

## CATHERINE WATKINS

### SIZE 4

Audio Producer: Viv Jones

I would maybe just go in and sit next to someone. Observe their breathing pattern. And try and match that with my own breathing pattern and watch and listen, to see what happens as I introduce a single note or a strum on the guitar. Do their eyes open? Does their breathing rate change? Does any small part of their body? They may make efforts to turn their head, or move their hand, and, if we have a strategically placed instrument, even the smallest of movements can then generate sound, and on some small level that person can then participate as I reflect, mirror and match any movements, sounds and changes that I see. And sometimes you have to be OK with not knowing, not knowing what someone else's experience is, because they can't tell you.

I'm Catherine Watkins, I'm a music therapist and I work specifically in acquired brain injury and neuro-disability. So I became interested in music therapy at the age of doing my A levels. Although, by then, I tended to head down quite a scientific, academic route. And I always maintained music as a strong theme throughout my life and reached a point where I decided I wanted to go back to those musical roots. So, after fifteen years in the pharmaceutical industry, I went back and trained as a music therapist. And it was the best thing that I ever could have done. In the company that I set up, Atune Music Therapy, we work with all ranges of ability. From someone in a very low level of awareness, minimally conscious state, right up to people who are walking, talking, living in the community, but maybe with many hidden disabilities associated with an acquired brain injury. So an acquired brain injury can be something as a result of a car accident, for instance, or something like an infection, such as a meningitis or encephalitis. In neuro-disability, we also work with degenerative diseases, such as Huntington's, multiple sclerosis and dementia.

Music therapy isn't part of the standard battery of therapies that you might introduce for a person with acquired brain injury. We would normally be looking at neuro-psychology, speech and language therapy, physio, occupational therapy. Music therapy, and the creative arts therapies in general, can really fit into there and complement, enhance the therapy provision for someone. I'm sometimes described as a travelling circus as I walk in. Essential for me is to have a keyboard and or a guitar, but for those I work with we've got cymbals, all sorts of different kinds of drums, maracas, tambourines, xylophones, all the sorts of things you may come across in primary school almost, and that you haven't even seen or touched since, but that can bring us so much potential to explore and enjoy.

So what is music? Do people think of Mozart or Coldplay? I like to think of music and sound as something much more basic than that, it can be spoons on radiators, it can be breath sounds, it can be any sound that you can create, that we can make into something meaningful, and music also motivates us, it motivates us to participate, motivates us to move. People often say "Oh it makes me want to dance." So we're able to use that thinking about motivating people and helping them move. Maybe moving to a beat might help them with their walking, for instance, there's also a lot around language and communication in music. So we're potentially accessing speech through alternative neural pathways by using music. So someone who's got a lot of deficits in the speech centres in the brain may still be able to generate speech through song and the use of music. I've run a number of groups of individuals, where we've done a group session every week for six months. It's about picking up the instruments and playing how you feel, sometimes that's quite often how we'd start a session, and then, as a group, we would then try and experience what it feels like to be very, very low, not wanting to do anything, not wanting to go anywhere. Not wanting to see anyone. Or the other extreme, maybe getting to the point of anger and frustration, where you're almost at the edge of control, and that experience maybe born out of just a single sentence that someone in the group might have said, about something that happened to them. I went to the

shops and this happened and they described a disastrous experience where they just had to leave, and other people start chipping in, "Oh yes that happened to me, but it was on the bus." Day to day things that people were playing. Very, very challenging. Imagine eight people with different instruments starting to ramp up the intensity and getting to the point whereby it's almost too much, it's almost too much and pushing but being able to, within the music, almost take control of that. So practise tipping over the edge and then bringing the music back down to a safe place, where it's contained, where we feel contained and held.

Someone with a very severe brain injury, whose very low level of awareness may only be able to move a finger or a toe, or an eye blink. We may not be sure how consciously aware they are of their environment, and by working with them through music therapy, we can start to assess that and look at their responses. What might seem like random responses, over time, we start seeing some consistency in that. The auditory sense is one of the most well preserved, even in low levels of awareness. So that's why music therapy can be really beneficial.

So there was a young man I've been working with who was identified as very difficult to reach, often crying out, seeming very distressed and really referred to music therapy to try and understand what might be going on for that person. And try to reach them in some way. They were kind of hitting themselves, or randomly banging their feet on the floor. I just began by matching and mirroring their sounds and movements in the music. It was OK to scream or to cry and that would be accepted and worked with within the music and the importance of never once saying "Don't do that." Never once trying to make them calm down. Seeing that person every week for eight to ten weeks, we started to see that person organise their movement. Whether that be moving their arm onto their leg, tapping their foot on the floor or on a drum on the floor, so that we could play to the same beat. So he would make a sound, I would make sound back. At the end of one session that person just looked towards me and tears started rolling down their face, silent tears, not the same screams that we'd had. So that emotional experience that may have taken place for them, was certainly felt by me as a therapist and was one of the most profound sessions that I've had in my career.

The journey through rehabilitation is a long one and in many cases they don't ever get back to how they were before and they may stay in a minimally conscious state or that severe level of disability forever. We may not be able to change that, music may be one way in, to be able to engage with them, and for them to be able to engage with us.