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Musical Ripples and Reflections: The Story of Charlie, His Music and His New Foster Family

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Abstract

Music therapy is a valuable tool for working with vulnerable children who have experienced trauma and neglect, working intimately to draw out their playfulness and resilience, and create an experience of a safe and trusting relationship. In South Africa, with its overburdened social welfare systems and under-resourced communities who remain affected by poverty and unemployment, there is limited access to medical and psychological services. The South African foster care system aims to provide safety and security for vulnerable and at-risk children and youth, but it is often overwhelmed with the extent of the needs. This anecdotal story features professional and personal reflections and vignettes on the music therapy journey with a very withdrawn and isolated young boy at a place of safety in Cape Town. I, as music therapist, and his favourite red drum, accompanied Charlie through four months of weekly individual sessions, unlocking his Music Child (Nordoff & Robbins, 1977). Sessions shifted from isolated to interactive; from silent to communicative; from tentative to confident. Our music therapy journey continued, moving beyond the safe music therapy room to the unknown space of a new foster family through a home visit - an unusual occurrence in the context of community work in South Africa due to the limited psychological services available and the vast number of children in the social services systems. Collaborating with the social workers and the foster mother, I was able to visit Charlie at his new foster family's house. The known and safe music therapy space expanded to include his foster mother and new foster siblings with whom he could share his newfound independence and confidence. The article describes music therapy's role in 'introducing' Charlie to his new foster family and how it created musical connections, shared enjoyment and a sense of togetherness between them. I, as his music therapist, followed where he, the music and the context led, as reflected in the notion of community music therapy described by Ansdell (2002). Although the focus is on the story of Charlie's music therapy journey, it highlights the benefit of the music therapy's role in all aspects of foster care and the need for collaboration with social welfare systems in under-resourced communities in South Africa.

Keywords: *Community Music Therapy, marginalised communities, Place of Safety, vulnerable children*

Introduction

After several years of working in various marginalised communities in Cape Town, South Africa, I am constantly reminded of the power and potential of engaging with children in music therapy; especially those who have experienced trauma. It was whilst working for the organisation MusicWorks¹, as a newly qualified music therapist, that I first witnessed music therapy's ability to support a child expressing his sadness about losing a parent, offer children a distraction from a terminal illness for a brief moment and play vibrantly together in a band, and help a child realise he's not alone in feeling alone as his music therapy group writes a song about loneliness.

I became increasingly aware of how music therapy is shaped by and shapes the communities in which I worked: the youth marimba group from the township² planning and performing a concert for their friends and families outside the run-down block of flats in which they live creates a sense of mastery, belonging and pride in their achievements; empowering them to think about the positive impact they can have in their community which, in Cape Town, has become synonymous with high levels of violence, poverty and unemployment. The nurses at a local children's hospital, dancing and jiving to the lively music made by a small child and me are energised and carry our music to the next ward by singing to the babies lying in their cots. The music "radiates" as Pavlicevic and Ansdell (2004) described and flows between the individual and the community. The impact of music therapy ripples out (Wood, 2004) for an isolated person to community, creating community, and bringing the community to the isolated person. There always seems to be a transition between music therapy and the community – a give and take, each informing the other, ever-shifting between the person and the community.

A story that reflects this, and was particularly meaningful to me, came about in 2011 while I was working at a Place of Safety in Langa, a township on the Cape Flats³. After a history of segregation and dislodging non-white people from their land, and subsequently banning them from land ownership, the Apartheid Government's Group Areas Act was passed in 1950 in order to segregate racial groups in South Africa. Townships such as Langa, an isiXhosa community, were established. As a result of this economic, social, and political disenfranchisement, Langa, and many other townships, experiences high levels of crime, unemployment, HIV/AIDS, and has little access to basic amenities such as proper housing. Non-profit and non-governmental organisations, such as the Place of Safety (POS), play a big role in attempting to meet the social, economic and basic needs of the townships. The POS admits children under the age of six years from Langa, as well as other surrounding townships, who have been removed from their families for various reasons including reports of neglect, abandonment and/or abuse. I was introduced to a little 5-year-old boy called Charlie*.

van der Kolk (2003) wrote that it is impossible to refer to trauma in children without addressing the parent-child attachment. The attachment relationship creates an inner map of the world that helps infants and children organize their behaviour (Stern, 1985) and provides a secure base from which they can explore their world (Bowlby, 1988). It is a powerful predictor of a child's social and emotional outcomes (Benoit, 2004). van der Kolk (2003) noted that in the early onset of trauma, where the distress is overwhelming or the parent is the cause of the distress, children might have difficulty regulating their arousal, processing, and integrating the trauma, hindering in their capacity to regulate their internal states. In the case of Charlie, there was not much information available about his history or parental relationships, yet he seemed to perceive his world as a scary and uncertain place.

