A Radical Approach

Working with Adults with Learning Disabilities

A Handbook for Carers and Health Care Professionals

Jennifer Warters BSc MA IPHM

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Foreword

"The true measure of any society can be found in how it treats its most vulnerable members." - Gandhi

Those who are severely cognitively impaired whether genetically or through trauma require lifelong care and support, often lovingly provided by families until they are no longer able to meet the needs. Society is not always kind to those it perceives as 'different' and physical and psychological damage is often increased by a lack of social acceptance, indifference or bullying, resulting in emotional shutdown or behavioural issues.

We have thankfully moved on from the hospital Asylums of the 18th century where those with what today we would define as having 'learning difficulties' or 'special needs' were housed alongside patients suffering every imaginable psychiatric illness. Today Care in the Community initiatives acknowledge the right of clients and the subsequent benefit to the larger community in providing specialist supported housing even to the most damaged individuals.

A safe, supportive environment is however only the first step in enabling clients to meet their potential which must first be recognised. Medical science is a work in progress and freely admits its limitations in understanding the complexities of body/brain interaction. Western medicine has advanced as a linear, compartmentalised system which largely dismisses the significance of the multidimensional nature of consciousness of which memory is a key component. If we fail to acknowledge this we are left to assume a limited diagnostic potential based on neuro-science. Unimaginable numbers of parents and care givers have been advised by clinical experts not to expect progress or significant achievement for their loved one; for many this was and remains the defining factor in choosing to seek Institutional care.

The holistic, integrative medicine of the future, views the person not as mechanical, biological parts controlled by the brain but as a vehicle comprised of body, mind and spirit with consciousness the governing factor. An understanding of the primary complex subtle energy systems which correspond with and directly affect physical body systems opens up new possibilities for choice and change, allowing us to engage in positive affirmative action. This is thankfully now being increasingly acknowledged and validated.

As we stand on the brink of a new horizon in consciousness research, pioneers step forward to offer alternative approaches. They are often drawn from the healing professions; having observed the limits of orthodox medical care through years of personal experience, they follow intuitive prompting seeking a better way. Jennifer Warters is such a one. A clinical background in Speech and Language Therapy led to frustration and an indefinable certainty that we are more than a collection of parts, that whatever the neurological damage consciousness can be awakened. Jennifer's innovative approach encouraged client participation providing an opportunity for choice and self expression with startling results demonstrating enhanced potential.

Her work is now acknowledged internationally and her fervent desire is to pass on this awareness to enable professionals and all who live and work with those who can be so much more if given the opportunity.

Carol Lamb
Trauma Consultant
Founder of Living Memory Research Trust

PART 1

In Search of Alternatives

This manual is for all those who care for people who experience learning disabilities and who have felt helpless or incompetent in the face of challenging circumstances. My own experience as a speech and language therapist included two decades of working in hospitals, schools, clinics and the community within the structure of the UK National Health Trust. The limiting structures led me to seek more holistic approaches and post graduate training within the global alternative health care network. My training in energy medicine opened up new vistas and I incorporated what I consider to be the best of both worlds into a comprehensive self-help programme for family carers and health care professionals. Integrative medicine is the future, for human beings are multidimensional in nature and whatever our physical, emotional or mental shortcomings may be, the path to healing lies not in focusing upon the deficit but in drawing upon inherent strengths we each possess.

Challenging behaviour in adults and children places increasing demands on health care providers to seek ways in which this can be managed. In the past, we hid such people away in institutions and asylums; today, in an attempt to integrate them into society, we can fall short of meeting their needs both by our own unrealistic expectations and also our failure to recognize their true potential.

Admitting to ourselves that we don't know what to do is uncomfortable and when this feeling occurs, we may jump into control mode and take action (any action), which allows us to feel that we are containing and managing the situation. We convince ourselves that this is preferable to doing nothing, as a temporary distraction from feeling inadequate. Not wanting to destroy expectations and appear naive around those in authority, we may remain silent because we are reluctant to show our vulnerability. We are under the illusion that we should know what to do and requesting help can compound feelings of failure.

By focusing on our own feelings of discomfort, however, we are missing a golden opportunity to allow others to initiate, pre-empting and disempowering those who already feel powerless. Mistakenly, we may over emphasise the

importance of what we have to do and this can feel overwhelming. Those in our care may have always been on the receiving end of other's communication and actions, what is needed is to pause, to observe, to listen and assess. It is the pause that is needed, this is a difficult thing to do, for it is the pause that disturbs us. It is helpful to remember that sometimes, it's enough just to be there, to allow things to unfold naturally, for in the pause miracles can happen.

Training in speech and language therapy inspired an interest in the mechanics of the ear, the vocal apparatus and the process of listening. My choice of profession had led me to train in speech and language therapy at a prestigious London drama school, this was born of a lifelong fascination with all aspects of theatre, voice and creative expression. A home life where family interaction was limited and feelings weren't expressed, induced a love of reading poetry out loud and taking part in school productions, unexpectedly prompting my career in health care. My much younger brother had been born without fingers and a thumb on his right hand and I thought that my experience of protecting and taking sisterly care of him in his early years qualified me for such a task…. I was wrong.

Training in those years placed emphasis on anatomy and physiology, which I found fascinating. I was less inspired by the emphasis on articulation and trying to correct speech impediments to improve communication. Perhaps through my own natural inclinations and disposition, I felt intuitively drawn to focusing upon creative abilities rather than the disability. Undeterred at being called a 'pin head' by my tutor at St Bartholomew's teaching hospital for asking too many questions, I persevered.

An early memory is of my first year of training, gaining work experience in a centre which offered special educational needs for children with multiple and complex needs. I was sitting on the floor of a classroom next to a profoundly disabled child who lay silently on a rubber mat turning his head aimlessly from side to side. On my first day of clinical experience, the white coated therapist in charge had hurriedly departed for a meeting leaving instructions that I was to 'work with' this little boy and she would be returning to hear the outcome of my session. As I sat there in the silence, my throat tightened and my mind froze, I looked at the child at a loss to know what to do, so I did nothing. However, the little boy was aware of my presence and in the lengthening silence, he made a guttural sound in his throat to which I intuitively responded with the same sound. A smile flittered across his face, the ice between us melted and the gulf

was bridged. By observing and listening I had found a way to communicate with him.

I followed my intuition in therapy sessions, using whatever prop was to hand to facilitate interaction. I remember impulsively carrying a disabled, blind and fretful child to the sink at the back of the room and turning on the tap; a communication break through followed along with fun filled interactive splashing. Exploration of alternative ways to connect with the individual needs of each client soon helped to release any expectation that they should fit into prescribed programmes. It seemed to work but caused many raised eyebrows among colleagues who considered this was not 'real speech and language therapy'. It was in fact the beginning of a sensory programme.

Over the years I gained extensive experience in a variety of hospital and community settings within the UK National Health Service however, the limited medical perception and expectations of how to work with 'special needs' clients led me to search for something more. My clinical training had fostered a belief that orthodox speech and language therapy focused on stimulating the intellect of those with a learning disability in order to improve understanding and verbal expression within a social context. I increasingly felt that this emphasis took priority over the emotional well-being of the individual, stifling self-expression of a client group who already had little or no control over their daily life.

I eventually became a generic specialist, managing a busy clinic and coordinating an area wide service to both children and adults with special need requirements**.** Somewhat frustrated by orthodox approaches but open to other ways of working, I decided to broaden my focus in the understanding that when we are relaxed and happy, we learn more easily, as enjoyment changes our perception of our difficulties, which diminish as a result.

Life has a way of bringing us what we need and my attempts to balance a challenging career with equally demanding problems at home, reached crisis point and the impending death of my father brought a crossroads of a choice. This forced me to seek help and I embarked on a healing programme with Carol Lamb, a well-respected trauma therapist and intuitive healer who introduced me to the causative factors in disorder and disease and the subtle energy system which governs mind, body and spirit. My personal journey had begun.

This experience changed my life and subsequently led to post- graduate therapist training and later into specialist areas which deepened my understanding of vibration and the link between communication, memory and consciousness. I was introduced to alternative ways of working in health education through an understanding of how sound evokes memory and why the response of each individual is unique and should never be assumed. Experiential training in meditation techniques helped me to forge a link with creative, intuitive aspects beyond the cognitive faculties of the mind.

While employed within the National Health Trust I had taken a full-time post to coordinate and deliver the speech and language therapy service to adults with learning disability. Many of these clients had been housed in a long-term asylum hospital from childhood. In the 1980s a more enlightened National policy had been adopted, offering residential care in shared homes within the community. As is so often the case, well-meaning policy was not matched by adequate planning and training and the transition process proved difficult for clients and for staff. The asylum hospital in which I worked finally closed in 1993 and the site was demolished in 1996.

