



In An Octopus' s Garden

An Evaluation of the Wishing Well Music in Healthcare programme at The Royal Alexandra Children's Hospital.

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PART ONE: INTRODUCTION

Rhythmix wanted to work with Well Within reach to better understand two areas. Firstly, how music can support a child's brain and nervous system and secondly, the fundamental importance and impact of the musicians wellbeing on vulnerable children.

This evaluation report presents the key findings following a year of observations, training and discussions.

The Wishing Well Programme

Rhythmix's Wishing Well Music in Healthcare programme has worked in partnership with The Royal Alexandra Childrens Hospital known as 'The Alex', since 2013 to bring live music-making activities right to the bedsides of children in hospital. The Wishing Well Musicians in Healthcare are professional facilitators, trained specifically to work with children, young people, and people with dementia in a range of hospital settings. The training enables the musicians to work safely in acute hospital settings as part of the team on the ward, taking music-making beyond 'entertainment' to create interactions that support the wellbeing of children and families in hospital. Through creative, participatory experiences we help reduce some of the stress, anxiety and isolation that families can experience. The programme is currently funded by BBC Children in Need and The National Foundation for Youth Music.

Well Within Reach (previously known as CLADAC)

Jo Stockdale and Elizabeth Morris founded the Child Learning and Development Advisory Centre (CLADAC) in 2010; having since evolved into a range of services concerned with 'person-centred' development, CLADAC was renamed Well Within Reach in 2018, with a wider focus on 'learning, doing and being well'. Well Within Reach helps all kinds of practitioners to unlock cognitive, social and emotional strength at any point in life, with a particular specialism in unearthing the secrets of the brain. They help to explain how we are all shaped by our experiences, making sense of the challenging issues; learning, behaviour, wellbeing, resilience, and self-esteem; that many children and adults face. Particularly necessary for those who for all sorts of reasons-are considered 'vulnerable'. Well Within Reach supports a range of organisations through evaluation, consultancy and training, providing essential information to explain how services can most effectively utilise whatever resources they have to nurture person-centred development 'from the inside out'.

[Explore WISHING WELL here.](#)

[Explore WELL WITHIN REACH here.](#)

The Evaluation Has Identified Two Significant Findings:

1 The "3 Stage Relationship" is a new model, identified by Well Within Reach through the process of observing and evaluating the practice of the Wishing Well Musicians. The 3 Stage Relationship model is a way of understanding the process of beginning, strengthening, and ending interactions which hold a space for impactful music making in healthcare settings where children and families

are often highly vulnerable and where, in contrast to many facilitators who work in organised group settings, the Musicians are often an unexpected presence on the hospital ward.

See Part Two: Themes and Case Studies

2 The evaluation process has challenged the evaluation partners to observe in fine detail, and subsequently understand, the many subtle and complex competencies which musicians use to navigate and manage this highly sensitive and often deeply traumatised environment. This 'sharper lens' has shifted our focus from being primarily 'outcomes driven', to instead more clearly understanding the relationship between musicians' competencies and the impact of the work; between 'input' and 'output'; essentially 'cause and effect'. It is debatably limiting, after all, to 'evidence impact' if there is little understanding of why these outcomes actually occur.

Wishing Well and Well Within Reach have consequently developed a Competency Framework which articulates this diverse range of skills, behaviours, and attributes (including those relating to self-care), and this could potentially be adopted across the sector. The use of such a framework brings us back to the point about 'evidence'.

If Music and Healthcare practice is founded on 'input', and not driven solely by 'outcome', Musicians will cultivate their practice to most effectively support wellbeing, even for those children who are not able to respond in ways that provide 'evidence of impact'.

Given the challenges of categorically 'proving' the impact of this work, the research and theories referenced in this evaluation: The Autonomic Nervous System, Roger's Core Conditions, Affective Neuroscience, for example, become our 'knowledge-base' instead. Ultimately, these are our 'evidence of effective practice'. As such research continues to progress, there are ongoing opportunities for the Music and Healthcare sector to respond to new discoveries and thus continually develop practice. We're not yet done with learning...

See Part Three: Research and Frameworks

Understanding Outcomes - The Challenge of Healthcare

It is clear that the Wishing Well musicians influence and affect very positive changes in the children and families that they work with. These may be observed through increased engagement, stimulation, alleviation of boredom, connection, interaction, relaxation, distraction, and therapeutic impact (defined in this context as 'supporting healing at every level').

It does need to be acknowledged that the nature of the children that Wishing Well musicians work with (their varied ages, including many babies born very prematurely, their diverse and often complex needs) makes it difficult to evaluate impact definitely and consistently.

Some participants simply cannot communicate or express their responses in articulate, reliable or conclusive ways. Even participants whose responses may be clear and, at face value, easy to decode, may be affected by fear, trauma or

anxiety which influence how they respond to stimuli. But the work certainly has an impact on the development of these children.

The musicians not only practice with musical aptitude, they utilise a much broader range of competencies, which unquestionably support and nurture the wellbeing, social and emotional growth, not only of the children they encounter, but parents and other visitors also. Irrespective of what positive changes actually occur as a result of their participation, and however those changes are expressed, these competencies are the foundations on which these positive impacts are built.

PART TWO: THEMES AND CASE STUDIES

These case studies have been drawn from several observations made during visits to The Royal Alexandra Children's Hospital between July and November 2017. A small number of additional observations made by musicians have been factored in where relevant.

The aim of these observations was to evaluate the impact of the programme on the children and their families, particularly because their complex level of needs (physical, learning, sensory, and developmental) make evaluation and evidencing very challenging.

Within these limitations, this evaluation report aims to interpret these observations to better understand some of the skills inherent in Wishing Well's practice, their impact, and to suggest ways to mitigate limitations where possible.

