

Didier Cohen-Salmon

INVITING A MUSICIAN TO YOUR WARD?

The story began for me when I met Philippe Bouteloup in 1990. At that time I had the idea to ask him to come and play in the pediatric service where I worked as an anaesthetist. At this time, he intervened in other sectors of the early childhood such as day nurseries or schools. My intention was then to accompany the children to surgery in order to help them go through this difficult moment more easily. Since then we can measure the progress made. Today in training sessions I sometimes question healthcare professionals about their intentions. What are you looking for when inviting musicians in your ward? What are your purposes?

It is naturally a question of calming the child, of distracting him/her, of taking care of him/her, of his/her well-being. But also to stimulate him/her, to channel his/her feelings, to free or release his/her motivity. With the regularity of musical interventions, we help him/her structure time, maintain links with normal life. We can question ourselves about the limits of music: what about music during a painful treatment, at the end of life, in a sterile room, in the operation room?... When we address the child, we speak to his/her part "which is not sick", the part which wants to live and to grow up in spite of the illness. To address the sick part in the child is the project of music therapy, which is not our subject here.

But "ears do not have eyelids" and the music does not choose its addresses. More widely, our aim is to address also the parents and relatives of the child. And finally we hope to touch members of the healthcare staff to support them, to help them into more human practices. There is also the hospital institution, which has a word to say. And finally in each of us there is the inner child always present.

What is the place of the musician in the triangle constituted by the child, the parents and the health professional? For me, it is

specific, mobile. The musician gets into this triangle very carefully. He/she does not occupy one of the summits; it means that he/she does not take someone's place. His/her place is not fixed, but is composed of multi-form and changeable links. The musician has to be capable of joining each of these three "poles", while keeping in mind the child as main reference point.



© Musique & Santé

Rather than identification it is a matter of affiliations. If, for example, the musician appears too clearly as an auxiliary of the nursing staff he/she will lose his/her specificity and the child will not be interested any more. There is an opposite danger: to be identified too strongly with the child in an empathic movement, which could be experienced by parents and healthcare staff as a "capitulation" of the child, a situation of competition between the nurse-technician, always in the "bad" role (and who can be exhausted, burnt out), and on the other side, the participants who do the "good" things, and then go away. This attitude promotes envy and frustration: "And, for us? There is no music for us", says the medical staff, identified to the child within...

We are never in the performance. We do not have to do much, at the risk of taking the child from his/her parents, from the nursing staff, even from him/herself (the ravishment by the virtuosity, by the intensity). Experience shows that it hurts both the parents and the nursing staff: we are counterproductive even if we have the impression to have been "good. And

finally, for the musician, there is the risk of staying “at the surface”, to remain outside of the triangle by remaining stuck to himself/herself or to his/her music, not being part of the whole. Then he/she would not deserve the name of participant because in fact he/she would not participate.

A sufficient opening is needed so that the musician is impressed, is penetrated to a certain extent by what surrounds him/she, without being afraid of it, without feeling the need to protect him/herself from it, and without being invaded either. Then he/she can use what he/she has internally experienced, and be inspired by the child for a co-creation with him/she.

So this small baby, in the arms of her mother, which looks intensely at the musician who sings to her: “Sorrow, sorrow, we say that she is sick sorrow, sorrow, we say that she will cure”. The attention of the child is obvious. It’s as if she had created in the musician the idea of a request: “speak to me about me”.

In the video, “Hôpital Silence Musique”, we see how the musician plays instinctively, continuously and discontinuously, always in echo with the situation of the child: a song without any variation when the child goes to the operation room, and on the contrary, a game on surprises and breaks when he/she is back in the quietness of his/her room.

Every time, the music brings what misses, it regulates. It does not suppress the separations (which would be the impossible ambition of a recorded music always present, without beginning nor end, and without rhythm, “elevator’s music”) but help to go through them more easily.

Winnicott defined this area as “the transitional area”. The Indian musician Hariprasad Chaurasia spoke about it, in his own words, at the end of a concert, when it was time to separate:

“You know, I could play till morning but it is not possible, and do you know why? Because I perceive between you and me an entity, let me call it a goddess because I am a religious man (but you can call it otherwise), and as I

play, I can see it becoming more and more beautiful.”