Charlie's Story

Charlie was brought to the POS by a social worker when after being discharged from a local hospital, his parents were judged to be unable to care for him. His family was homeless and had been living under a bridge on very busy highway. In South Africa, "places of safety" are meant to be temporary placements, and social workers work hard

to reunite children with the biological families or match children with foster families. It was determined that in Charlie's best interest a foster family be found, and in the interim Charlie was to stay at the POS.

He was referred for music therapy by the POS child care manager as he presented as withdrawn, very tentative, and developmentally delayed. Consent was obtained by the POS for Charlie to receive music therapy, which he attended weekly for approximately 5 months. Included in this consent, was the possibility of his story being shared in a public forum. Here is his (our) music story.

Starting small: In the centre of the ripple

When I first meet Charlie, I invite him to come and play with me. He follows me to the room where I have put a bright orange bag of instruments on the blanket on the floor. He sees it, but makes no move towards it. I sit down and he sits opposite me. I pick up my guitar, strum a chord and start singing a soft, but playful hello song. Although he's alert and watching me, he sits very still and is silent. When I finish the hello song, I offer him a turn to play on the tambourine which he plays with just the edges of his fingers: tentative and soft. I start unpacking the colourful percussive instruments one at a time with some playful anticipation as he watches closely. The bright red drum catches his attention and I offer it to him. As we play together on the drum, I improvise a song about making music together. While we play together on the drum, I pretended to tickle his fingers. This brings the first (and only) smile to his face.

The very next week when Charlie saw me walk through the door, he smiled, took my hand, and led me to the music therapy room.

Charlie's playfulness seemed overshadowed by a solemn, quiet presence and very little sound. He did not vocalise during the first few sessions and held little eye contact. It was almost as though he was not trying to reach out to others and to the world: perhaps perceiving it as dangerous and uncertain. I wondered at the time whether this was because his early attempts to engage were not heard, responded to, or validated, and he had given up trying. The small movements, taking up a small space in the room, the later emergence of small (soft) sounds - did he feel small... unimportant? It was as though he was trying not to be noticed, as though he was not able to trust his surroundings. Not unusual, if one refers to the writings of attachment theory researchers like Benoit (2004), Bowlby (1988), and van der Kolk (2003) who consider that infants learn to trust or distrust the world around them based on their early relationship experiences. Perhaps Charlie's first experiences were of an isolated and unsafe nature, causing him to withdraw. Also, removed from his family and daily life under the bridge into this new place must have caused much confusion and contributed to unsafe feelings of rejection and distrust. The role of music therapy here was to help Charlie in developing an intimate and trusting relationship with me as a safe base, through inviting him to engage in non-threatening music play.

Radiating outwards: Expanding the ripple

I offered Charlie many opportunities to explore and expand his sense of self and others, as well as provide a safe space for him to experience being in a relationship with another. The predictability of the weekly sessions, the familiarity of the hello and goodbye songs, and even the regular presence of that red drum contributed to the safety of the music therapy space, which I felt was imperative amidst the uncertainty of his recent history. Over the next few weeks, although still very quiet and small at times, Charlie's engagement in musical play became more interactive and mutual. His playfulness began to emerge.

Charlie and I are making music very loudly today. I'm playing guitar and he's playing the red drum. His beating is firm, strong and determined, almost as if he's trying to go even louder than the fortissimo he's already playing! It feels like he's checking whether I will go with him, and I do. I start vocalising and he copies me for a little while. Our playing slows down a little and settles to a medium loudness. I insert a sudden accented double beat and

pause, which he notices and immediately we're off into a turn-taking game complete with vocal sounds. He suddenly stops and I feign surprise. He laughs, having 'caught' me out. We play at this 'stop, start, surprise' game for a little while. A little later, after our goodbye song, Charlie turns to me and says "bye bye".