Any identifying characteristics and details have

been omitted or changed to protect the identity of the children and families.

The Case Studies are presented through the lens of the new '3 stage relationship' model which Well Within Reach created as part of this evaluation process; demonstrating the 3 stages of 'Good Beginnings', 'Developing the Relationship' and 'Good Endings'. The competencies involved in holding these 3 stages create interactions in which music making can be particularly potent.



Theme 1: Good Beginnings - Saying "Hello" Well

The Ground Soil of Relationship

One of the main challenges for Wishing Well is caused by the nature of the critical care ward itself. There is an inevitable tension between Wishing Well's purpose, the intention to use sound, and the need to operate sensitively and quietly in a space where many children are sleeping or require rest, and where there are likely high levels of grief, anger, fear and emotional as well as physical trauma. Added to this difficulty, most children are in their own rooms and frequently doors are closed, which is naturally obstructive for the musicians. Even doors that are open require musicians to literally cross a threshold, often not knowing how their musical offering will be received. It is therefore natural that the musicians initially maintain a physical distance from the patient, either to wait for affirmation that their presence is welcomed,

or to simply be respectful of personal space.

This session at least lays the ground soil for the musicians to start building a relationship with the child, cases like this, despite the issue around closed doors, highlight how the musicians sensitively and flexibly navigate such an obstructive environment, and the importance of 'communicating intent' through a really affirmative presence. For this patient, the musicians' commitment needed to transcend through a closed door in order to connect with him.

This case study also presents interesting questions about the interplay of 'power' between musician/s and participant; where it is, whose it is, and how it fluidly shifts and is shared between musician and participant. Of course, children (and parents) need to be empowered to participate (or not), but the musicians themselves are successful

in engaging this child because they themselves 'own' a degree of power.

They practice with enough authority and self-belief that they remain committed, even in the face of obstructive circumstances.



The musicians softly play their instruments as we walk along a corridor of closed doors. It is apparent from the noise inside that a room is occupied and so they play from outside the door. A member of staff leaves the room, briefly explaining that the child doesn't want the musicians to see his face (due to the visible nature of his injury), but that he has requested that music be played from the corridor. The lack of actual contact, feedback and interaction makes the session a bit difficult, but as the musicians prepare to move on, they call out 'It's time for us to be on our way. Thank you for having us, bye for now'.

The child's voice is then heard in response: 'Come back next week'.

Theme 2: Developing Relationships

Meeting children 'Where They Are'

The reality is that for some children, hospitalisation has probably presented contact with hospital professionals that they perceive as unpleasant, as it may have involved the experience of discomfort, fear and loss of control.

The lack of expectation conveyed by the musicians is balanced with 'attractive'

opportunities which arouse children's curiosity, offer choice and provide a conduit with which to experience a reciprocal 'strengths-based' relationship with a musician, parent or carer.

The following case study highlights the importance of the musician's ability to 'meet children where they are', rather than making any demands on how and when they participate.

Nurturing Emotional Connection

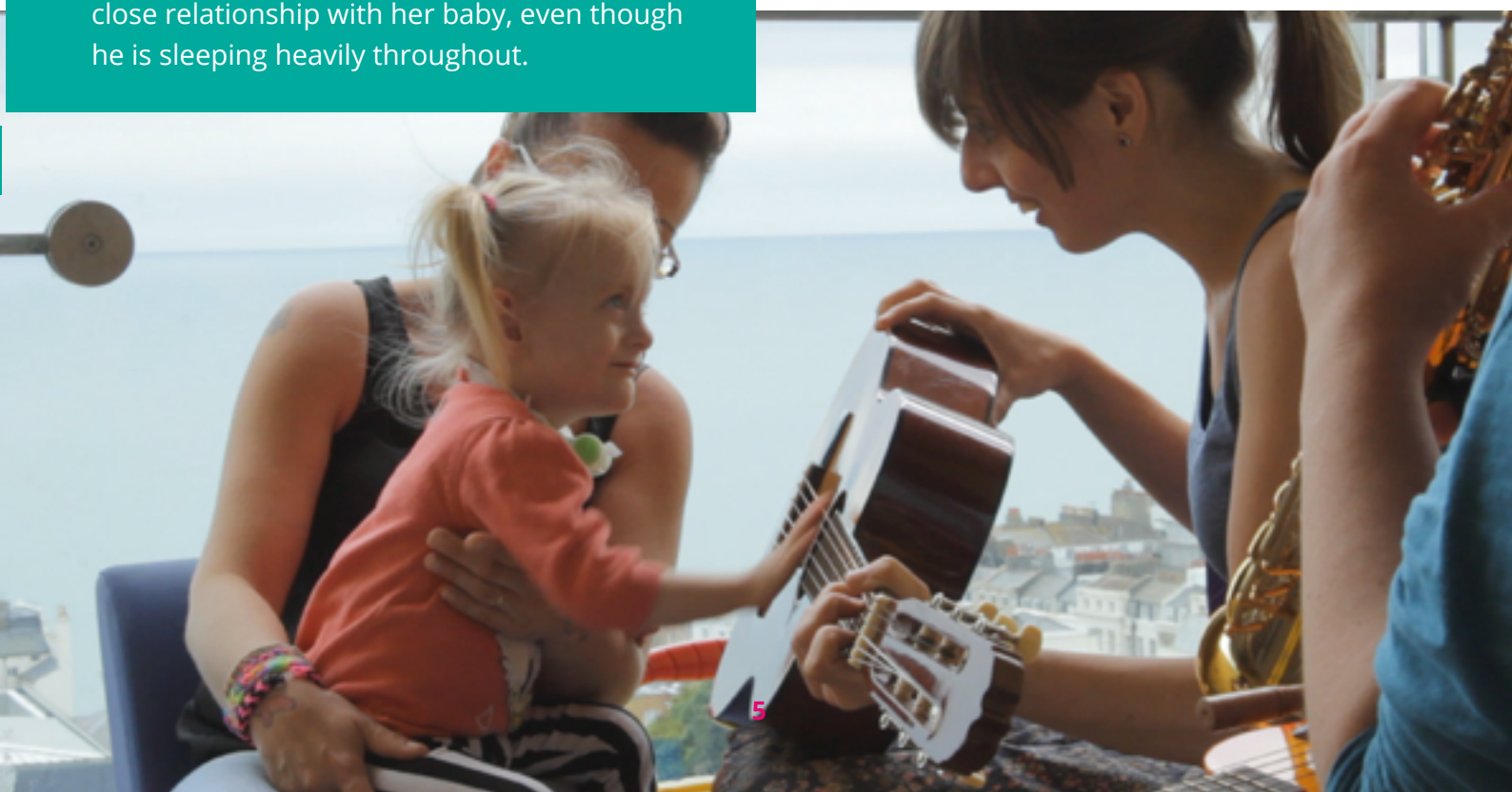
A number of pre-term babies are cared for on the critical care ward at The Alex. Some have been resuscitated in very early life, perhaps several times, and many come to critical care on release from an extended stay in neonatal care. For some, their admission to critical care marks the first opportunity in perhaps 2-3 months where a parent has been able to hold their child, and, even so, many are still attached to machinery and therefore can't be moved around freely or out of their room.