This experience brought a new awareness of the significance of environment in evaluating the needs of those deemed to have 'special needs'. The modern psychiatric hospitals we know today evolved from and eventually replaced the older institutions once referred to as 'lunatic asylums' for the insane. While not devoted solely to patients with psychiatric disorders, they often contained wards for patients exhibiting mania or other psychological distress. Asylum hospitals had evolved from the Victorian Work House Institutions which provided a roof for the destitute, unemployed and the sick. The buildings, designed in the style of a prison, aroused great hostility amongst the locals who dreaded the prospect of entering its walls. Although designed to deal with poverty, they had become prison systems, detaining the most vulnerable in society.

Historically, the Workhouse system had been a horror story with harsh conditions, forced child labour, long hours, malnutrition, beatings and neglect. The locals hated and feared the threat of the workhouse where residents, referred to as inmates were categorised into one of seven groups:

*Men infirm through age or illness
*Women infirm through age or illness
*Able-bodied men over 15 years
*Able-bodied women over 15 years

*Boys between 7 and 15
*Girls between 7 and 15
*Children under the age of 7 years.

Sometimes whole families were left with no choice but to enter the Workhouse, on admission children and parents were immediately separated. Married couples, including the elderly, were kept apart at all costs to prevent any opportunity of 'breeding'. The groups were kept totally segregated even during what little leisure time they had. Each was supposed to have its own exercise yard, this meant that the old, ill, insane, slightly unbalanced and those who were fit were kept together both day and night. It was accepted that the inmates slept in dormitories. Those too ill to work, simply sat and did nothing. New legislation introduced in 1929 allowed local authorities to take over workhouses as hospitals for the mentally ill but it was many years before the system was fully dismantled.

Now, in more enlightened times, I prepared to visit my clients and their support staff in the long stay hospital before the impending move to care in the community. This gloomy and imposing building posed a stark silhouette on the moor top, I remember the pungent stale smell as I entered the mausoleum of a building. The word asylum means 'protection', asylum hospitals had provided a perceived 'safe place', clients however, inevitably became institutionalised and dependent on that environment and I found them unwilling to move.

I was ill prepared for the legacy of institutionalised care. Abuse was tolerated and often went unnoticed by an exhausted staff who were generally advised not to become too involved with those they cared for, human contact was discouraged. Such behaviour had an inhibiting effect on the already traumatised adults. Within the confines of the hospital in which my clients with learning disability were incarcerated, there was little opportunity for choice, needs were assumed, anticipated and met if deemed appropriate.

Music reflecting the choice of an on-duty member of staff, was piped through the building at all times, in an attempt to make the day more bearable for those on duty. Interaction was supervised and there was little opportunity for creative activity. Regimented regimes, communal eating in large groups and sleeping alongside others in an open hospital ward left clients ill prepared for

the intimacy of shared housing and the new imposed daily routine of residential settings in the community.

Many of the adults I worked with had entered the asylum hospital at a young age, some as early as six years old. The disruption of their relationship with their mother or significant carer understandably resulted in angry and disruptive behavior leaving them unable to move on emotionally because their primary need was no longer met. Prior to his hospital admission, one man referred to me, had been deprived of human contact and kept in a cupboard under the stairs at home. Even after years spent on the hospital ward he was unable to pull himself to a standing position and instead slid sideways silently across the floor to greet me.

Transition to Community Care

The relocation of clients from hospital ward to small group living and twenty-four-hour monitoring by a care team within a bungalow, flat or Victorian townhouse, merely compounded the trauma already experienced. Newly appointed staff received a brief induction before placement and periodic limited training which left them disillusioned, exhausted and ill-equipped, adding to the problems encountered. Shift patterns and daily rotas interfered with the ability to sustain any relationship and a policy of containment hindered personal growth and development for both residents and staff.

The men and women on my case load had experienced variable degrees of neglect and physical, emotional, mental and sexual abuse, often over decades. Many had cognitive and behavioural problems due to their horrific experiences which had taken place during long stay residence, compounded by misunderstandings, guilt and shame from the past. Those adults who had lived at home had led solitary and passive lives with little or no contact with a non-disabled peer group. The road to adulthood had often been fraught with years of difficulties resulting in poor self-image and low self-esteem.

Change breeds uncertainty which can give rise to a mix of intolerable emotions. Clients who had previously shared communal living in hospital wards now found themselves isolated in their own bedrooms overnight and would frequently go in search of a member of staff to allay their anxiety at being left alone. Difficulty managing one's emotions affects the quality of day to day life, limiting mental clarity, productivity, adaptability to life's challenges and the

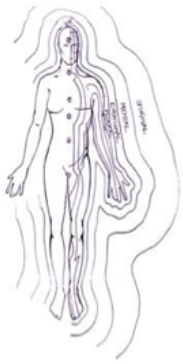
ability to enjoy life. I developed a programme to support carers in providing self-help measures through a system of agreed conduct and expectations to stabilise inappropriate responses.

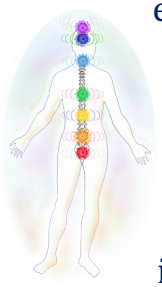
As a therapist, I found that by taking time to develop a relationship with my clients and introducing them to the vibration of colour and sound, their aggressive and often violent behavior would reduce and begin to resolve. By introducing clients to music, sound, vibration and colour they were given greater freedom mentally and emotionally. My experiences with clients with the most traumatic histories showed me that even the most severely impaired could respond positively to this alternative therapeutic approach. For this work to be effective however, a basic understanding of the human energy field is necessary and is provided in the following chapter.

HEALING

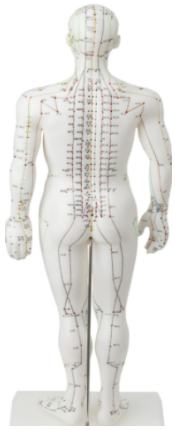
Understanding the Subtle Energy System

Scientific research now supports the view that all living things have their own unique energy field. The human energy field is described in ancient Indian and Chinese philosophical texts going back over 3,000 years, it is understood to be the vital force which sustains life in all its forms. Known by many names including chi or prana, it governs the human body and when it withdraws death occurs. To fully understand holistic intervention, we need to travel beyond the parameters of the physical body and the brain to explore this subtle energy system and the electromagnetic field which surrounds the physical body. If we stretch our arms out to the side and above us, we recognise this area as our personal space, this is the envelope of subtle energy known as the electromagnetic field commonly referred to as the aura. This multi layered field originates in the nonphysical dimension. The flow of subtle energy moves as interactive layers of vibration which correspond in frequency to our intuitive, mental and emotional faculties reflecting our thoughts, feelings and actions. This multidimensional flow of energy is channelled through the spine and the central nervous system via 7 major chakras. The term chakra means 'wheel'. Each chakra is a vortex through which the energy is transmitted to every part of the physical body. The Chakras connect with meridians, an





energy transport system which disseminates this subtle energy directly to the organs of the body to metabolise incoming energy, maintaining balance and flow within the overall field. In energy medicine, patterns of physiological and emotional disharmony are believed to be caused by blockages or disruption of energy flow along the meridians, an energy transport system. If this flow is disturbed, illness results. The endocrine or glandular system is the interface between the subtle energy field and the physical body governing emotional balance. Subtle energy is channelled via the endocrine system through the spine and the central nervous system, correlating with cognitive and sensory centres governing communication and behaviour.



Key factors

- Physical health relies on positive energy flow
- What we think and feel determines what we do
- Fear and control patterns impede energy flow
- Our will determines our choices and actions.
- Emotional disturbance interrupts energy flow.
- Levels of stress play an important part in this process.

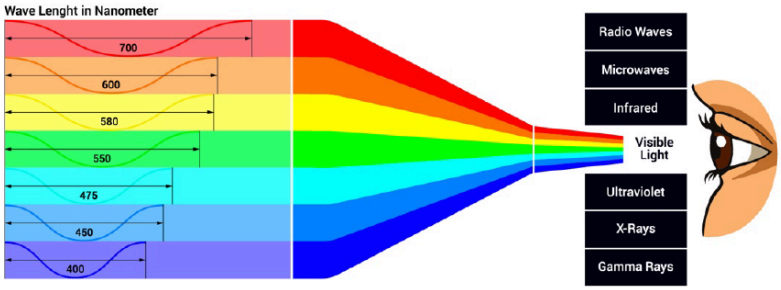
Physical symptoms are simply an indicator of disrupted flow. Disorders cannot be eradicated without addressing the underlying mental/emotional cause.

Colour and Light

The electromagnetic field is energised by light received at the crown. Each chakra corresponds to a vibrational frequency of one of the colours within the light spectrum, which extends from infrared light to ultraviolet. Specific wavelengths are only visible to the human eye i.e. from 380 to 700 nanometers but the non visible spectrum can be measured by technology.

Energy Alignment

It is a principle of holistic healing that energy follows thought, therefore where we place our attention is key; the Emerald Alignment is a method which focuses upon a specific wavelength visible to the human eye. The colour of emerald green is in the mid frequency in the visible light spectrum, it is the interface between the material and the non-material elements i.e. the natural world. Photosynthesis is an example of the process by which green plants and certain other organisms transform light energy into chemical energy.



