

AN APPROACH TO SOUND THERAPY SUITABLE FOR INDIVIDUALS WITH SEVERE DISABILITY AND COMPLEX CARE NEEDS WITHIN A DAY CARE SETTING.

I wish to share with you my experience of using sound as a holistic therapy within the NHS. Having a career background in nursing predisposed my leaning towards working as a sound therapist in a more conventional health care setting. My therapy background has involved training in sound healing, energy field work, reflexology and massage. The use of holistic therapies in hospitals and health care settings is becoming more acceptable but accessing such opportunities is not easy, thankfully fate lent me a favourable hand.

A rewarding opportunity arose which would allow me to use sound in a day care unit to help individuals with severe disabilities and complex learning needs. This supported my ambition to bridge the gap between conventional and complementary health care. The care staff within the unit were very enthusiastic about introducing multi-sensory approaches to the care they offered their clients and had identified a need to use more sound and music within the activities offered.

A profound level of disability exists within the clients attending the unit. The majority of clients have severe physical disabilities in addition to complex learning difficulties, which influences their level of understanding and ability to communicate. The most prominent medical diagnoses being cerebral palsy and epilepsy. Due to the difficulties which these individuals encounter they require 24 hour assistance from a carer. The majority of clients use a wheelchair and have specialised equipment to assist them with the routine activities of daily life.

Difficulties with verbal communication, and in some cases hearing and sight, means that it is often the subtle changes in behaviour and body language of the individual which alerts carers to the needs of the client. All these difficulties have a direct influence on how I have had to adapt my work to meet the needs of each individual person during their sound therapy session.

I work within a multi-sensory room which is specially designed with fibre-optic lighting and equipped with cushioned flooring and bean bags to offer maximum comfort. I use this environment to enhance the experience of the sound therapy session. The client may be positioned on a mattress or bean bag on the floor, on an adjustable bed called an Acheeva, or they may remain in their wheelchair, depending on their needs.

It is the policy of the Health Care Trust that all clients are supervised by a professional carer while attending the unit, therefore when I work with a client their carer is in the room with me. I encourage the carer to engage fully in the session, offering them the opportunity to have a quiet relaxing time while being there for the client if the need arises. There are positive benefits to this situation, but working in this way has implications for me as a therapist.

During a therapy session my intention is focused upon the client but as the sound affects all within the room I have also to be mindful of the additional needs of the

carers and their possible reaction to the sounds and vibrations. Through experience we have identified that it is best practice to limit the exposure of the carers to sound. In general I see two or three clients during a two-hour therapy period.

We have come to learn that being exposed to sound for this period of time can be too powerful an experience for some of the care staff, causing them to feel drowsy on completion of the sessions. As a consequence of this we now change carer with each client. An additional benefit of this change in our practice is that more of the care staff have the opportunity to benefit from the positive experiences of receiving a sound therapy session.

A further consideration involves that of the carers' own health and well being. It is common practice for female staff from other departments to be transferred to the Day Care Services when pregnant. As a precaution we have identified that pregnant staff will not assist in sound therapy sessions during the first 12 weeks of pregnancy or thereafter if any complications of pregnancy exist.

The environment in which I work is very different from the ambience of a holistic healing centre. I have needed to be flexible in my approach in order to adapt to the clinical type setting of a health service day centre. I have found that additional organisation and planning is required when working in a healthcare setting. Throughout the day clients have specific care requirements including passive exercise routines, assisted feeding regimes, administration of medicines, assistance with toileting and personal care, and appointments for treatment sessions with other health care professionals.

The client's sound therapy session is just another aspect of their care and as such needs to be scheduled into their time at the unit. To ensure that the client is not disturbed and obtains the most benefit from their relaxation time, the staff plan the patient's day, allocating a specific appointment time for their sound therapy session. Working as a holistic therapist in this traditional care setting I had anticipated that I might encounter scepticism about my work.

I have however not experienced any difficulty in being accepted and am now considered an integral member of the care team. I believe that this in part is due to my approach. I have purposely tried to explain what I do in a way that will not offend or antagonise the medical profession. I have underpinned my practices using the current research evidence available regarding the benefits of sound and voice within the sphere of well-being and health.

I aim to be professional in all aspects of my work. The innate skills I developed during many years of nursing combined with the knowledge and beliefs that I have gained as a holistic therapist have contributed to my sound therapy work being recognised as a valuable asset within the care of people with complex needs and learning disability.