With these tiny babies, largely fast asleep and sometimes developmentally not yet at gestation, it is impossible to know how they experience the world around them and to therefore ascertain definitive impacts, although, of course, that is not to say that there is no impact. **What can definitively be observed, however, is how Wishing Well's practice facilitates meaningful engagement between parents and their babies.**

Relationships are nurtured that are not based on any medical needs. On the contrary, no interest is expressed by the musicians in 'what's wrong with you or your child?'. It is of noticeable positive impact for these parents to simply 'receive'.

D, is approximately 2 years old. He is initially very resistant to engage with the musicians but, with encouragement from his mum and dad, he takes a shaker. Once he has explored this, his curiosity is aroused and he works his way through a selection of instruments, clearly able to indicate which ones particularly interest him. During this process, he looks to both mum and dad for social cues as to how to proceed ('social referencing'), assessing their responses to him. Once they indicate their approval, he starts to replicate these kinds of behaviours with the musicians also. The musicians attune very naturally to D's needs throughout, using mirroring, synchronicity, and modelling to encourage him and affirm the value of his participation.

The mum of a very small baby recovering from surgery starts by warmly accepting the music, silently maintaining her gaze on her child in the cot, and holding his fingers as the musicians play. At the end of the song, she looks up at the musicians and beams a huge smile. Towards the end of the session, she picks the baby up, holds him close and moves to the music with him. Throughout this whole episode, no words are exchanged, but mum uses the music to pro actively engage in a close relationship with her baby, even though he is sleeping heavily throughout.



Supporting the aftermath of trauma with strengths-based interventions

C is a 7 year old boy who was subject to a serious accident that has left him with a life-changing injury. It is anticipated that he will experience issues around separation and loss as a direct result.

A great deal of attention from his family and the medical team is naturally focussed on the life changing event C has experienced, and his hospitalisation is inevitably concerned with fixing 'what's wrong with you'.

C immediately becomes very engaged with the music activity. He has a number of adult family members with him and is very forthright in engaging them, leading, and directing their involvement. This is enhanced by an apparent natural ability to attune musically. The fact that C is so open and enthusiastic about participating makes it easy to progress the session; there is no question about whether it is appropriate for the musicians to be there. The musicians tap into C's innate curiosity, producing more varied and interesting instruments, towards which he uses very direct language, such as "I want that".

C quickly learns to respond to how the musicians use all the instruments, mirroring the different tempos and rhythms used in the improvisations.

They take a completely strengths-based approach, attending to the whole person in ways that are completely unconcerned with his injury; enabling him to use his voice, his natural musical affinity, his ability to lead and express his interests and decisions, and his body.

Particularly because his experience has been so sudden, it is important to give C healthy aspects of control and influence and he clearly thrives in this environment. His co-operative use of language, i.e. "we can all do it [play music] together" indicates

Wishing Well's practice, being focussed on 'what's right with you', identifies and maximises C's strengths. The whole musical encounter is potentially very affirmative for his 'sense of self', particularly for a child processing such a traumatic event; an actual partial loss of his physical functioning.

C has an apparent passion for action-heroes typical of a 7 year old, and during a version of Old McDonald, Spiderman is included to 'Climb up here and leap down there'. In this way the musicians, by making a connection between the music and C's own interests, further enhance his 'sense of self'.

C's dad comments "He's watching everything you do". C says "I'm making relaxing music".

He then moves from quite an immersive 'internal state of engagement to directing his family to play together: "When we're ready, let's do it!".

His dad prepares to leave and tells C "I'm leaving now, I love you."

C is so engaged with playing music that he doesn't acknowledge his dad's imminent departure and dad comments: "Look, he's barely noticed I'm going, he's too interested in his music".

At the end of the session, C helps to put the instruments away."

that the music gives him a healthy opportunity to engage, rather than control, others' behaviours which would not be unexpected for a child who has experienced such sudden and frightening loss of control.

Even the act of putting the instruments away at the end enables him to practice, albeit on a very small scale, a 'good ending', which may be significant for a child processing such profound and sudden endings over which he has had no choice.