We played that little red drum very loudly and our music reverberated and radiated down the passage. I think Charlie was trying to ensure that everyone could hear his drumming! Through attuning to his presence and loudness, he understood that I was listening and responding to him, and through doing that, validating him. The containing and attuning musical space allowed Charlie to feel heard; to experience himself and his musical contributions as accepted and validated - perhaps in contrast to the early relational experiences. In this safe space, he started taking initiative and even 'conducted' our music, laughing and watching my responses. It gave him a space to reconnect with his playfulness and draw out the healthy "music child"⁴ that, even though it has been subdued in the midst of his traumatic past, remained intact. We made up funny games and engaged in little musical conversations on the instruments, which extended in soft vocal play from whispers to audible sounds. This also provided a sense of mastery and pleasure, which van der Kolk (2003) deemed to be vital to the treatment of children who've experienced trauma. Towards the end of the therapy process, Charlie started verbalising, saying "bye bye" to me after sessions, which I interpreted as indicative of his growth in confidence, sense of self and the development of our trusting relationship.

This confidence and communication through sounds and sometimes words, transitioned beyond the music therapy sessions. One staff member told me that she had noticed him being more confident when, at a fête held at the POS, Charlie had bravely put up his hand to have a turn on the proffered Djembe brought by a volunteer and proceeded to play it with an air of self-assurance. The staff clapped and cheered his efforts. She continued saying that he had surprised her by doing that and that she was so proud of him. There was a definite and noticeable shift in Charlie's communication and playfulness in and out of the music therapy space.

Moving beyond isolation towards community

Five months after our first music therapy session, the time came for Charlie to be discharged into foster care as a suitable foster parent had been identified. I felt that music therapy could play a valuable role in supporting his move to his new home. Following discussions with the POS child care manager, arrangements were made for me to do a home visit with Charlie at his new foster home to support his transition – the music, the instruments, and I could be recognisable, safe, and known things in this new environment. Also, it was hoped that music could be the catalyst for developing Charlie's relationship with his new foster parent and the other children in her care.

I travelled to Delft⁵ to visit Charlie the following week. I had not been to Delft before and driving through the community, viewing it through my middle class background, I was struck by the level of poverty that was evident even though it's been 25 years since the end of Apartheid. My privileged background means that I have not had to live without food or basic amenities, unlike many families in communities such as Delft. There was no grass on the verges and only dusty sand surrounded the tiny, pastel coloured houses erected by the government post 1994⁶. The skyline was scattered with hundreds of tall electricity poles with many black wires running from them to the small houses. Electricity was only introduced to that community in recent years, and many families who cannot afford to pay for it, dangerously hook up their own lines to bring life to their appliances. Oddly enough, the effect was that of a maypole dance pole with its ribbons flowing out. Makeshift wooden fences arbitrarily demarcate properties. Several streets were nameless and numbers on houses were sporadic and often hidden by heavy laden washing lines and Wendy houses. Delft, and many marginalised communities are home to people called *back yard dwellers*: people and families who erect small wooden extensions, innocuously named Wendy houses, in the back or front

yards of other brick houses. Driving through the narrow, sandy and nameless streets, I found Charlie's new home: a small brick house surrounded by a wooden makeshift fence and with a sandy path to the front door. There was no movement in and around the house. I felt slightly apprehensive about meeting this new foster parent and what she might think or feel about my presence in her house. I was unsure of what to expect. I wondered whether these feelings were reflective of what Charlie may have felt, as he drove for the first time to his new house. Added to this, perhaps his foster mother would have been nervous receiving her new charge and uncertain of what to expect from my visit; this complicated by the cultural, societal and economical gap between us and her perception of me as a white, middle class woman.

Mrs. Brent* came out to greet me. She seemed a little nervous but she warmly welcomed me into her lounge and disappeared into another room to call Charlie. Left alone, I unpacked some instruments, got out my guitar, sat on the edge of the beige couch and waited. When he emerged through the door of the lounge and saw me, he smiled and immediately ran towards the red drum, which had been his favourite instrument during our music therapy sessions. The guitar, the red drum and I seemed to be a welcome and familiar sight.