Evidential research has statistically proved that attuning to the colour emerald green, raises the frequency of the physical body, the reason we feel relaxed and nurtured in a garden or by a walk in the countryside.

Emerald green carries an accelerated frequency beyond that of yellow, orange and red, colours which correlate to and energise the base, sacral and solar plexus chakras within the body. Focusing our attention on emerald green aligns these lower chakras to the heart energy, stimulating circulation.

All atoms have magnetic properties due to the spinning action of electrons and will therefore magnetise to an accelerated frequency. Atoms and molecules realign to optimum coherence, balance and harmony. Alignment of the electromagnetic field rebalances mental, emotional and physical energy centres. At the physical level the immune system is regenerated, nurturing tissues and cells and boosting overall health. In energetic terms, emerald green equates with integration, linking the frequencies of the blue spectrum beyond the visible frequency, activating the higher chakras, throat (blue) brow (indigo) and crown (violet).

Within the physical body, the spine is the core and central conduit transporting subtle energy. As we focus on the anatomical structure of the body we are linking body, mind and spirit, fusing subtle energy with the material physical body. Through this process, the higher frequencies are downloaded, flowing

from the crown of the head to the feet to ensure that the energy is grounded and earthed. Through this integration a transformative process begins. This is the principle behind the Emerald Alignment exercise. Which, if practised on a daily basis, energises the body systems with a positive and lasting effect. Repetition is the key.

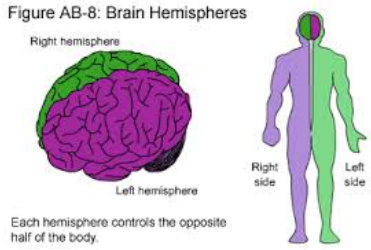
Left and Right Brain Hemispheres

The right and left brain hemispheres process the world in a different way. According to a 2013 study from the University of Utah, brain scans demonstrate that activity is similar on both sides of the brain regardless of one's personality with both hemispheres necessary for survival and enjoyment of life. 'The right hemisphere evolved to deal with the new, anomaly, exploration, reading emotions and processing. The left hemisphere evolved to deal with routine, the already known, narrow focus and more abstract thought and categories' – (Doidge N. The Brain's way of Healing 2016*).* Both are required to maintain equilibrium in order to sustain function.

Psychological trauma disrupts the right hemisphere's capacity to process our emotions, disrupting the link to our bodies, excessive use of computer technologies can disrupt the left hemisphere, impacting memory and sequencing. The stresses of modern living exacerbate many of the problems and pathologies in young people whose brains are still developing. When reading and listening, the left brain uses information piece by piece to solve a problem and draw logical conclusions. A restricted left hemisphere capacity impacts on sequencing processes in a linear, sequential and logical manner, governing communication, language usage and ordered thinking through an analytical process. The right brain hemisphere corresponds to creativity, harmony, balance and flow allowing us to tap into higher centres of creative, intuitive awareness. When using the right brain, opportunities are created for hands-on activities and practical application allowing us to see, feel and touch what is real. This hemisphere is dominant for facial recognition, visual imagery, colour and musical appreciation

The left side of the physical body is controlled by the right hemisphere and the right side of the body is controlled by the left hemisphere, as demonstrated in

damage due to stroke. Focus on the creative, intuitive aspects of the right brain hemisphere accesses and accelerates higher energetic frequencies via the subtle energy of the crown chakra beyond the brain. This is the means by which impaired neurological pathways can be restored. Those who experience learning disabilities, whether from birth or incurred through accident or disease (e.g. stroke) remain able to respond to colour and light which enables them to access the higher intuitive pathways beyond the cognitive faculties whatever physical, emotional, mental impairment there may be.



PART 2

Therapeutic Applications

'Physician heal thyself' is a fundamental principle of healing and as a committed member of the guided healing organisation that Carol Lamb had founded, I attended group meditations and began to develop my own meditational practice. This process helped me to organise my thoughts, clear my mind, stabilise my emotions and expand my awareness. At that time, I began to experience profound, direct personal guidance from a higher stream of consciousness, a communication I recognised as far beyond the level of my own cognition. I was encouraged to develop an intervention that demonstrated the positive influence of observation, listening and creative play. This further deepened my understanding of the complex nature of communication, sensory response and the physical and psychological effect of environmental factors upon the body and the mind.

Direct guidance demonstrated a unique system of healing through sound. I had no previous knowledge of toning but discovered that this powerful and ancient method of healing with the voice impacts at both the physical and the subtle energy levels, triggering an anatomical process which stimulates and regenerates the central nervous system. Energy is activated by sound, in this method a specific breathing technique supports the voice, creating sounds which regenerate neural pathways within the brain. Eight specific chakra tones, one for each major chakra with two tones for the base chakra, cleanse, balance and strengthen the energy centres. Toning is most effective when combined with the Emerald Alignment.

In line with the principle 'Energy follows thought', the action of toning with focused intention accelerates impact at the cellular level, transmitting acoustic stimulation to every part of the body. Inner tension is released and anxiety is reduced, activating the body's own self-healing mechanism by triggering dynamic possibilities for healing. With sustained practice, this powerful self-help tool can be used in breaking patterns of addiction and can be successfully integrated into therapeutic practice.

This healing system combined with energy alignment became the bedrock of my future work. The Rainbow Chakra Toning System has been validated and accredited to international programmes and taught internationally for two decades (See Rainbow Chakra Tones manual).

SENSORY EXPERIENCE

A non-directive integrated approach using toning, colour, music, fragrance and energy alignment provides sensory stimulation while maintaining focus on the creative, intuitive aspects of the right brain. This approach can positively affect communication and heighten intuitive awareness. It offers those with impaired communication a means of expression and release through voice, music, colour, fragrance and sound.

Simplicity is the key to improving communication on all levels. Providing a sensory experience can positively change our perception of the client's capabilities and helps to develop a non judgemental attitude. This approach enables clients to express their feelings in more appropriate ways that do not involve shouting, aggressive behaviour or temper outbursts. Improving the individual's ability to communicate more effectively improves confidence and sociability.

Importance of Noticing Response - However Small

• A shift in eye focus • A change in facial expression • A tiny physical movement, a turn of the head, a change of position, a blink of an eye, a holding of a gaze • A flush of colour to the cheek • A change in muscle tone • The breathing pattern alters • Uttered sounds or murmurs • Choice of words • Choice of language

Feelings will surface in response to stimulation of the senses as the emotions connect to the experience. This process impacts on the subtle energy system exponentially, generating increased energetic flow. There is an actual physiological response, e.g. with a need to empty the bladder. There may be weeping as emotional energy is released, remember that release is a positive expression, tears release and heal the pain which has often been held for years. If they occur, accept them do not try to stop them.

The sensory experience can bring feelings of happiness and peace, resulting in an increased desire to communicate. Do not initiate or assume that you know what the response will be. Leave a space for the client to respond to what they see, hear, feel or smell. We limit others by our assumptions of what we believe them to be capable or incapable of. We are all different. If you were to ask any member of a group about a specific event, each one would have a different perception of what had occurred.

The Importance of Waiting

We cannot offer this space to a client until we are able to pause in our own lives. Are you able to sit down at any time during the day and be still for five minutes?

- Stop and be still.
- Wait, watch and listen.
- Do not fill the silence with chatter.

Music as Therapy

Since ancient time music has been regarded as having a therapeutic function, we all recognise that music effects changes of mood. Sensory options have always included the music of the classical composers because each composer expresses his/her own emotions and culture through their music, which then impacts on the listener who may be soothed or stimulated by the melody, rhythm or harmony of the composition. Music enhances the imagination and stimulates brain activity, encouraging receptive response to positive environmental stimuli. It is an effective way of engaging adults in an activity. Soothing music inhibits the brain's release of the stress hormone cortisol, reducing observable stress behavior and healing the damaging effect of verbal abuse and distress.

Some adults with learning disability struggle with transitioning from one activity or environment to another. Listening to music can help the adult to understand the concepts of beginning and ending encouraging them to adjust to change rather than demand that everything stays the same. Choose a musical theme tune to signal specific activities that the person will learn to recognise e.g. a soothing theme prior to bedtime. Carers might play a specific piece of music or a song associated with a particular visit (e.g. shopping) on the car radio while travelling. This will enable an anxious client to recognise where he or she is going and to acclimatise before arrival. Similarly a specific musical theme can be used to signal the ending of the activity or to signal that you are ready to begin the next activity or to close. This will encourage the individual to listen.

Children with 'Special Needs'

The reason for the huge increase globally in children diagnosed as having 'special needs' is not fully understood. Autism and ADHD *(*Attention deficit hyperactivity disorder) are neuro-developmental disorders. In the UK, the estimated number of children affected is 3-5%, in the US it is 10.2%, with almost a million considered to be misdiagnosed. Medication is a treatment of choice in many cases and may be mandated to enable the child to attend school. Current education systems which attempt to impose curriculums beyond the abilities of some pupils exacerbate the condition and often result in exclusion.

