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International Society for Music Education

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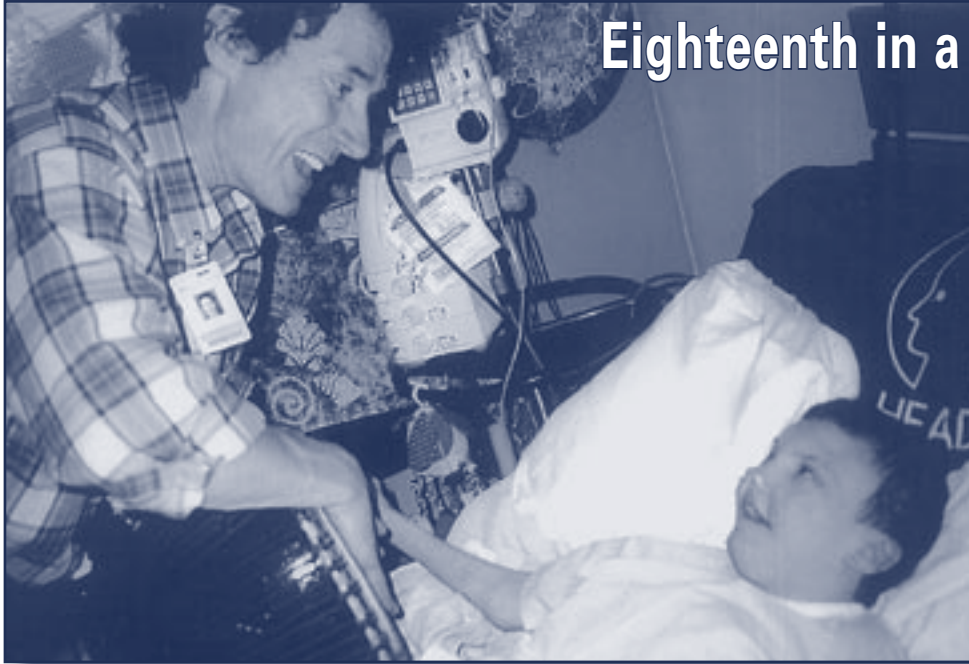


**30th ISME
World Conference
15-20 July 2012
Thessaloniki, Greece**



“HOME AWAY FROM HOME” – 18

Eighteenth in a Series on Advocacy



CREATING A NURTURING MUSICAL ENVIRONMENT FOR CHILDREN IN HOSPITAL SETTINGS

I stroll down the hall (street), passing the numbered rooms (houses), I get to the right room number (address) and knock on the door (ring the door bell). “Hello!” The child’s room, for the duration of their hospital stay, becomes like their ‘home away from home’ and the music practitioner does well to frame his or her interactions as if entering someone else’s home.

This article explores some of the factors that support and effect musical interventions with children in hospital settings. It is presented in the context of my own personal experience, having shared music at British Columbia’s Children’s Hospital one day a week for the past 20 years. Kids from birth to age 17 can engage in musical activities either in a group setting in the playroom or schoolroom, or are visited ‘one on one’ in their room.

When children and parents or caregivers enter the hospital, their lives are often turned upside down, especially if it is an extended stay. Their physical, mental, emotional and spiritual resources can be stretched to the limit. Invasive medical procedures, the effects of medication, excessive television viewing, pain, lack of energy and sleep, the upheaval of personal routines and many other factors can dull children’s (and parents’) life force. Music and rhythm provides a fun and nurturing activity that can evoke the natural and innate impulse to play and engage in activities that bring pleasure, just as the child would if they were at home.

In the hospital environment where

children don’t have the option of saying no to medical procedures, I am interested in how the music practitioner can restore a level of control to the child. This can be accomplished by allowing the child to, in a sense, direct the session. It is from the child’s responses to our personal and musical interaction that direction is given to the music practitioner as to how to proceed. Keen observation of the child, family dynamics and the overall situation in the room will provide clues to potential opportunities for connection. The approach becomes responsive, similar to an improvisation, with the child pointing the way. The cues to the direction of the session come from the interest level, mood, body language, the words spoken (and unspoken) and the subtle messages received from the child. All this input provides assistance in making decisions regarding what to talk about, in choosing repertoire, whether to make direct or indirect eye contact, how close to get to the child, even volume level of the music. The true test of a good improvisation is if it becomes an easy and continuous creative flow. Ample opportunities generally present themselves to use the child’s input to create the session. For example, after asking the child if they want to play a percussion instrument and they agree, they can then be consulted about whether to offer instruments to family members. A question such as “Would you like to hear a fast song or a slow song?” restores some of the power of decision-making to the child and has them shaping the outcome of the session.

I was asked to see a shy three year old girl in the hospital playroom with her mother. I started playing music, not looking at her directly and allowing her to show interest in her own time. She continued to play with her pop-up toy. The next time the toy popped up I stopped the music – she was visibly surprised (I would feign surprise as well) – the ice was now broken and the game was on! Soon she was smiling every time and clearly understood that she had complete control in stopping the music. When she would arm the pop-up toy for next time, I’d start the music again. I could see the anticipation building in her little body, awaiting the next surprising moment when all would stop on her cue. It was very heartwarming to witness the change in body language and demeanor as she began to play and have fun on her own terms. Musical moments such as this signal the beginnings of connection and trust, and assist in reframing hospital visits as, at least in part, joyful and fun.

* Lyle Povah leads African drumming and music events worldwide, offering programs in hospital, conference, child and adult health, corporate, corrections and community settings. He has shared music at British Columbia’s Children’s Hospital in Vancouver, Canada one day a week for 20 years and has visited hospitals throughout Canada and the USA, Germany and West Africa. Lyle lives in Vancouver, Canada. More info at <http://lylepovah.com>

PICTURED ABOVE: Briana and Lyle make the African drum ‘sing’!