Theme 3: Managing Endings - Saying “Goodbye” Well

Most of the interactions that children in critical care experience have, by necessity, a medical focus. Musicians in Healthcare provide an important antidote; they not only use their visits to practice ‘good beginnings’ but also to end relationships properly by saying “goodbye” well in a positive, personalised way that is not typical in a medical setting.

The issue of leaving is not discussed between the musicians within the interaction. There are often natural places to end such as the arrival of a visitor, a medical intervention, or that the child has simply had enough but endings can sometimes also present challenges. A fairly regular pattern observed across many interactions was that once interested, children become very absorbed in the interaction. This level of immersion can make saying goodbye (knowing when and how to leave) difficult. Creating leaving rituals can help in these situations where the use of a certain song helps to signify that the interaction is coming to a close and allows the child to take part in that ending by, for example, helping put all the instruments in the bag as part of an action song.

Creating Communication and making Memories at the End of Life

William had spent almost all of his life on a ventilator and lived with an acquired brain injury which left him with very little movement and communication.

Music became a regular, participatory activity for William through the Wishing Well programme in the two years before he passed away. One particular musician worked with him 1:1 in a number of different health settings and found ways to co-create music with him.

Jo White, Wishing Well programme manager, reports that “The majority of activities that William accessed were sensory based. The musicians have observed a spectrum of engagement with him ranging from eye contact, smiling, and a relaxed state, to William playing music on two iPads at a time, one with each hand. He was observed using one hand to support the other to give him more strength for

“It was within the vehicle of music that I felt closest to William. The support we received from The Royal Alexandra Children’s Hospital, including the music that was provided for him, was instrumental in helping us cope as a family.”

- Williams Family



music making. This action, which was strenuous and took much motivation, had apparently not been observed at any other time in his life. His playing was not only intentional, it was creative, displaying a level of musicianship that previously had not been thought possible. He took turns in call-and-response playing, copied phrasing, showed clear indication of musical preferences on the iPad, and even created musical endings. William's mum told the Wishing Well team "You

have given him a language". His family hold the music interactions in incredibly high regard. **After he passed away, the musicians were asked to take part in his funeral and played a short excerpt of his music, recorded during a music interaction as part of the service. It brought a strong sense of William's personality to the celebration of his life and demonstrated his ability to connect and communicate through non-verbal means."**

An interaction with William was observed at the Alex a few months before he passed away when his health was deteriorating:

William spends much of the session drifting between consciousness and unconsciousness.

Even so, he watches the musicians play for him, and their affection and intent to use music to connect and communicate with him is evident, especially through their eyes. Playing at eye level, the musicians maintain a warm gaze on him while they play.

A carer is with him and participates in the music so that there is a presence of music around his bed. As the session progresses, he appears to become more aware of the musicians' presence, opening his eyes more frequently and for longer periods of time. At one point, there is noticeable, albeit brief, eye contact between the musicians and William.

Towards the end of the session, as the music stops, he opens his eyes, and his carer remarks (on his 'behalf') "Why have you stopped, what's happened to the music?"

It is inevitably very difficult under these circumstances to understand William's experience and what influences this, and this case study presents a broader question around how the impact of any non-medical intervention can be evidenced in circumstances where there is such compromise to brain function. What we can conclude though is that, even with this level of compromise, William is not only responsive,

but capable of growth and development, and of expressing a previously untapped level of self-awareness and intent.

Most importantly, music provided William with a means through which another person could not only 'reach' him, but enter into a reciprocal communication with him; essentially, a two-way relationship.



Learning from the Themes and Case Studies

There is much to understand about the impact of Wishing Well's practice and similar interventions which support the wellbeing of children in hospital, or children in otherwise challenging circumstances.

In cultivating a strengths-based approach which attends to the whole-person, Music in Healthcare inevitably differs somewhat from the medical model which, by its very nature, is concerned with 'fixing' what's wrong. However, it is important to recognise that, whether holistic or clinical, both approaches fundamentally work towards the same aim; to make the patient better either by improving their quality of life in the present, improving their prognosis or outcomes for the future, or both.

The very nature of Critical Care means that many children are affected by complex needs, neural compromise, multiple disabilities or the impacts of pre-term birth, and the doctors treating them frequently refer to the 'uncertainty' which is synonymous with such lifelong conditions. From an evaluation perspective, we must also recognise that many of these conditions which present an 'uncertain future' also make it impossible for these children to respond reliably in the present.

Some are simply far too young to make any sense of their experience, much less express a coherent response to any intervention. The complex needs, disabilities, neural compromise, etc. affecting many children all seriously impinge on our ability to conclusively interpret and evidence impact, and matters can be complicated further still by the potential impact of stress or trauma, which all hospitalised children may be subject to due to separation, sudden injury or the indeterminate nature of some illnesses, etc. So first and foremost, we, musicians, clinicians, stakeholders, and funders, must acknowledge and accept the inconclusive nature of the work. So what do we do, when we know we don't know?

Music in Healthcare is a deeply impactful practice and the limitations to what can be 'proven' do not make it somehow 'incomplete'. Medical practitioners treat these children in spite of much uncertainty, not just about their future prognosis, but the inevitable unknowns around their present as well; how do these children perceive, interpret, and experience their worlds? Clinicians can and do accept this uncertainty; they simply use what they do understand, their training, knowledge, experience, expertise, and available research, to provide the kind of care which they think is most likely to help.

Without undermining the importance of evidence and outcomes, what would it mean if Music in Healthcare were able to take this approach? What if, especially where outcomes can't be reliably evidenced in academic or clinical terms, musicians accepted uncertainty, and simply used their skills, experience, knowledge, and understanding (such as the research referenced in this report) to nurture the most likely helpful outcomes for children, especially those with 'unspoken voices'?