My approach to sound healing is an amalgamation of techniques from an array of experienced teachers within the wider field of holistic therapies and sound healing. Due to the impairments of the disabled people I work with I have needed to adapt my approach to a sound therapy session to meet their needs. I have found a one to one

working relationship to be the most beneficial. Using instruments and voice is my preferred approach.

In most instances I use quiet gentle sounds, working with the intention of creating a feeling of security, peace and calm within the individual. The instruments I use include the monochord sound chair, therapy monochord, Tibetan singing bowls, crystal singing bowls, sansula, freenote, chimes, bells, tuning forks and the buffalo drum. Using the voice I tone the vowel sounds for the chakras or the 'Sa Re Ga' scale or sing the client's name.

The monochord sound chair is a therapeutic instrument that gives the client a sound massage. It has twenty-five strings running vertically along the back of the chair. The client sits on the chair and feels the sound vibration in their body. When the therapist plays it creates a feeling of wellness and relaxation.

The sound chair can be adapted to meet the needs of a person in a wheelchair. I have found supporting the client's legs upon the seat of the chair to be a very effective alternative approach in which the vibrations are felt directly through the legs and lower body.

I also use the therapy monochord. This instrument with its bowed bottom and sides is designed to be played against the body, being very light in weight. When its twenty-one strings are played it produces a very soft and mellow sound with a gentle vibration. This instrument is useful when working with individuals who are lying upon beanbags or on the floor.

Initially when I first began at the unit I worked only with the sounds of the instruments and the effect upon clients was positive. I later introduced the voice and a noticeable deepening of many clients relaxation response was observed. The inclusion of the voice appeared to enhance the clients feeling of security and enabled them to relax to a deeper level.

Silence is an important aspect of a sound therapy treatment. It is an opportunity for the sound to resonate within the body. However I have found that many of my clients appear to be uncomfortable in complete silence. I therefore limit silences to short periods of time and tend to play my instruments quietly with a slow tempo during what would normally be a period of silence within the therapy.

When first introducing a client with learning disabilities and complex needs to sound therapy it is very important to create a sense of safety within the therapy session. As many of the sounds may be unfamiliar to them and the feeling of the vibration and resonance within their bodies may be a new sensation, it is important that they feel secure within this new experience and not feel challenged in any way. I therefore tend to play the instruments away from the client and not directly within their energy field until I have an awareness of their response to the sounds and the vibration.

As the individual becomes familiar with the therapy session I deepen the experience, playing the sounds closer to the individual and in some situations playing the instruments directly upon the body. Working directly on the body so the vibrations can be felt has been very effective.

I am particularly careful when working with clients who experience seizure activity due to epilepsy. I am mindful not to over stimulate them with the sounds and vibrations. I aim to produce quiet, calming sounds and carefully assess the client's responses before working more directly on the body. Working in this way I have not experienced any adverse reactions from those clients with epilepsy.

A typical therapy session lasts between thirty minutes to one hour. The timing of a session is a very individual decision based on the client's needs at that time. No therapy session is ever the same; a client's reaction to each session is unique. Therefore I adapt how I work to incorporate the client's needs within the session.

Measuring the response of the client is one of the most difficult aspects of working with these individuals. Verbal communication in most cases is extremely limited and in many impossible so responses have to be assessed in a different way. It is often changes in body language that form the most accurate means of assessing the thoughts and emotions of the person receiving the sounds. For example –

1. One particular client has a habit of constantly touching his chin with his hand, he does this unconsciously. It is thought that in some way it gives him a feeling of comfort and security. When he is deeply relaxed during a sound healing session these random uncontrollable movements cease and his body completely relaxes. I am able to use this sign to assess his level of relaxation when working with him.
2. Another client scratches the arm of his chair, again this is considered to be a comforting gesture. When in a deeply relaxed state these movements cease and he rests completely motionless.
3. With one particular young woman who experiences apnoea attacks (during sleep states she has the potential to stop breathing) I have been able to observe at first hand the effect of sound on the heart and respiratory functions. Being connected to a monitor during her sound therapy sessions I have observed how the sound of the monochord and voice has relaxed her and reduced her heart rate to a normal resting level, while the sound of the Tibetan singing bowl has stimulated her cardiac function. Using sound I have been able to assist her in enjoying a sense of relaxation while avoiding the precipitation of an apnoea attack by merely using particular sounds to stimulate or deepen her depth of relaxation within the session.
4. Several clients indicate their pleasure verbally, making their own individual sounds.

With other clients it is a simple smile or the look in their eyes which indicates their pleasure and response to treatment. It is not uncommon for a client to fall asleep and such a response is fine as they are still receiving the resonance of the sound within the body while they sleep.