Diagnostic labelling can colour our perception of what is really going on, causing us to make judgements which interfere with the individual's ability to progress. Professional assessment whilst providing a diagnosis also indicates a list of assumptions about what the individual is or is not capable of and can limit our perception of their potential. An holistic approach focuses upon ability while being mindful of the unique individual needs of the client. Where equal credence is given to physical, emotional, mental and spiritual growth, with a focus on creativity to integrate positive feelings, new patterns of relating emerge as the personality is strengthened. Communication is improved, restoring confidence with an increasing ability to socialise. This holistic programme can be readily incorporated, encouraging positive involvement and empowerment for carers in the home and in residential settings.

Soothing the Senses

The holistic therapeutic approach is based on the premise that from an early age, we require an environment where music and sound play a key role. Musical rhythm reflects the rhythmical patterns of the heartbeat and the mechanics of breathing, it improves circulatory flow, stabilises the emotions and aids coordination and balance.

- A structured environment with clear boundaries and an understanding of the consequence of action nurtures respect, enabling the child to develop personal responsibility for their own behaviour.

- An understanding of the power of words and clear communication improves the vocabulary and develops confidence in expression and interaction.

- Opportunities for creative play and story-telling help to develop imagination and intuition.

- Connection to nature instils a sense of belonging, interacting with the elements of nature, earth, water plants, trees and all life forms nurtures those parts of the central nervous system that are unimpaired.

- Connection is the key: We learn through relationship to people, to the land and to animals.

The aim is to help the child to develop and express their own opinion so that they can learn to assess their own achievements. This enables them to respond positively and in a balanced way when asked to evaluate something they are doing, rather than relying on or seeking another's opinion or approval. When the child is confident in their own ability they are no longer disheartened by criticism.

Attitudes and Actions

Research confirms that if a child has not been taught appropriate social interaction before the age of four, socialisation can become more difficult as peers are the primary source after this age. Rejected children who are alienated

from their peers can experience arrested development, impeding their progress at school. The friendless child often becomes the lonely, antisocial or depressed teenager or adult. According to clinical psychologist Jordan Peterson, 'Poorly socialised children have terrible lives.' (Peterson J The 12 Rules for Life 2018*).* It is alarming that technology is encouraging us to prioritise interaction with an object rather than with each other.

We each carry our own emotional baggage of past hurts and experiences, which colour our perception, distorting what we hear and triggering an inappropriate response as memory rekindles an old feeling. A voice raised in anger can affect the child's ability to hear and carry out an instruction as negative emotion inhibits the ability to think and act. Children with communication impairment usually believe themselves responsible when their attempts to communicate fail. This belief reinforces their difficulty and they may stop trying. Those children who are traumatised either emotionally or physically are understandably cautious and reluctant to communicate and will often withdraw into silence.

(*Holistic approaches to working with children including evidential case studies are available in Sensory Rainbow and Happy Talk on the Living Memory Research Trust website.)*

PART 3

ADULTS WITH LEARNING DISABILITIES
From Asylum Hospital to Community Living

4 Case Studies

The following nine client case studies paint a picture of the struggles of my clients who had spent most of their life in the soulless building described earlier, heavily imprinted with the dark energy of the past. Each responded positively to the holistic programme and sustained the improvement.

MY NAME'S NORMAN'

Norman was placed in the asylum hospital by his parents when he was six years old. However, at the age of thirty-seven, he was discharged to a residential home with two other male residents, unknown to him. Norman and his fellow residents were monitored for twenty- four hours a day by a permanent staff team. At the age of forty-three because of Norman's agitation and inability to rest, a detached retina caused permanent damage to his right eye, which left him visually impaired.

Reason for Referral

Norman was referred at the age of forty-seven. His behavior was deteriorating and unpredictable, with increasing bouts of anger. He refused to walk and when the request was made, he lay down on the floor with bent knees, in the fetal position. Norman had difficulty sleeping and constantly disrupted the night staff by climbing out of bed several times in the night. In an attempt to awaken the member of staff on call, Norman crawled along the hallway to their bedroom and proceeded to kick the door. If there was no response, he sat in the corridor and shouted until the bedroom door opened.

Self Abuse

If agitated, Norman repeatedly hit himself with his fist around the face and ears until he bled. Whenever he was anxious, uncertain or annoyed, he curled himself into the fetal position on the floor and moaned. If staff intervened, Norman screamed.

Communication

Negative familiar phrases from the past were repeated i.e. Stop it', 'You'll cop it', 'Naughty boy Norman'.

Physical Contact

Physical contact was either demanded, avoided or totally rejected. When he was receptive to physical contact, Norman clung on to a member of staff by linking his arm through theirs. All interaction was uncertain and guarded. When Norman was not in his own room, his position of choice was the fetal position, lying on his side with a curved spine, head down, and arms and legs tucked in close to the body. This indicated fear and emotional withdrawal and a primal need to return to the comfort and security of the womb.

Norman's Bedroom

Norman's bedroom was painted in bold, brash colours of acid yellow, lime green and hot orange with patterned bed linen and curtains in a combination of the same colours.

Home Environment

There was constant background noise of voices because the television in the main living room was permanently switched on, even when the room was empty. Music played in the kitchen was dependent on the musical choice of the member of staff on duty. Often, it was a popular radio station.

Therapeutic Intervention

An explanation to staff of the importance of the use of colour in order to create a calm environment i.e. each colour correlates with a colour on the rainbow spectrum and resonates at a specific frequency of vibration. It was important that I wore soft pastel shades as Norman could feel the softer, lighter resonances of colour even though he couldn't see the material.

Refurbishing Norman's Room

Norman was encouraged to choose his own colours for his bedroom to encourage him to use his bedroom as a sanctuary in times of stress. Clear colours from the rainbow spectrum were suggested rather than murky or over patterned material. Norman was encouraged to feel the samples and his care staff were instructed to note any indication of his preference i.e. a vocal sound, a facial expression, a shift in posture, a flush of the cheek etc. To encourage Norman to extend his hand and reach out, a plate of rose petals or fur or soft fabrics were placed close to his hands. Placing something soft within his reach, encouraged him to relax and open up physically to something beyond himself.

Music

Norman owned a CD player but was unable to use it himself. Staff were asked to gauge Norman's musical preference through observation of response to a wide variety of music - pop and classical, vocal and instrumental. (This part was easy, if Norman did not like the music he heard, he immediately left the room.)

Norman's favourite composer was Mozart played on the flute by Sir James Galway. As soon as he heard the music, Norman smiled and settled back into the arm chair in his bedroom. He listened to this music in the garden, the kitchen and his bedroom. Care staff `were instructed to play Norman's music in his bedroom when he was getting ready for bed and also if he woke in the night to soothe him back to sleep.

Singing and Toning

If Norman was distressed when I visited, I softly toned the throat tone to the melody of Brahms Lullaby; as he listened as he lay on the floor. This calmed him and he made soft ingressive noises (a sound that is made with an intake of air rather than an exhalation). Gentle singing and vocal toning of specific chakra tones, soothed him. He smiled when he listened to both the heart tone /HA/ and the throat tone /OO/. He responded by smiling with eyes half closed as he visibly relaxed.

Recommendations to staff

- Not to invade his space
- To keep voice low and modulated to avoid startling him.
- Staff to await Norman's attempts to communicate and respond positively
- Norman was encouraged to make his own choices in clothing.
- To encourage Norman to spend time in his room.
- To give colour samples to choose bed linen and curtains.
- To place a chair by Norman's bedroom window overlooking bushes and trees to enable him to observe birds, bees and butterflies.
- Fresh flowers in the house were encouraged to replace dried ones, which collect dust and have no healing energy.

Outcome

- Norman focused on a soft pale green as his preferred choice. Appropriate bed linen with a design of small flowers on a pale green background was found and the walls of his bedroom were painted in a soft pastel green in keeping with his choice.
- As a consequence, Norman chose to spend more and more time in his room listening to music rather than being alone in front of the television.

- Norman's bedroom window was opened by care staff on fine days and without prompting, he chose to sit in his chair by the open window, where he could feel the breeze on his face and listen to birdsong and the hum of bees in the fragrant honeysuckle bush beneath his window. One sunny afternoon, I found him by his open window, smiling as he listened to the song of a blackbird perched on a branch.

  - He became more peaceful and less agitated. One memorable day I was greeted with great excitement by a member of staff who had been having lunch with Norman and three of her colleagues when he surprised them all by suddenly interrupting their conversation to say 'My name's Norman'.