Deepening our understanding through research, methodologies and frameworks

An issue, which is true for arts programmes in general, is that the outcomes they are tasked with delivering are often unhelpfully referred to as 'soft' even though we instinctively know that the impact of such programmes are actually deeply profound for many of their service-users.

This part of the evaluation aims to shift the 'soft outcomes' mindset by framing Music in Healthcare within established social and psychological frameworks. Those referenced throughout the report are just a few examples of internationally recognised theories, many of which are supported by decades of research.

They provide a 'lens' and language with which the sector can more powerfully share the value and advocate for the importance of the work. Contextualising the practice in this way has the potential to transform perceptions; instead of 'something nice for the kids to do', Music in Healthcare positions its capacity to create deep, meaningful, and therapeutic experiences and thus to play a vital role in promoting health in the mind and the body.

The Components of 'The Three Stage Relationship'

The '3 Stage Relationship' is a new model, created by Well Within reach through the process of observing and evaluating the practice of the Wishing Well Musicians. It is a way of understanding the process of beginning, strengthening, and ending interactions which hold a space for impactful music making in healthcare settings where children and families are often highly vulnerable and where, in contrast to many facilitators who work in organised group settings, the Musicians are often an unexpected presence on the hospital ward.

Relationships are universal, and so too is the importance of nurturing and managing them well in any setting, and yet hospitalisation inevitably causes enormous disruption to safe, familiar relationships. Each child in Critical Care 'meets' an average of 100 different medical professionals each week and the pace, busyness, and constant comings and goings of staff whose job is predominantly to treat the illness or condition, rather than 'the person', are not conducive to personalised relationship-building.

It is important to recognise the distinction between this, and the strengths-based, person-centred nature of the Wishing Well programme; musicians can, and do, offer a very different quality of relationship than is often possible for clinical staff, particularly supporting beginnings and endings not readily nurtured in hospitals. For both children and the parents whose relationships with their child are disrupted by their hospitalisation, the music provides an antidote to the disruption, which can quite possibly have a profound effect.

All aspects of the relationships that musicians develop are inevitably important, but musicians' effectiveness can be understood more clearly by identifying the way they foster such relationships in three different stages:

- 'Good Beginnings' - the approach, communicating intent and commitment, giving space and time, recognising and supporting children who are finding participation difficult and letting them know what to expect.
- 'Strengthening the Relationship' - deepening and expanding connection, interaction, engagement, and participation, adapting to individual needs, giving 'choice and voice', expressing interest and giving positive feedback, nurturing self-expressions and strengths.
- 'Good Endings' (which may be temporary or permanent) - knowing how and when to leave, managing unexpected endings well, using safe 'leaving exchanges', and managing the boundaries between everyone involved well.



Although the nature and circumstances of many children in hospital can make one 'stage' more significant than another, it is important to recognise that a hugely diverse range of competencies and skills are required to manage each one.

It may be natural to assume that the stage where the main body of activity and interaction takes place, 'Strengthening the Relationship', offers the greatest opportunity for impact, but the actual 'Hello' and 'Goodbye' of each interaction are vital and, in most cases, even more important than the 'doing'. Entering a space uninvited under such

unknown circumstances requires huge sensitivity and doing this well sets the tone for the rest of the session.

Leaving has to be managed with equal sensitivity, communicating that the child has been appreciated and wanted, and is still so, in spite of the departure. This not only helps to create positive memories for the child, but sets them up for more optimistic expectations that they otherwise may not have, and leaving them with the experience that they are capable, competent, and valued.

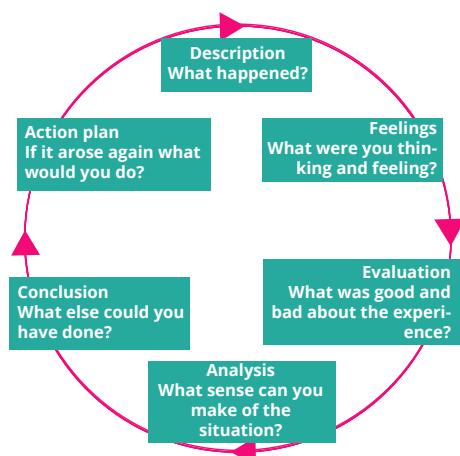
Induction Process

Since many parents and children will be entering the wards under conditions of trauma and high emotion, the question of how to introduce an intervention such as the musicians is a delicate one.

This is one reason why it is so important that musicians continue to practice with as much sensitivity and gentleness as possible, especially when they first arrive on the ward. For example, it may be useful that the musicians start each session taking a very gentle 'tour' of the ward before making any specific visits, to enable the music to 'wash around' the environment and allow children and parents to experience the music peripherally before being invited to interact with it.

Giving Tools to Connect and Soothe

The parents in the situation in which they find themselves will desperately want tools to help them alleviate their child's pain and suffering. They will be far more consciously concerned with that than their own suffering. Observing the practitioners using the instruments and how they play and connect through the sounds and musical themes/rhythms etc. will give the parents a tool they probably didn't have before. Any time spent teaching the parents a little song or soothing rhythm, over and above the role modelling the practitioners are doing, would be helpful for those parents who wish to have it.



Musician wellbeing

A way to deal with working in healthcare environments for the practitioners is to recognise the reality of the complex exchanges of emotions and talk about them in their supervision or personal counselling, which is why it is so important that Wishing Well already make supervision with a qualified Therapist available, and why the musicians should take up that opportunity.

A strange thing happens in supervision where the creation of a space for the emotions to be brought out and discussed seems to help to diffuse them in the parents and children. I have never quite understood how that works - perhaps some very subtle energy transformation we don't yet consciously understand - but it certainly occurs.

