catalogue held closely to his face. He hardly seems aware of his environment and his mimicry is difficult to read. One moment his stare is focused on the turning pages, and the next he gazes into the distance. The therapist chooses children's dance-music from a tape. At first Max shows no visible reaction and remains caught in stereotypical behaviour patterns.

Methodical background: The child's stereotypical behaviour ought to be accepted and should not be suppressed on account of it being disturbing. A child should never be forced to take up contact. The therapist chooses children's dance-music in order to meet the child on the level of physical movement. She tries to render the child's condition "meaningful" by putting its stereotypical running to-and-fro into a dance-music context. Not until a later stage will she join in the "dance", approach the child and carefully offer the opportunity to make contact. For the time being, however, she creates an atmosphere which should reach the child affectively, but does not directly aim at changing its behaviour.

Mode 1: Contact Reaction

The ability to process provided stimuli in a meaningful way is the precondition for "perceiving the emerging self". Successively differentiating self-perception is considered to form the basis for establishing human relationships. The person of reference helps to regulate the physical-emotional needs of the new-born by reacting contingently. Thus the child is physiologically regulated, can become attentive and take up eye contact. Positive affects can be exchanged. At first the attentive phase does not last long and the affect can suddenly turn to a negative affective reaction (distress). Children with little or unstable ability of self-regulation react very sensitively to negative influences of interaction. On the one hand they need more support from the person caring for them, in order to keep their balance on the other hand they still react very strongly to over- and understimulation. The stimuli offered must be processable and thus must not overcharge the child in intensity and tempo.

Case Study: Florian

Florian enjoys jumping excessively on a trampoline. The therapist stands behind him, follows the stereotypical movement and improvises a melody to the rhythm of the jumping. In this way she supports Florian's wish for movement and makes the movement audible. The sensation of being moved in accompaniment of a melody that is sung out loud leads to a physical-emotional synchronisation, which in turn triggers off a joyful contact reaction. When the singing and jumping is over the child's facial expression becomes serious again.

Methodical background: The therapist tries to put the child's physical-emotional needs into a musical context. The exact synchronisation of the proprioceptive sensations with the melody that is to be heard helps the child to co-ordinate these two modes of perception. This integrative work leads to a contact reaction which is marked by a positive affect.

Mode 2: Functional-Sensory-Contact

Tensions arising from the child's higher level of attention can be regulated by the person of reference, the affects being finely attuned. Because the child during this phase becomes capable of staying attentive for a longer period of time, it is especially prone to under- and overstimulation. It may possibly still be unable to protect itself from too intense stimulation. This phase is particularly critical for the ability to regulate its own affects. Only if the person of reference acts sensitively does the child learn to endure extreme tensions and to regulate them. This experience creates a feeling of trust. If, however, the person of reference is not in a position to attune himself sensitively with the child, be it because he currently cannot perceive the child's signals properly, or because he cannot commit himself emotionally or because he reacts ambivalently, the child is not offered the effective help of external regulation. Some children react with avoidance and/or mixed feelings even in this early phase.

Case Study: Marian

Marian strikes the therapist's forehead: "It isn't me you can beat, it's the drum". He demonstrates auto-aggressive patterns of behaviour as well as aggression against others. His high emotional tension and excitement manifests itself in hard blows, coming unexpectedly, and in biting the back of his own hand, in his exaggerated laughter, his distorted voice and the way he beats the drum. "Broken, everything is broken", is his most common verbal utterance. The therapist makes up a song with a refrain that absorbs the high affective tension. Fascinated but also examining, Marian observes her face while at the same time powerfully beating the drum. The therapist also responds to his distorted singing in the same intensity and integrates it in the "Broken Song".

Half stunned, half laughing - the child's extreme tension relaxes after numerous repetitions of this song.

Methodical background: The child shows suddenly occurring affects of high intensity which lead to auto-aggressive acts and aggression against others. Because the relationship has already been partly established, the child accepts the offer of playing the drum. Only by attuning these intensive affects precisely and in time can the therapist regulate them externally. This regulative aid is accepted by the child. The impromptu song and refrain with the improvised parts in between which integrate the child's beating of the drum and its distorted vocal utterances, allow the child to make the experience that mainly negative affects are not dangerous, but much rather can be shared, understood and regulated.

Mode 3: Contact to oneself / Sense of a Core- /of a Subjective Self

With all children the quality of an adequate positive support is decisive right from birth. It forms the basis for the further establishment of a stable self-regulative ability as well as for the development of self-competence and autonomy. It is ultimately crucial for a consistent relationship. In order to establish one's "Core Self", a self-perception has to be developed involving self-agency, self-coherence, self-affectivity and a sense of one's own history called self-continuity (see Stern's terminology 1985/2000). This process presupposes the sensation of being a complete physical entity, of having limits and a physical centre of activity and of being the originator of one's own actions, but not of the others. The infant senses it has its own will, it can control its own actions and can expect certain consequences of these actions. If the child, supported by the person of reference, develops these abilities undisturbed, it will be in a generally positive mood (Sroufe, 1996). In the course of a gradually growing relationship to the outside world, expressed in social gestures such as a smile, a quiet, attentive and exploring look or the observation of the reference person's facial expression, the child learns to regulate its inner conditions psycho-physiologically. It can now turn away more actively from unpleasant stimuli. From the fourth month traces of memories can be associated with positive and negative affects and stored in the mind. The child is capable of developing its own emotional qualities according to specific feelings.