Assessment and Review

Improved communicative with those around him, spontaneously using appropriate single words and phrases of his own. Improved mobility with reduced emotional outbursts and improved sleep and bowel function allowed medication to be reduced. I attended a review meeting with Norman present and was struggling to persuade the more skeptical members of staff that introducing music really had made an enormous impact on his progress. Suddenly as though on cue, Norman got up from his seat and pulled on the arm of the staff member who sat next to him. He led her into his room. She returned five minutes later alone. He had taken her to his CD player and had given her his tape and when the music began playing, had sat in his chair by the window smiling with eyes closed. He had made his point on my behalf and I did not need to convince them further**.**

Footnote:

The mental health team were exploring holistic choices. A student chose Norman as the subject of her thesis. We hoped that this would bring funding opportunities for him and many others like him. I was happy to leave him in safe hands and his support staff, encouraged by the progress he had made enrolled for training in vocal toning, massage and aromatherapy.

ASH WEDNESDAY PILGRIMAGE

In the 1990s, Richard, a man in his early fifties with a diagnosis of learning disability, moved out of the large Victorian asylum hospital where he had spent most of his life, to reside in a residential accommodation with one other female resident, who was previously unknown to him. His day to day care was monitored by a team of 24-hour care staff. Richard's medical notes were sparse and there was no mention of family contact.

Reason for Referral

Communication:
Richard made no attempt to vocalise, to feed himself or to make choices. Richard was physically disabled and spent his day in a wheel chair, although able to walk he chose not to. He made no attempt to initiate movement and appeared to have difficulty standing alone unaided. Days were spent on visits to the local shops with carers or parked outside in his wheelchair or sitting in front of the television. Staff insisted that Richard wore gloves when visiting the bathroom to prevent him from self-harming (i.e. scratching his genitals until they bled)

Therapeutic Intervention

- To establish musical preference by playing a variety of musical genres and observing facial expression, gesture and body language e.g. reaching for a CD cover would result in that piece of music being played for him. Rain Dance was played if Richard focused on, or reached for the CD cover.
- Favourite pieces were quickly established - Native American Indian Rain Dance, Billie Holiday – 'The Very Thought of You'. To establish Richard's preference, his facial expression, body language and vocalisation was closely observed and noted as he listened to different pieces of music. Music helps us to connect to our feelings and individual response varies. It is important to note the response, however small. When Richard heard the Native American 'Rain Dance' he became animated, whereas the voice of Billie Holiday calmed him and as he listened his facial expression changed and there was a smile on his lips.
- Richard's staff were asked to play selections of Billie Holiday songs as Richard prepared for bed because we had already discovered that her voice, the melody and the lyrics instilled peaceful feelings and it was hoped would encourage peaceful sleep.

Energy Alignment

- Richard was introduced to an energy alignment method (Emerald Alignment) to help release anxiety and to connect to higher intuitive pathways beyond his cognitive faculties.
- This daily alignment was incorporated into Richard's Care Plan
- Toning practice involved listening to the therapist vocalise the two chakra base tones and the vocal tones corresponding to the sacral and solar plexus chakras.
- The vibration of these tones helped to clear impacted energy at the base of his spine, the kidneys, the pelvic area and the digestive system.

B**reak Through**

- During an evening bath-time, Richard said the word 'Mummy' for the first time.
- While on a regular outing to the local supermarket, Richard patiently sat in his wheelchair near the fruit counter. The two members of staff who had accompanied him were deep in conversation.
- Strongly motivated by the fruit in front of him, Richard pulled himself up from his wheelchair and focusing on the bananas, moved towards them.
- He then shuffled towards his stunned care staff clutching a large bunch to his chest, these were then purchased for him. This was a wonderful example of Richard initiating and demonstrating his preference but also of standing and walking unaided.

Taking the Initiative

While outside enjoying the evening sunshine with a member of staff, Richard suddenly stood up from his wheel chair, shakily steadied himself and began to shuffle forwards. The staff member, placed herself behind his left shoulder to see what would happen next…. walking slightly behind him to avoid blocking his path. At first Richard seemed to be testing the member of staff, by moving first one way and then another to see if she would follow his lead, she did. He shuffled across the road towards an adjacent church. Slowly and steadily, with the member of staff behind him, he walked through the church gate, up the path and into the church where the Ash Wednesday evening service was taking place. He sat in a pew at the back of the church, the member of staff sat next to him. When members of the congregation left their pew to take

communion, Richard got to his feet and shuffled out of the pew to join the back of the queue forming in front of the altar. (*Ash Wednesday is a Christian service which commemorates the beginning of Lent where the priest places the mark of the cross on the forehead in ashes as a sign of repentance*). At this point, however, the member of staff became anxious and ushered Richard outside. Her acceptance of following his lead had reached its limit and her own feelings of discomfort had prevailed. It is to her credit that Richard had been allowed to choose the church as his destination.

Assessment and Review

This story is a reminder never to assume the level of understanding of an individual. It is impossible to know the significance of this experience for both Richard and the member of staff who accompanied him. Although he hadn't been able to follow through and take communion as he was indicating a desire to do, Richard had walked to the church to experience an Ash Wednesday service. We can only hope that at some level this was a healing experience for him.

Ongoing energy alignment for both Richard and his care staff, helped him to sustain the progress he was making. His self-harming gradually abated as he became more independent. Richard no longer used his wheel chair because he was strong enough to walk into the local town in the company of a member of staff. He developed the ability to feed himself and indicated a choice of food through gesture and an emerging vocabulary of single words.

Footnote

Unfortunately, therapeutic sessions ceased when the management was re structured. Several years later, I did catch sight of him walking through a local shop in the company of a staff member with a group of fellow residents, evidence that he had sustained progress and was no longer isolated and alone.

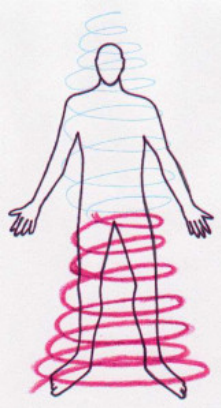
COLOUR MY LIFE
Leonard and Ron

Leonard was a forty- seven- year-old man with a diagnosis of autistic spectrum disorder. He had moved from the asylum hospital into a community home and was referred to me because of his 'disturbing behaviour' which became more apparent when he was in the company of others. I visited his residential home

at different times of the day in an attempt to understand Leonard's behavior. It soon became evident that his 'strange noises' (deep growling sounds) were particularly noticeable when other residents gathered in the television lounge to watch their favourite programme.

Therapeutic Intervention

The sound Ron made was very similar to a tone from the Rainbow Chakra Toning system. In health this tone corresponds to the vibratory frequency of the base chakra and to the colour red on the rainbow colour spectrum. This powerful tone helps break up the impacted energy of unreleased emotion held in the base of the spine. The vibration resonates anatomically with the lower bowel, kidneys and adrenal glands, releasing constriction from painful past experience. During the weekly sessions he was introduced to both the sacral and solar plexus tones. To enhance the session, a length of vibrant red silk from the bag of rainbow coloured material corresponding to the base chakra was used as a visual focus with vibrant orange and golden yellow representing the solar plexus chakra as he repeated these tones after me.



Response

Leonard was both bemused and delighted when we toned together, helping us to forge a closer connection. Leonard's care staff reported an improvement in his ability to socialise with care staff and fellow residents. He was taken shopping for red, orange and yellow material and when alone in his room, he wrapped himself in the material repeating the tones out loud.

Staff Training

Having explained the principles of toning, the base tone was demonstrated to care staff with an explanation of its healing application. Staff were encouraged to spend time toning with Leonard in his room, to help increase his confidence.

RON

During visits to Leonard, I had noticed Ron, another resident waiting for me in the shadow of the hallway, he would peer through the glass to watch and listen. Ron, now sixty- two, had a diagnosis of learning disability and had also been incarcerated in the asylum hospital for much of his life before being removed to a residential setting. As he watched through the glass panelling, Ron pointed

excitedly at the rainbow coloured silks on display, while his support worker endeavored to distract him and lead him away from the door. On one occasion, Ron opened the door to have a closer look before he was again removed. Offers to include Ron in the sessions were dismissed by care staff who were afraid that he would interfere with Leonard's progress.

Breakthrough for Ron

One afternoon, arriving as usual for Leonard's weekly appointment, Ron opened the door, beaming from ear to ear. A member of staff appeared behind him, apologising that Leonard had not returned from an outside visit. Ron could not believe his good fortune when the offer was made to spend time with him instead and he ran laughing in front of me into the room, throwing his arms up in the air with delight.

Ron's Session

Ron emptied my bag of rainbow coloured material and selected a swathe of purple silk and wrapped it around his head like a turban. He spread each length of coloured silk carefully on the table and smoothed out the creases with the palm of his hands, creating a display of bright colours.

I made the chakra tone corresponding to each of the colours Ron had selected. This amused him greatly and he spontaneously repeated each tone after me, whilst completely engrossed in the activity, hurling lengths of coloured material into the air, he watched as they billowed and unfurled to the floor. I responded to his performance and Ron laughed with delight. We were having fun and enjoying ourselves and time passed quickly. However, a glance at the clock reminded that it was time to leave for the next appointment. I told Ron that it was time to stop. He stood very still for a moment and then began to sing the first line of the 23rd psalm '*The Lord is my shepherd, I shall not want..*' then kissed me on the cheek. I was speechless, hopeful that this had triggered memories of a joyful connection in happier times.