I recommend two things that the practitioners could usefully develop in their professional lives:

- The model of the Reflective Practitioner (see Gibbs model below), which is extremely useful to use regularly in supervision. It picks up on personal transference issues as well as practical solutions which can be discussed and dissected.
- Personal counselling where the transference issues can be processed and the development of the still, clear mind can be pursued.

As a professional, this stillness and clarity within the mind and emotions of a practitioner bring a very special quality of presence to the work. It enhances one's natural compassion, develops the capacity for unconditional positive regard, builds respect for all life, and allows the real self to be present, without intrusion on the other. Practices such as mindfulness and regular meditation can bring about similar openness.

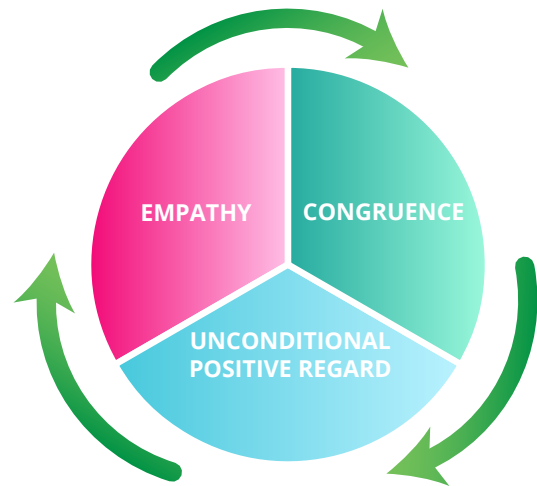
Therapeutic Perspective © Elizabeth Morris
MAHPP, Integrative Psychotherapist 2017

Carl Rogers and Core Conditions

The 'Humanistic' philosophy of psychology follows the belief that people generally have many of the answers to their own difficulties within them. Psychologist Carl Rogers, who has been enormously influential in Humanistic and Person-Centred approaches in modern psychology, identifies three 'Core Conditions' which have to be present within a relationship to enable personal growth (i.e. the development of wellbeing) to take place. These are Empathy, Unconditional Positive Regard, and Congruence (i.e. an authentic and genuine relationship).

It is evident that Wishing Well's practice, in that it creates an environment in which the Core Conditions are present, helps participation to flourish by helping children to find their own inner resources.

Musicians provide challenge where it's wanted, gentleness where it's not, but, ultimately, they meet the participants 'where they are' with an offering of time and space for growth. The nature of this growth can be more deeply understood through concepts such as Social Pedagogy and Developmental Relationship as outlined below.



[Read More about the Core Conditions](#)

Social Pedagogy and 'The Common Third'

Social Pedagogy is a philosophy which draws on core theories from various disciplines, such as Education, Sociology, and Psychology. In essence, it is concerned with well being, learning, and growth. Wishing Well's practice fosters Social Pedagogy's underpinning idea that 'every person has inherent potential, is valuable, resourceful and can make a meaningful contribution to their wider community if ways of including them are found'.

The very nature of hospitalisation excludes Wishing Well's participants from connecting with a wider social network but, by bringing into the environment an opportunity to contribute and connect, Wishing Well creates a sense of community in which these children and families

can be valuable and valued and can 'belong'.

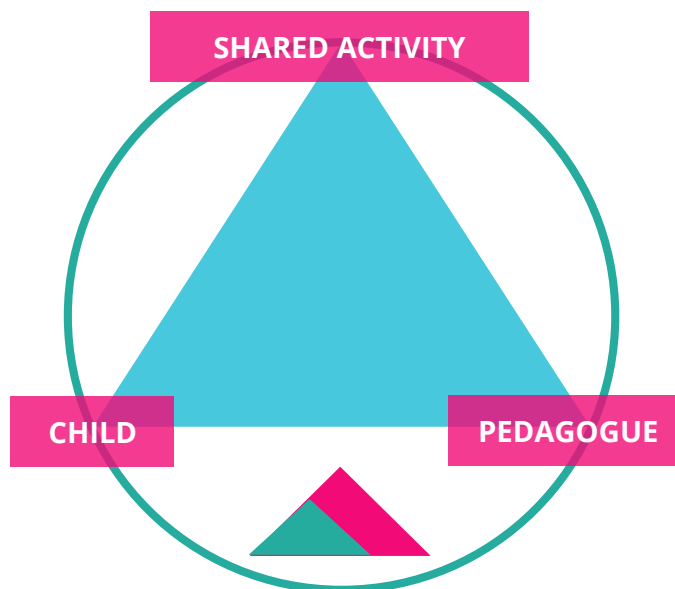
The hospital environment does not typically have the resources to nurture healthy interpersonal relationships between staff and patients, but the music essentially acts as a tool to offer, nurture, and strengthen those intentional, supportive relationships which enable positive change to take place.

Also central to social pedagogical practice is the concept of the 'Common Third'. Essentially the Common Third is about using an activity to intentionally enhance and strengthen a relationship between a professional and child. The commonly shared activity, in this case music making, brings together two people who are

connected by doing something that they both enjoy, in a way that they can both be equal, and this becomes a symbol of the relationship between them.

Essential to the Common Third is also the need to be authentic, finding an activity in which the adult and child are both genuinely interested.

The philosophy of Social Pedagogy, and the Common Third in particular, gives us a framework to understand the importance of music-making as an authentic shared activity, and why therefore it requires much deeper understanding and fine-tuning of practitioner competence than simply providing live music as entertainment for children in hospital.



[Read More about the Social Pedagogy and 'The Common Third'](#)

'Affective Neuroscience' and the Innate Emotional Systems - Jaak Panksepp

In recent decades, neuroscientist Jaak Panksepp has carried out a great deal of research to understand the emotional experiences of animals; the relevance of this to human experience is the discovery of emotional 'systems' that we share with our primitive ancestors. This branch of research, known as 'Affective Neuroscience', concludes that all mammals are likely to have at least seven 'emotional systems' hardwired into their 'primitive' brain circuitry, and these systems have been retained in the human brain, with our unique 'thinking' brains evolving 'on-top'.