Case Study: Oscar

Oscar is a very restless child that is constantly moving around in the room. Swinging in a hammock stabilises his physical perception and thus his affective condition. After the therapist has sung a song for Oscar integrating the sounds he utters, she makes a break. Oscar sits up

straight in the now silent room and from a close distance begins an intense study of the therapist's physiognomy. This quiet phase of observation and exploration lasts for a long time.

Methodical background: Long phases of rhythmic proprioceptive stimulation enable the child to gradually develop a relationship to its own body and its own affective condition. Thus it can direct its perception to the outside.

Mode 4: Contact to Others /Intersubjectivity

This level of development is characterised by joint attention and joint intention, i.e. intentional communication making the child aware of the effect its intentions and motives have with the other person. With the growing experience of being the originator of actions, of perceiving one's body as a separate entity, of having individual feelings and a history of one's own, an increasing interest in the outside world develops. This interest manifests itself in the way the child starts to share its perception with its environment (social reinsurance). The child can assimilate new impressions and takes on a more active role in its emotional regulation. The modulation of the tension, however, depends on the security of the context. When a child feels insecure, it does not only observe the facial expression and gestures of the other person, it also interprets them. When a child recognises itself as the originator of its own actions, the engendered affect makes it take up eye contact with its person of reference. If this person reacts positively, the affect is stabilised.

Case Study: Tanja

Tanja squeezes the therapist's hands, who in turn squeezes Tanja's. This to and from develops into a "train game", which the therapist accompanies with the appropriate sounds. Following this, Tanja examines her hands and looks for confirmation of her emerging physical perception by looking to the therapist, first in astonishment and then with joy. Eyes and hands are coordinated, both players are attentive.

Methodical background: The child is increasingly experiencing its own identity and searches for emotional security by having this confirmed. It clearly perceives the therapist who offers the desired support in her affective presence and sympathy. The relationship to the therapist is about to establish itself. The more settled the relationship, the more stable the affective condition.

Mode 5: Relationship to Others/ Interactivity

Due to a well-developed memory the child encounters each situation with certain expectations and reacts accordingly to the outside world. A precondition for this is a well-defined relationship

to one's own identity. The perception of the physical distinctiveness between oneself and the other enables one to share experiences with the other person. The repertoire of emotional expression increases. The child can regulate positive (e.g. joy, interest, surprise) as well as negative affects (e.g. sorrow, aggression) for itself and in a relationship. A long-term positive affect accompanied by an equally positive quality of eye contact is observable. On account of the longer lasting inter-attentiveness and eye contact the child is able to perceive the other person's emotional disposition more precisely. During this phase a fragmentary "theory of mind" develops, i.e. the ability to be aware of and recognise that the other person also has individual emotions, desires, intentions, a mental existence and thoughts of his own (Frith, 1992).

Case Study: Oscar

Playing with sounds and gestures leads to an interactive game. Oscar alternately claps into the therapist's and his own hands while quietly singing along to this. The therapist reacts with her own sequence of clapping. The intensity of the child's movements expresses its high and continuously rising tension brought on by constant interaction, which, however it can regulate itself by taking occasional breaks. Oscar obviously enjoys this form of playing and tries to make it last as long as possible.

Methodical background: The child shows growing interest in the therapist, who is now also integrating her own ideas into their games. The therapist is now diverging more noticeably from the child's expectations, thus encouraging it to cast off its reservations with a view towards making the child react to her own ideas. An exchange of ideas takes place. Question and answer-games take place that go on for a while and are accompanied by cheerful positive affects. The child quite clearly shows that it is thoroughly enjoying this dialogue. The increasing intensity of the affect leads to hardly perceptible signs of stress and regulation. When the therapist becomes aware of such signals, she will regulate the intensity and duration of the shared activity and experience accordingly, in order to prevent the child from being emotionally overcharged.

Mode 6: Joint experience/ Interaffectivity

The child has a reservoir of positive and negative affective experiences with its person of reference. On account of this person's contingent reactions the child has established a stable and consistent affective memory with expectations of certain consequences. It now has an internal "working model", i.e. it has developed expectations concerning external and internal regulation. The consistent experience of positive affects creates a feeling of security.

This enables the child to share extreme tensions with the person of reference and to endure them without feelings of anxiety or distress. The child, who primarily experiences its affects

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Videographie

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