Charlie and I are sitting on the carpet in the lounge of his new home. His foster mom is seated on the couch near us, nodding along as we sing our familiar hello song. After singing hello to Charlie, his foster mom, and me, I introduce an improvised tambourine game. Suddenly a head pops out from behind the couch. Another one pops up, and another, and another still. It's Charlie's new brothers and sisters! They want to see what's happening. I invite them to come and play with us and all at once we are a band: Mrs. Brent, six children between the ages of two and 12 years, and me. There are lots of oohs and aahs, laughs and smiles as they choose an instrument to play. We sing a song about being in a band and each child gets a turn to play a solo on their chosen instrument. Although some start off a little tentatively, they soon play with confidence and excitement.

Charlie seemed delighted to share me and his music with his new family. He seemed proud to show his drumming skills and to be able to play music. Through sharing the music with the other children and offering them turns to play, each one was able to contribute their voice - bring something special to the music - and be validated for their musical contributions.

We're singing our "Join the Band" song, when one of the younger ones looks a little confused and doesn't shake the maracas he is holding. Charlie notices and leans over to show the younger boy how to play it. He takes the shaker and makes big up and down movements with his hand. In Afrikaans, he explains to him that to make the sound, he should shake it "soos dit" (like that). The little boy watches Charlie's movements intently, and with the eyes of the other children on him, begins to shake the shaker and starts to grin.

What a lovely way to introduce Charlie to this new space. Modelling to his new younger foster brother how to play the instrument, Charlie was flexing his leadership muscles. It was also a meaningful opportunity for Charlie to bring and share something of his experiences and life to the new family. It showed his willingness to share his music with the others and his kindness of his proffered help to the younger boy.

We are playing and singing a turn-taking tambourine song. As I offer the tambourine to each child I adapt my vocal sounds to match his or her playing on the tambourine. I offer Charlie the chance to take the tambourine and be the leader of the game. I know that he's done it before in our music therapy sessions. With a big smile, he offers the tambourine to each child in turn, even Mrs. Brent, as he makes vocal sounds and tunes for them to hear.

Again, Charlie was sharing something of who he is with his new foster family, opening the door for helping each other as they all negotiate the new family unit. Each child could experience themselves as important contributors to the music and sound and experience acceptance and validation in response – possibly in contrast to previous life experiences which led to their inclusion in the foster care system. There were lots of smiles, laughter, and amusement as Mrs. Brent and the children in her care interacted

playfully with each other. It felt like an enjoyable, relaxed, playful, and uniting experience for the whole group. In this musical space, even the littlest child (2-years-old) was offered, and accepted a chance to lead the activity and make choices. It is through play that we acquire a sense of subjectivity and agency in our world; we experience ourselves and each other in play and “playing implies trust” (Winnicott, 1971, p. 51). Music therapy afforded Mrs. Brent the opportunity to witness the playfulness of the children in her care, and the children could experience her and each other as playful and engaged. Through being part of this creative music therapy space, Charlie may have begun to understand how he could fit into and be accepted into this new space of Mrs. Brent’s home. Perhaps, in playing music together, the possibility of fostering a trusting, attachment relationship could be realised.

We sang a special, final goodbye to everyone and I left with Mrs. Brent and all the children hanging over the wooden fence waving and yelling goodbye to me. This seemed quite a contrast to the quiet apprehension when I arrived. The energy and excitement was contagious.

Discussion: Transitioning, rippling and radiating

There was something special about journeying with Charlie for those few months at the POS. It was the first time in my experience as a newly qualified music therapist that I had journeyed between physical places with clients and had the capacity (support from the POS and MusicWorks) to follow where the needs of the client, context, and music led (Ansdell, 2002). I experienced firsthand the power of music therapy in shifting a child’s experience of his world through tapping into the music child that was still present despite his difficult early life circumstances: from the initial establishment of safety and security in sessions, facilitating his competence and mastery, to supporting his capacity for emotional regulation. Knowing and interacting with Charlie’s internal states supported his shift from isolation to interaction – perhaps helping him develop a sense of who he is.