Assessment and Review

On a follow up review appointment with Leonard, his care staff informed me that Ron was spending happy times toning in his room, wrapping himself in coloured material that matched his mood and the sounds he was

making. Leonard and Ron were subsequently enrolled together in a sing along group and loved it.

Outcome
The staff team attended an Introduction to Toning course and learnt how to make the chakra tones to maintain the healing practice.

YELLOW IS A FEELING

Jim was in his early fifties. He had a diagnosis of learning disability and also suffered from anxiety and depression. Having spent much of his life in the asylum hospital, he moved into Residential Care in the late 1980s with five men, also from the hospital (but unknown to him). Jim had a limited vocabulary of single words and constantly repeated the word Tuesday even when staff spoke about activities on other days of the week, to Jim, every day was a Tuesday.

Reason for Referral
The referral letter stated that when Jim thought no one was watching, he went into the back garden and 'pulled the heads off weeds'. He then placed the heads into a plastic carrier bag then thrust his head into the bag for a period of time. Staff were understandably perplexed by this unusual behaviour.

Therapeutic intervention:
Observing Jim's behaviour in the garden and in his residential home at different times of the day over a 3-week period revealed that the weeds Jim was specifically selecting were yellow dandelions. When he had gathered a bag of dandelion heads, he put his head into the bag and kept it there for about 7 seconds.

Music:
While gathering clues in an attempt to offer Jim some help and healing, he was encouraged to listen to a variety of music from pop to classical in an attempt to discover his musical preference. Jim responded positively to the music of Vivaldi. While the music was playing, he sat very still, focusing on the CD player and conducting the music, using his right index finger as a baton. Jim's anxious expression changed to one of rapture. He reached for the CD cover as the music

was playing and looked intently at illustrations of the ancient Venetian buildings of Vivaldi's birthplace.

Significance of Tuesday:
Jim's care-staff were unable enlighten me or offer any information which would help me understand why every day was Tuesday for Jim and why Tuesdays were so significant for him. We began to think of ways, to turn Tuesdays into a special day. Therapy days were changed to Tuesday morning and his care staff took Jim on special Tuesday afternoon excursions and treats. Gradually, a positive structure with photos of practical enjoyable routines and activities on other days were put in place, this helped Jim to remember the other days of the week positively and to separate them from Tuesdays.

Communication
Jim's spontaneous speech and vocabulary increased as his anxiety lessened. He became more interested in the conversation of those around him and attempted to repeat words and key phrases. When he did so, staff were encouraged to extend Jim's words and phrases and repeat them back to him. For example, if he said 'car' when being taken out for a trip, a member of staff could say, 'yes, we're going to the garden centre in the car.' With praise and gentle encouragement, the old fear patterns associated with speaking melted away and Jim spontaneously began use longer phrases and sentences to make his choices known.

Bedroom
Jim's bedroom, which was blue was repainted in a colour of his choosing. This was a new experience and he was taken to the appropriate paint store to make his choice. It was no surprise to hear that the colour he pointed to was a beautiful dandelion yellow.

Assessment and Review
Through simple solutions, Jim's quality of life improved enormously. When Jim's room was repainted yellow he stopped gathering dandelion heads in a plastic carrier bag. Through ongoing trips to the Garden Centre, his care staff noted that Jim had a genuine interest in gardening. Jim was taken to purchase fresh flowers for the house and plants for his own patch of garden. He planted and grew pots of sunflowers on the windowsill of his bedroom.

Significance of Yellow

Yellow, on the rainbow spectrum corresponds to the colour of the solar plexus chakra in health. The solar plexus is the junction box of the nervous system and links to the gall bladder, pancreas, stomach, liver and upper bowel, which are affected by our anxiety and emotional responses. Sunshine yellow is the colour associated with hope and when we are feeling miserable, yellow flowers are uplifting yellow daffodils and primroses appear with the promise of spring. Jim intuitively knew that this was the colour that would help him to feel better and went outside in search of dandelions.

Vivaldi

The music of Vivaldi and the image of Venice appeared to trigger a positive memory. Each time he heard Vivaldi's music he would be reminded of happier times as he gazed at the CD cover whilst keeping time with his index finger.

FUNDED NHS PILOT STUDY

When the asylum hospital eventually closed, I focused on obtaining funding from the National Health Trust for a one–year pilot study offering a choice of healing through toning, reflexology; music; colour, and energy field alignment to a group of adults with learning disabilities. The purpose of the study, was to encourage service providers to consider holistic choices of therapy and support for clients and carers to enable them to make positive choices in their lives. The aim of the study was to provide evidence that holistic therapies are a viable treatment option and can meet the needs of adults who through their learning disabilities and communication impairment have become emotionally and intellectually disconnected from others. Symptom focused therapy cannot resolve the impairment if it does not address the underlying emotional issues.

My hope was that through this healing opportunity, care staff would realise that their own mental and emotional state impacted on their clients and that an aligned and peaceful energy field positively affected their interaction and relationships at work and at home.

Clients referred to the programme were funded for a 3-6 month period of weekly sessions. Care staff could refer themselves and were funded for six sessions of therapy. The proposal was successful and 30 clients with learning disability and their 15 carers received holistic therapy over the 12- month period.

FROM FAMILY TO RESIDENTIAL CARE

Transfer in adulthood to a residential establishment within the community.

5 Case Studies

SUSIE AND CHOPIN

Susie was 46, with a diagnosis of learning disability. She had lived at home all her life until her mother passed away after an illness, two years earlier. There was no information about Susie's father. After her mother's death, Susie was moved to a residential home with four other adults, two men and two women. She had a limited vocabulary of single words.

Reason for Referral

Care staff concerned about the frequency of angry out bursts following a lengthy period of withdrawal after transfer to residential care. Medication had been prescribed for depression.

Therapeutic Intervention

Having talked to care staff about their understanding of the process and stages of grief, a variety of music from different cultures both pop and classical was introduced to gauge Susie's musical preference.

Musical Preference

A wide variety of music and songs, were offered in an attempt to find a piece of music or a song that would resonate with the feelings that Susie was unable to express in words, in the hope that this would help her move through each stage of the grief process. The music of Chopin visibly brought her the most solace. As Susie listened quietly, it seemed that the music transported her to happier times. She sat with eyes closed and a smile on her lips. She was clearly aware and capable of much more than her care staff had originally thought.

Colour Choice

Swathes of silken material in the seven colours of the rainbow helped me to discover her colour choice and whether this varied from day to day. Susie always chose the yellow silk. She wrapped herself in it and admired her reflection in a full-length mirror. In health, sunshine yellow corresponds to the vibration of the solar plexus. The solar plexus is the junction box of the nervous system and Susie's intuitive colour choice would help her to reduce anxiety and stabilise her emotions.

Outcome:

Staff members made time to sit with Susie and talk to her and share some of their own feelings, in an attempt to build a relationship founded on mutual trust. Susie hadn't experienced this kind of interaction since the death of her mother with whom she had been close, she began to build relationships. There had been no opportunity to share feelings in this way before because of assumptions made about Susie's inability to communicate and understand feelings.

- Talking with staff members, Susie wore her yellow mantle of silk as Chopin's piano music played quietly in the background.
- Gradually in a limited way Susie began to speak about the loss of her mother, saying she felt sad.
- At last, wrapped in sunshine and bathed in music, healing tears were shed.
- A freeing up of emotion unlocked Susie from her prison of isolation.
- New words emerged as the repressed energy gradually dissolved.
- Whenever her mood darkened, she withdrew to her room, her music and her yellow silk.

Assessment and Review

Regular review sessions with staff guided their understanding of the grieving process. They developed compassion for this woman who was plunged into despair after the loss of her mother and removed from the only home she had known. Susie moved through the grieving process, her depression lifted and angry outbursts subsided. Communication improved allowing staff relationships to develop. Accepting her new home, she was able to build relationships with those with whom she lived. Susie became capable of self-

help, recognising mood changes and choosing to use coloured silks to assist healing.

MUSICAL MEMORY

Jean was 44 years and one of seven children. Jean's family were from Northern

Ireland. She was small and dark haired and lived with one other woman and two men of similar age and ability in a Residential Care Home with 24-hour care. Jean had learning disabilities and pronounced scoliosis of the spine which caused her to bend forwards with a limping gate. There was little family contact, primarily because of her family's discomfort in not being able to make sense of Jean's communication.

Reason for Referral

'Bizarre' and challenging behaviour. Disruptive, intrusive behaviour towards residents. Jean screamed and threw objects to gain attention or when frustrated. Jean did not speak and used simple gestures and pointing. If she could not make herself understood, she pulled others towards the desired object.