Being housed in our primitive brain, these systems have evolved to support our survival and overall development; they are thus active for our entire lives, enabling us to respond to different stimulation without any conscious thought. These seven systems are recognised as Fear, Anxiety, Frustration/Anger, Curiosity, Nurturing, Play, and Sexuality.

We can anticipate that the experience of hospitalisation would likely stimulate children's systems for Fear, Anxiety, and quite possibly Frustration/Anger.

We can also anticipate that the sensory nature of Wishing Well's work stimulates the Curiosity and Play systems in particular, and that the Nurture system will also be activated through the invitation to form a connection/relationship whether the interaction lasts for two or twenty minutes.

Of most interest to Music in Healthcare practitioners is the interconnections discovered between the systems; specifically, that the Play, Curiosity, and Nurture systems directly correlate with Fear, Frustration/Anger, and Anxiety respectively.

Only so much 'excitation' can exist in the systems, meaning that only one system within the 'pair' can be active at any one time.

What this means neurologically is that when the systems, for Play and Curiosity, for example, are stimulated, the systems for Fear and Frustration/ Anger cannot be.

Ultimately, Wishing Well's practice can help to modify and reduce emotions like fear and anxiety, simply by providing opportunities for play, arousing curiosity, and offering unconditional acceptance.

With these 'positive' systems activated, we can also anticipate that a calming response of the whole nervous system is generated, which will then help to flood the body with more pleasurable biochemicals.



Read More: Jaak Panksepp - The Archaeology of the Mind_ [Check out Jaak Panksepp's presentation at TEDx Rainier here.](#)

The Autonomic Nervous System and 'Neurocardiology'

The Autonomic Nervous System (ANS) is an unconscious function which generally takes care of the body's internal organs. Unlike the Central Nervous System, which consciously controls ourselves, the ANS helps to keep the body alive autonomically, keeping the heart beating and the digestive system working, for example.

The Vagus nerve is the main branch of the ANS through which information between the internal organs is transmitted, and its study is increasingly enabling researchers to understand the interconnectedness between our internal organs; primarily how the gut, heart, and brain send and receive electro-magnetic signals between them.

But what has this got to do with Music in Healthcare?

The ANS is made up of two branches: the Sympathetic Nervous System (SNS), which is activated by high levels of stimulation and our 'fight-flight' response and the more relaxed Parasympathetic Nervous System (PNS), which is our 'rest and digest' mode.

Research has found that emotional states such as stress, frustration, and anger activate the SNS, and that intentional feelings of appreciation, love, and compassion activate the PNS. As with functions of Panksepp's Emotional Systems, only one can be active at any one time.

Optimal functioning of the ANS is to create equilibrium in the body by balancing the activity in both systems.

Introducing 'Neurocardiology' within the Context of the ANS

Through the ever-increasing understanding of the ANS, the field of Neurocardiology, which describes the relationship between the heart and the brain, is emerging .

'Coherence' is the term commonly used to describe a healthy relationship between the heart and the brain, and modern imaging techniques are allowing researchers to understand how our

internal organs, our heart in particular, respond to our emotional experience.

Techniques like EEG and ECG have proven that the intentional practice of emotions such as appreciation and love help to shift the body into a coherent state; ultimately, we are beginning to understand, at a scientific level, the very clear relationship between physical and emotional health.

The reality is that, even under 'normal' circumstances, most people in western culture are in general 'incoherent'; activating the sympathetic nervous system through daily worries, anxieties, and pressure, and exacerbating the body's stress response.

What we also know about the brain and heart is that both organs, the heart in particular, emit a very powerful electro magnetic field. Through a phenomenon called 'entrainment', in which our brainwaves start to mirror the brainwaves of the people around us, and 'synchronicity', through which our heart rhythms pattern on the heartbeats of people around us, **our electro-magnetic fields have an impact on everyone who we share our space with, and vice versa; in effect, we are 'contagious' whether we wish to be or not. Inevitably, this has huge implications for people whose practice takes them into emotionally charged environments.**

What This Means for Musicians in Healthcare

When musicians practice love, gratitude, appreciation, and compassion it helps to activate the parasympathetic nervous system and bring about an internal state of coherence.

Through entrainment, and synchronicity in particular, this coherent energy field will resonate into the environment, thereby creating a positive impact on participants.

Used sensitively and intentionally, this gives musicians an enormous power to support the emotional and physical wellbeing of their participants, especially those with high levels

of sympathetic nervous system arousal due to stress, anxiety, and frustration. **Simply being in the presence of coherence makes it possible for a body to unconsciously switch from a sympathetic to a parasympathetic nervous system state. This modifies heart rate and blood pressure and thereby generates healthier, calming biochemicals in the body, which are more conducive to healing than the acidic hormones such as adrenalin and cortisol, the primary biochemicals of stressful emotional states.**

Another important aspect about the autonomic nervous system is the powerful implication that this practice has even on greatly compromised brains and bodies. As long as the heart is beating, we can work with the autonomic system. Simply by tapping into and nurturing healthy emotional states in themselves, musicians can expect to strengthen their connection with their participants - irrespective of what physical or neurological barriers may be present.

It can be extremely challenging to create a 'relationship' with a child who may not be able to indicate even the slightest response, but by simply having a heart-beat, these children have the capacity to receive and respond to the electro-magnetic energy field of those around them, meaning that it is always possible to have a positive impact, even though no meaningful change can be observed.