It felt apt that music therapy would make the transition with Charlie and expand its space to include his new home, making the boundaries of our interaction more permeable and flexible. This resonates with the community music therapy model that encourages therapists to follow our clients; recognising that we do not only work with the individual beneficiary in a context, but we can work *with* this context as highlighted by Stige (2004). Orford (1992) proposed that individuals are part of a “state of continuing transaction” (p.14) with the various settings in which they spend time as part of their everyday lives. It is these daily transactions in which we, as music therapists, become part of the various communities in which we work. As the communities themselves shift and change, impacting the individuals within them, we too need to shift and change (and improvise) with both the individual and the community so that the transaction continues. In a way, re-thinking boundaries of therapy and making them meaningful to each individual situation, and less, as Stewart (2004) wrote, focused on adherence to therapeutic doctrines.

In the context of South Africa, opportunities to shift with our clients’ contexts are rare and often difficult due to limited resources in terms of the small number of music therapists, the lack of awareness of music therapy, and the lack of music therapy posts in the government and social development sectors. It is in the midst of the overburdened South African child welfare system that music therapists could potentially make valuable contributions through collaborations with social workers, child-care workers, funders, and other role-players in the welfare and foster care systems. In the case of Charlie, the collaboration among the POS, the care manager, his foster parent and me, allowed for the provision of therapeutic support through his transition. Music was used to bridge the gap between therapy and community, which was in the case of Charlie, his new foster family. These collaborations may bring about awareness of the psychosocial support that music therapists offer not only the children in foster care, but also the under-resourced organisations, social workers, and potential foster parents/

individuals who attempt to meet the emotional and social needs of children in the foster care system.

Conclusion: Final Thoughts and Ripples

Charlie's music therapy journey started with just him and me in our safe music therapy space. It shifted as he began sharing his new identity and self-assuredness within his immediate context of the POS. It then expanded to include his new foster family and a new physical home. Charlie was able to share something of his history and growth with his new family: the acceptance, strength, agency, and the belonging he felt whilst in music therapy. The shift in Charlie's sense of self and what he could contribute to his new family, his confidence in assuming a leader role, the creation of fun and the playful communication through the music, helped bring about the feeling of togetherness. All of that radiated into his new family through the bringing of his music into the new space. *His music*: implying his story and life prior to this new home and the musical space that helped move his isolation to connection. Helping Charlie to achieve what Amir (2004) referred to as a better sense of his belonging and participation in his new community was therefore a fitting closing of our music therapy story.

Wood (2004) stated that the "power of music to connect people has an impact which can extend far into a participant's life, like ripples in a pond" (p. 61). In Charlie's story, ripples abound as concentric outward circles from tentative to present, rejected to accepted, isolated to connected, from traditional music therapy space to community, from alone to being part of a family again.

*names have been changed to ensure privacy

Notes

1. MusicWorks (previously known as The Music Therapy Community Clinic) is a Non-Profit organization that provides music therapy services to under-resourced areas and aims to use music as a social resource. For more information please see <http://www.musicworks.org.za>
2. Township refers to an informal settlement or community usually disadvantaged and under-resourced.
3. During Apartheid (pre-1994), large numbers of people were forcibly displaced to out-lying areas under the group areas act. Post-1994, many of these areas, known as townships, remain disadvantaged and under-resourced with high levels of poverty, unemployment, substance abuse, gang-related violence and crime.
4. The music child is a concept created by Paul Nordoff and Clive Robbins (1977). It refers to the belief that even in the midst of disability and trauma, there is a healthy aspect or side of the child or adult that can be elicited and engaged with in music.
5. Delft is a so-called 'coloured' community where Afrikaans is the main language. 'Coloured' is a widely used term in South Africa to denote a culture group and amongst general society it is an acceptable term. However, it is not uncontested in some literature. For more information on this cultural identity, please read <https://africasacountry.com/2018/06/being-coloured-and-indian-in-south-africa-after-apartheid>
6. Since 1994 and the ceasing of the Apartheid regime, the South African government have begun to address the housing needs in these communities, providing water, electricity and sanitation. However, 25 years later and there is still a vast backlog resulting in many such communities becoming increasingly frustrated and despondent.

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