Behaviour

- She had a good understanding of familiar words and phrases
- Jean had no understanding of questions without visual cues.
- A wave of the hand meant she was either tired or going outside.
- Jean enjoyed brushing the hair of a resident or member of staff, whether they liked it or not.
- Jean had a permanent smile on her face which belied her mischievous intentions and confused those around her.

Assessment of Jean's Environment

- On monthly visits to the Residential Home, the radio in the kitchen was always tuned to a popular radio station, the choice of overwrought staff.
- Residents choice was not noted or taken into consideration.
- There was no opportunity to discover the resident's musical preference.
- The television was permanently switched on in the sitting room, providing a constant drone of background voices, peppered with repetitive advertisements and jingles.

- There was a CD player in the sitting room for communal use.
- Residents did not have their own personal CD players.

Therapeutic Intervention

A variety of musical choices was offered to determine Jean's preference in the hope of eliciting a communicative response. The initial idea was to ask the staff to contact Jean's family, to ask for Irish favourites in an attempt to reawaken positive musical memories from Jean's earlier years in Ireland.

While this request was in process, I took a Mozart CD on my next visit. Mozart's music is particularly beneficial for those whose behaviour is deemed inappropriate and challenging. Evidential research has shown that the higher vibrational frequency of Mozart's musical notes, aligns the brain waves to stabilise emotional responses and aid relaxation.

Key Session

On arrival, there was pandemonium in the sitting room because Jean, in mischievous mood, was taunting one of the other male residents, by roughly brushing his tousled hair. He shouted in protest, rocking backwards and forwards, cross legged on the floor. An older man with Down Syndrome, who I knew to be terminally ill, lay on a reclining chair at one side of the room moaning quietly to himself. Mary, another resident, was pacing the floor in agitation, mumbling noisily and gesticulating wildly. The staff, relieved at my arrival, hurriedly escaped to the kitchen for a cup of tea and a moment's respite.

When I entered the room, Jean focused on the Mozart CD I was holding. Turning her attention from Len, she dropped the hair brush and tried to pull the CD out of my hand. Firmly resisting Jean's attempts to snatch the CD from my hand, I told her that I had bought some music for her and the others to listen to. The television was switched off, the CD player was found and after adjusting the volume to allow Mozart's flute and harp concerto to gently permeate the room.

I went to the kitchen in search of staff to gain a progress update. We soon became aware however, that apart from the music, there were no other accompanying voices emanating from the sitting room and I went with staff to investigate. Jean and Len were lying on the floor side by side with arms out stretched, eyes closed in blissful surrender to the music. Mary, who minutes earlier had been pacing in agitated fashion, was now moving silently to the

accompanying flute and harp with exaggerated arm movements and sweeping balletic poses. The poor man who had seemed in discomfort and pain, was now peacefully and soundly asleep in his reclining chair.

Intervention

At a follow up staff meeting, the decision was made to give each resident their own music player to keep in their room for their preferred musical choice. I was tasked with discovering each resident's musical preference. Jean's favourite was Mozart which was routinely played in the house at night before bed to calm everyone down before sleep. Staff replaced the drone of the television with melodious music and as a result, Jean and the other residents became less agitated during the day with improved sleep at night.

Assessment and Review

- As Jean's intrusive behaviour lessened and her general behaviour improved, her social life was extended which allowed her to enjoy social occasions and outside visits with other residents.
- Social interaction and engagement, a basic human need, supported Jean's physical, emotional and mental health.
- Family visits for Jean were encouraged and eventually reinstated on a more regular basis.

STEPPING UP TO STARDOM-
Healing a stammer

Reason for Referral

Paul, a young man in his early twenties had Down Syndrome and a marked stammer (stutter). His breathing was shallow and fast and this exacerbated his communication problems. He had always lived with his parents in a busy seaside town but tragically, both parents had died of a heart attack within months of each other. Paul needed a new home because he was unable to live without support. He had four older siblings (3 sisters and one brother) but unfortunately, not all family members were on speaking terms. At a difficult family meeting, a majority decision voted against Paul living with a member of his family who wished to offer him a home. However, one of his sisters (a single parent with little boy) insisted on taking responsibility for Paul and the others

reluctantly agreed. Paul then moved away from his home town to live with his sister and her son.

Therapeutic Intervention

- Paul attended weekly sessions for a period of six months.
- Monthly home visits offered his sister support and monitored Paul's progress.
- Paul often dreamt about his mother who told him that she was 'fine but was 'missing him a lot.'
- A method of energy alignment helped to take anxiety from his mind and stabilise his emotions.
- Deep breathing practice to sustain the voice and aid vocal control
- Simple vocal techniques focusing on specific sounds unrelated to words released inner tension and anxiety and assisted his vocal fluency
- Paul enjoyed making the heart tone /HA/ which resonates with the vibrational frequency of the heart chakra.

Paul was keen to develop his creative talents and wrote stories and play scripts. Interestingly, Paul believed that he had experienced previous incarnations. Although he didn't have a religious background, his main character was often besieged by evil forces with a voice in his head saying 'Don't go down'. Each week he brought me stories to demonstrate his understanding of his other lives. In Paul's stories, there was often the conflict of a 'good guy' and a 'bad guy'. He was very articulate and his belief in life after death gave him comfort and helped him to process his grief.

One of his stories was about a 'special boy' who was the victim of bullying, of love not returned and of murder. In this story the boy left the life and passed away dramatically in torment only to return to haunt those who had mistreated him. This 'special boy' was eventually given his spiritual freedom by a young priest, who asked God to release him from 'the darkness'. In another story, his main character died of a broken heart leaving behind the girl who had not returned his love. However, the boy returned to earth in another life as the girl's son. When I asked Paul what had been the learning of the life of the boy who had died of a broken heart, he said that he had to learn to be peaceful and was given another opportunity to come back as the girl's son.

With a wisdom beyond his years, Paul explained that he wanted to rid himself of ghosts from the past so that he could come to terms with the loss of his parents, who he said were visiting him in his dreams and helping him. Paul had a lifelong dream to stage his own musical production of star -crossed lovers, within a local group for adults with included a favourite song from 'Joseph and his Technicolor Dream Coat', *'I closed my eyes, drew back the curtain, to see for certain what I thought I knew'* During one of our sessions, he invited me to sing the chorus, directing several attempts before he was satisfied with my vocal contribution.

Assessment and Review

- Paul's confidence grew and his speech became fluent in the sessions.
- He was stammering less at home and at social events and his singing voice was more melodic.
- Writing his scripts improved his communication.
- Paul's speech was fluent when talking about the things he loved and when in creative mode, he had no problem with social interaction.

Paul's sister had unfortunately felt isolated and had difficulty making new friends in their new location. Eventually, she decided to return with Paul and her son to the seaside town where Paul had once lived with his parents and his sessions ended. I later heard that Paul was actively involved with a Drama group for adults with learning disabilities where he found an outlet for his many talents.

* This case raised interesting questions with regard to Paul's seeming psychic perceptions, which he felt were central to his wellbeing and played a significant role in his recovery from extreme loss.

A SHOCKING SILENCE

When Billy was referred to me, he was 35 years old. He had lived at home until the age of 16 when a tragic event left him traumatised. His older sister was attacked and murdered on her way home after an evening out with girlfriends. On hearing the news, Billy withdrew into himself, his grief stricken parents were unable to console him and medication had no effect on

Billy's mental state. Electric shock treatment was recommended by a psychiatrist. Billy strongly resisted, stating his fear, however his parents were swayed by medical opinion and the procedure went ahead with a devastating outcome.

Following ECT Billy completely regressed, cognitively, emotionally and physically, he had no speech and became emotionally and mentally disconnected from painful reality. He was helpless and unable to feed or dress himself and emotionally and physically dependent upon his parents who were unable to cope with the extra burden of looking after him. He was placed in a community home for adults with severe disabilities and parents made weekend visits which eventually stopped.

Reason for Referral

- No attempt to communicate.
- Severe depression.
- Addictive behaviours – eating anything in the store cupboard including packets of dried food and washing powder.
- Billy was obese because of constant bingeing in an attempt to assuage the bottomless pit of emotional emptiness and hunger
- Billy's care staff had tried many ways to encourage him to speak.
- He was coaxed and cajoled in an attempt to persuade him to use staff names, or choose activities and food.
- Billy's sister was never spoken of because his care staff said they were afraid to rekindle painful memories.

Therapeutic intervention

After a period of observation my approach was explained to the team of care staff. It is to their credit that they accepted and trusted the process, although it must have seemed very strange and unorthodox to them. They wholeheartedly agreed to engage in the programme.