This is not to undermine the importance of evaluating the impacts of Music in Healthcare practice, but it is equally important to recognise the capacity of the human body to create connection without giving us a 'response'. Musicians can harness this extraordinary power to promote growth and emotional stability, even with children who are profoundly disabled, unconscious, at the end of life or where there is otherwise no capacity to support recovery.

The Importance of Self-Care within the Context of the ANS

The most important implication of the above

is that musicians MUST take care of their own emotional health, being particularly attentive before entering 'fragile or unknown space'. In being programmed to organically develop and mature, children's ability to detect tension and stress levels will be unhelpful in promoting their wellness and recovery and can interfere with and exaggerate the effect of the trauma. Musicians must be psychologically equipped for this kind of work to mitigate the risk of 'Transference and Counter-Transference'; phenomena which describes how we both absorb others' and transfer our own psychological difficulties within the therapeutic environment.

This is why musicians need to commit to developing and maintaining their own wellbeing as part of the personal practice before working in this context. It is vital that the practitioner enters the space and relationship in the best state of body and mind they can achieve, but 'groundedness', presence, and awareness all take practice.

However, equipped with these competencies, practitioners will possess 'heart-centred energy', and it is likely that its calming power will be further enhanced by the bold-regular patterns of the rhythms and tones of the music itself.

Read More:

[About the HeartMath Institute](#)

[About Neurocardiology](#)

[About Autonomic Nervous System](#)

'Soft Eyes' and Trauma

As yet, there is little data available around 'soft eyes', but psychotherapeutic research is exploring the role of the eyes and eye-contact in working with traumatised individuals, and finding that having a pair, or pairs, of consistent warm, 'soft' eyes to connect with is a critical factor in recovery from trauma.

In that soft, connecting gaze, the traumatised individual can read reassurance, steadiness (lack of fear), kindness, and compassion, and feel soothed. They can use the gaze to centre themselves when they feel overwhelmed. Although invariably this soothing happens during actual face-to-face contact, the traumatised individual can simply revisit their memory of

the 'soft eyes' to the same or similar effect. Essentially this means that, even if contact with the traumatised person has only been fleeting, musicians can have a long-term healing impact on the person's recovery from trauma, simply by creating such an experience in their memory.

If Wishing Well's practitioners are to keep this in mind, taking some meditative moments to access their compassion and focus it through their eyes before they begin their session, it would help to make this a subtle, but powerful part of the whole experience for parents and patients.

Read More:

[Margot Sunderland - The Science of Parenting](#)

[Bessel Van Der Kolk - The Body Keeps the Score](#)

[Peter A. Levine - In an Unspoken Voice](#)

Self-Esteem

Many interventions have been designed for the development of self-esteem in human beings, yet there is little consensus on what it actually is. Elizabeth Morris' three-part model of self-esteem is an extremely practical one in that it describes, rather than attempts to define, three core aspects of the concept of self-esteem:

Sense of the self refers to an individual's sense of themselves as physical, mental, emotional being with preferences, dislikes, and temperament that makes them unique in the world.

Sense of belonging is the sense a person has of being a significant part of the social groups they exist within (family, school, work, etc.). To them, it means whether they believe they will be welcomed when they arrive and missed when they are gone.

Sense of personal power refers to a person's experience of being powerful enough to influence other people and the world. In part, it is about being listened to and respected enough to have their input considered. It is also about believing they can have

an impact on their world; that they can make the environment adapt to them, at least sometimes.

Using this model of self-esteem, one can surmise that the interactions with the musicians, even if they are outside the room, support a stronger sense of self and a sense of personal power. In the situation where the patient has very little control, anything that allows them to choose, express preferences, and dictate what changes to the environment they would like in relation to the session will give them the relief of 'being themselves' and influencing their own small sphere. At a time when they are not in charge of their environment at all and have lost control, these small gains are very significant for retaining self-esteem.

The intervention is also likely to influence a sense of belonging, even if it is only a temporary social unit. Participants can experience being welcomed, and being missed, as the musicians interact with them. This can act as a bridge to their own 'tribes', at a time when these tribes cannot be with them to provide a sense of continuity and security.



ABOUT THE AUTHORS



JO STOCKDALE

Jo Stockdale has a background in creativity and, while working on a creative learning programme a decade ago, became involved in research around why creative programmes are so often effective in nurturing the emotional competence in children, particularly those in challenging circumstances.

She has been on an enormous learning journey since then, establishing CLADAC, now called Well Within Reach, with Dr Elizabeth Morris in 2010, and now works with a wide range of agencies nationally, as a trainer and consultant. She helps organisations to understand 'person-centred' development; explaining how to work and develop the brain by nurturing wellbeing, self-esteem, resilience, learning, positive relationships, and social and emotional growth.

Most recently, Jo has developed a focus on teaching young people about wellbeing and has created a range of resources for educators to creatively and practically explore these subjects with their learners.



DR ELIZABETH MORRIS

Dr Elizabeth Morris MAHPP has worked in education and health for the last 30 years. Specialising in mental health and wellbeing, she has been one of the UK's leading consultants in the development of emotional intelligence in young people and has 'translated' the behaviour of challenging children for educators and national and international policy groups.

A qualified psychologist and psychotherapist with a background in science, she advanced the theory of childhood brain development internationally; has run many self-esteem building, behaviour change, and conflict management programmes for children with a wide variety of needs; and is the author of 36 publications (published as E A Morris).

Elizabeth currently lives in South Africa where she is currently pioneering the 'Mind in the Heart' programme on Neurocardiology to facilitate a deeply profound understanding of how to co-create the creative bond with children.

THANK YOU

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Rhythmix is a member of the National Alliance of Musicians in Healthcare - find out more about the Alliance [here](#)