And a Rumanian popular song (doïna) says it otherwise:

“Doïna, where do you come from, song?
from infant's mouth
Mother left it sleeping
Found it doïna singing ... “

The baby fell asleep when its mother was there, when it wakes up, it does not find her. But it has in itself a mental image with which it can play for a while to bear the absence. And this image, translated in a musical language, is the doïna.

So, it is possible to answer by a musical proposition, on the condition of having the technicality, the repertoire and the mental availability, being able as a quiet water to be ready to welcome all the vibrations. Should we want it or not, the music played in hospitals with children and families is going to tell us about the hospital and the children. It is useless that the music is imitative or with a program, or that words speak about the hospital. The musician expresses the situation even if he/she does not “sing” explicitly the hospital, which by the way puts in perspective the question of the repertoire.

It involves a specific capacity for the musician playing with young children: the capacity to work on a non-verbal level. The composer Leos Janacek explained how he listened to the noise of the rain, the streetcars or the conversations as if it were music, and noted it down, in the same way as a baby which has not yet differentiated music, language and noise. But also, in a way, as a baby seems to do it, Janacek said that he understood the emotional states of people which spoke to him just by listening to the music of their words!

“The one who speaks, sings well; the one who sings, sings badly”, was said in the Baroque period. The interaction with the musician reproduces the characteristics of the first interactions between mother and baby. On the contrary, the metaphors of the singing, of the dancing (the “singing-dancing” of Suzanne Langer) are often used to describe these interactions. It was shown that the interactions

between musicians who improvise together, for example in jazz, involve the same kind of exchange. Daniel Stern's affective attunement has a lot to do with what the musicians involve when they play together. In this attunement, the rhythm is fundamental. That is why the improvised musical styles, but not only them, address the child who is in us, whatever our age is.

But there is a counterpart in this receptiveness, which also contains a danger of fusion. They are the necessary limits of the musical intervention: an intervention has a beginning and an end, the musician refrains himself from all action which is not musical, there is no confusion of roles with the healthcare staff. It defines in a way the "maternal" and "paternal" sides of his position. But there can be forms of partnership with the healthcare professionals, work in common and mutual training, where each one brings and confronts "what they know" about the child. Each one has their own grid of observation and interpretation, we do not see the same things, we can thus exchange. The gap between the artist and the healthcare team leads to disasters, well staged by Robert Altman in his movie "Short Cuts": the hospital clown arrives innocently to play his part and tells his jokes while a child is dying!

The framework determines what we observe: by his/her intervention the musician creates a new framework that reveals other abilities. So musicians obtain an observable communication with children diagnosed "vegetative state without communication". It is because the environment has become more significant, more stimulating for the child. It seemed supernatural... until today where scientists have described "minimal states of consciousness", in which the sounds with emotional meaning, for example family stories, activate grimaces, tears, eyes attention in such patients.

In these situations, the musician could only be hindered by a too big dependence to the medical knowledge. What he/she needs rather is his/her symbolic freedom. He/she needs the simple conviction that he/she is at his/her place in the hospital, as well as somewhere

else, that he/she has to play where his/her inner need requires it without having to prove something. Of all time and everywhere people have created forms of musical expression to try to look at themselves, to understand their humanity.

But the musician's creativity has also to be taken into account by the society. The interpreter who commits to it abolishes the old separation between stage and audience. He/she ventures to go out of his/her frameworks and puts him/herself in position of closeness, deliberated contact with the suffering. This will necessarily bring something new in the forms of the musical expression.

That is why it is necessary to pay close attention to the most basic conditions of the musical production in hospitals: disposition in space and in time, displacements, invested places, privileged moments or, on the contrary, moments without music, logistical modes, statutory or economic aspects, training of the musicians.

Dr Didier COHEN-SALMON has led a career as anaesthetist in pediatric hospitals. He is president of the non-profit organizations Musique & Santé and Sparadrap; his aim is to improve the global care of children in hospital, through music and information provided to children and their parents. He is author and co-author of numerous books (Global care of babies, Music around the cradle...)

English translation by Liliane Cohen-Salmon (many thanks to her!)