Recognising such subtle changes in behaviour requires an in-depth understanding of the person's mannerisms and personality. Fortunately the carers within the unit have developed a deep understanding of the individuals that they care for. Placements within the unit are long-term which has promoted the development of deep and

meaningful relationships between the client and the care staff. I utilise these relationships in my work, encouraging the carers to feedback to me their interpretation of the client's responses to the sounds and asking for clarification in situations in which I am uncertain of what a particular response may mean.

My involvement with individuals is also long-term. I attend the unit on a weekly basis and provide either sound therapy or massage depending on the client's needs. Over time I too have been able to develop close and trusting relationships with the people coming to me for sound therapy. The opportunity to develop a meaningful relationship with my clients has greatly influenced the success of my work. It also provides me with immense job satisfaction.

In addition to monitoring the physiological changes in the client during a sound therapy session I also work on an energetic level. I do not generally openly discuss this aspect of my work, preferring to be selective with whom I share this information. While working energetically I may become aware of changes in the client's energy. Blocks in the client's energy field may cause the sound of an instrument I am using to dampen. They may also cause an alteration in the sound of my voice as I tone. I often feel an individual's energy experiencing the sensation through touch, changes in temperature or through intuitive feelings.

At times working with individuals with such complex needs can feel very challenging. On occasion a sound therapy session may not go well, the client being unsettled and not engaging. Such a response is not always to do with the sounds and the vibrations. In such situations I always question my practice and the sounds I have made, I may adapt my approach accordingly.

Frequently however when working with individuals with severe physical disabilities I have found that there is a physical cause that is preventing them from relaxing, the individual being in pain, or perhaps in need of personal care. In such situations it is often necessary to cease the sound session, and sort out the immediate problem, resuming the session or rescheduling depending on the outcome.

One of the main benefits reaped from a sound therapy session is the deep sense of relaxation which the individual experiences. The consequent lowering of heart rate, respiratory rate and blood pressure during this relaxation response directly influences the person's general well-being and health.

Many of these clients have physical disabilities including severe muscle contractures and subsequent deformities of the body, especially the spine, upper limbs and legs. Pain can result from these challenging physical deformities. When the body is relaxed the muscles relax so the potential for pain to be eased is inherent within a therapy session. It can be useful therefore to give a sound therapy session prior to clients receiving their passive exercise, and physiotherapy, as the body will be more relaxed and movement will be less restricted and painful.

Some of the clients I work with experience uncontrollable movements. Constant movement of the upper limbs, legs and in some cases the jaw leading to teeth grinding. Such constant bodily activity will no doubt have a physical effect upon the individual, resulting perhaps in feelings of fatigue and tiredness. The physical stillness

which I have observed in such clients during a sound therapy session must be beneficial to their energy levels. It is often these clients who fall asleep during the therapy, thus providing an opportunity for the client to recharge and rest the body.

On an emotional level using sound in a therapeutic way has proven very beneficial to many of the clients. We have clearly observed how it has reduced irritability within some individuals, calming them and improving their mood. In one particular situation in which a client was having a severe panic attack, we were able to comfort and console him using sound and reassuring words alone, so avoiding the need to administer sedating medication.

The one to one personal contact and intimacy of the therapeutic relationship also seems to be very beneficial to the client's emotional well-being. Having a sound therapy is an enjoyable experience, a pleasant time that is free from medical interventions and disturbances.

Sound has proven to be a very useful therapy when working with clients who are deaf. Their awareness of the vibration of the sound is heightened and although they may not audibly 'hear' the sounds the beneficial effects are the same as those of a hearing person. The monochord sound chair and therapy monochord are especially well received as the vibration is in direct contact with the body.

Introducing sound therapy into this care environment has been an innovative experience for all concerned. It has been a wonderful learning opportunity, a developmental journey of discovery and has proven to be very effective and beneficial to the clients involved.

I have worked with the care staff to develop sound therapy in this specialist area. The importance of having a team approach cannot be over emphasised. We have cultivated a method of sound therapy, which we hope creates an experience in which the client has a sense of peacefulness and calm, a space for relaxation within the busy and often noisy daily routine of the centre.

The success of this venture has led to interest in sound therapy in other areas of special needs care. As a direct result of my work I now also provide sound therapy sessions in one other local NHS Day unit and within two local specialist schools for children with learning difficulties. Each setting has required a slightly different approach but the fundamental practice of the sound therapy has remained the same and the positive responses to the therapy sessions have continued.

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17th February 2010