- Staff were asked to hang a crystal in Billy's bedroom window. When the sun shone, it filled his room with refracted light and rainbows.
- Staff advised not to put pressure on Billy to speak.
- To encourage creative activities he enjoyed - colouring with crayons and painting with large brushes and paint.
- Excursions for coffee and cake in a local café

Request for Music

A request was made to care staff to speak to Billy's parents to discover the music and songs his sister had listened to before her tragic death**.** I hoped that listening to his sister's favourite music would provide Billy with an opportunity to release painful feelings he was holding inside. It is often our own discomfort that makes us stop someone from crying and healing their hurt in this way. Musical memories could possibly join up the dots and take Billy back to a happier time, where he could reconnect to the period before he lost his sister so suddenly.

Therapeutic Intervention

Billy was offered sessions with no assumptions of progress or expectations of communication, to offer an experience, where there would be no pressure for him to communicate.

- There was to be no pressure to attend the sessions if Billy showed reluctance. Billy attended the clinic on a weekly basis at the same time for an hour's duration.
- He was to be offered the choice of a hot or cold drink but no other interaction was initiated.
- Care staff agreed to accompany Billy on a rota basis and wait in the clinic reception until the session was over. During our session the door remained slightly open. If he stood up prematurely and walked to the door, this indicated the session was over.

Supporting Care Staff

Monthly meetings were held with Billy's care staff team during this 12–month period. To listen to feedback and to resolve any concerns or difficulties experienced. To review progress in the home and to offer in service staff training

Therapy Sessions

Billy attended the clinic voluntarily on a Monday morning at 11.00am for 12 months. Appointments were only cancelled for illness or holidays. 'Coffee' was the only word spoken by Billy in our sessions throughout the 12-month period, in response to the drink choice offered. Occasionally Billy held my gaze as he drank his coffee, at other times he would look around the room or out of the window. Billy always stayed for the full hour and as we sat together in companionable silence he had my focus and attention should he wish to communicate. When informed that the session was over, Billy rose from his chair and left the room to meet the member of staff waiting in reception for him.

After two months, Billy, now familiar with the route and the routine, initiated walking the quarter of a mile to the clinic alone. At first a staff member followed at a distance to ensure that Billy was confident and able to make the journey alone. At the end of our session, a member of staff was waiting in reception to accompany Billy home.

Introducing Billy to his Sister's Favourite Music

- During this 12- month period, Billy's sister's favourite songs from the 1980s were gradually introduced into the residential home.
- The music was played in the communal sitting room.
- Initially, when Billy heard the familiar music, he left the sitting room and sat in his bedroom and cried.
- He was eventually asked if he wanted to play these songs in his bedroom and he nodded.
- He chose to play them each evening and again sat and cried quietly as he listened.

- Billy's care staff needed constant reassurance that spontaneous crying releases painful emotion and would begin to heal Billy's pain not add to it.

Assessment and Review

- Although Billy sat with me in silence for a full year, his communication continued to improve exponentially in his residential setting.
- He spontaneously began to use staff names when communicating with individual members of the team.
- Making single word requests for food or activities, progressing to familiar phrases and longer sentences in response to other's interaction.
- Gradually, Billy stopped gorging himself on inedible items from the store cupboard.
- He was enrolled in a local Art class where he enjoyed filling the canvas with bright colours.
- With a positive impact on the quality of his life, he began to speak up and make choices which gave him some control over his day to day routine.
- Staff members no longer put pressure on Billy to communicate with them and allowed choices wherever possible, responding to his attempts to communicate with them as relationships formed.
- Music and singing became an integral part of the daily routine with other residents as well.

Family Reconciliation

Noticing Billy's improved communication, his parents made a clinic appointment to see me. They expressed their pain and spoke of the trauma they had experienced many years before. The request for their daughter's favourite songs had opened the gate to their own healing. Their visits to see Billy resumed on a regular basis.

Postscript

Four years later I met Billy again. He had moved to a much larger communal home in beautiful surroundings in another area with a mixed group of men and

women who were able to communicate freely with one another but who were struggling socially from a variety of mental health problems. On this occasion, I was standing in the kitchen chatting to one of the residents, when Billy came in to make himself a drink. He looked well, had lost a lot of weight and did not appear to recognise me, although he acknowledged my presence as he reached across me to fill the kettle to make himself a drink. He smiled and nodded to the person I was talking to. It was good to see him again, seemingly totally at ease with the task in hand and comfortable in his surroundings.

'IT'S MY TURN NOW'

Caroline was 46 when we met. I knew very little of her background although she had lived at home before entering residential care. She had had an unsuccessful cleft palate repair as a child and lack of oxygen during the repair had left her with learning disabilities. Caroline had a marked speech impediment with excessive nasal resonance which impacted on the clarity of her articulation. Caroline also had a marked hearing impairment. She shared her Residential Home with two other residents, with a full-time staff offering care and support.

Communication

- Caroline's speech was muffled and unclear due to the excessive nasal resonance caused by the cleft in her palate.
- Articulation of single words was clearer than connected speech (sentences).
- To communicate Caroline used a combination of gesture, signing (Makaton) a language programme using signs and symbols)

Therapeutic Intervention

- Caroline lacked confidence in new situations and was initially nervous of sampling any of the therapy offered.
- She expressed a desire to observe the session. A staff member volunteered to have a session of reflexology, which Caroline observed.
- Half way through the session, Caroline jumped up from her seat, approached the therapy bed and vigorously attempted to push the staff member off the bed saying loudly 'my turn now.'
- Caroline was told that she could return the following week to have her session and she reluctantly agreed.

- Energy alignment was incorporated at the beginning and close of each session to strengthen and seal the electromagnetic field.
- Reflexology released physical tension.
- Vocal toning to stimulate neural connections to impaired areas of the brain.

Outcome of First Session

Caroline enjoyed having her feet gently massaged and held. Her eyes remained open during the initial session. When vocal toning was introduced, Caroline did not respond, however, she remained still and peaceful on the therapy bed. Caroline took member of staff to reception desk and instructed her to make another appointment for her.

After 3 Weeks

- During the session I made each chakra tone to gauge Caroline's response.
- She closed her eyes intermittently when the heart chakra tone (HA)and throat chakra tone (OO) were vocalised.
- It was noted in the residential home that Caroline's speech was clearer Caroline was more talkative and independent
- She spontaneously removed her shoes and clothes before climbing on to the therapy bed.

Although she became more talkative and animated as she entered the room for our sessions, Caroline was always very still and quiet once she was on the therapy bed.

After 8 Weeks

- Arrived with a new hair colour (titian red) and a new handbag
- Caroline told me that she had been unwell and indicated that her left knee and lower back were hurting.
- During the session as soon as I touched Caroline's feet, she sat up and
- spontaneously made the base chakra tone (ER). This was first time Caroline had spontaneously made the tone.
- The Base chakra tone releases tension and impacted energy from the base of the spine and links to the spine and the kidneys
- Each tone was vocalised to align her energy with sound and Caroline again joined in with the heart tone /HA/.
- At the end of the session, once on her feet, she enthusiastically told me that her knee and back weren't hurting any more.

- In the next session Caroline gave me the name of her carer who she said
- needed to come and have a session.

Outcome After 4 Months

Caroline was now offering to tone and hold the feet of care staff in the home. Having observed the therapeutic process it was reported that she was wrapping the feet of the staff member, Caroline then made a specific tone and loudly demanded that her carers join in with the toning.

During one session, Caroline gestured to show me that she had a tingly feeling on the right side of her head, when her toes were touched, indicating that there was activity in that aspect of her brain. On this particular day Caroline made each of the eight chakra tones with me.

- Caroline's speech became noticeably clearer.
- Staff reported that relationships were improving in Caroline's family because there was greater ease in conversation
- staff members could understand what she was saying
- Carolines frustration and anger at being misunderstood reduced.

Footnote

At the end of the twelve- month period of funding Caroline had made great strides in communication and independence, I was informed that no more funding would be available for this work. Caroline's carers referred Caroline to her local doctor in the hope of obtaining funding but were turned down. I did not see her again.

CARE STAFF EVALUATION OF THE PROGRAMME

'The healing process instils peaceful feelings, which improve health, aid relaxation and allow communication to flow. The outcome is improved relationships within the family and in the environment through emotional connection.'

Specific improvements noted in the following areas

- Clients became more assertive.

- When given the opportunity made, they made clear choices about activities, recreation and food. One client chose to move out of her home and in to a Residential Care home of her choice.
- Confidence and sociability improved.
- Clients chose to go out in the car on visits to crowded areas rather than stay at home.
- Short term memory improved and clients began to spontaneously use the names of their relatives and carers.
- Organisational skills improved and clients began to carry out domestic tasks that had previously been completed by parents or carers, e.g. bringing down dirty washing and placing in the washing machine, making a hot drink for themselves and others etc.
- Behaviour improved with awareness, clients were less confused and became more able to make sense of what was going on around them.
- Clients became more able to express their feelings and became less aggressive as a result.
- Sleep patterns improved and clients became more relaxed and less restless.
- Carers who had taken advantage of the therapy sessions offered reported being more relaxed at work as their relationships with work colleagues improved.
- Carers' perception of their clients changed as they became less judgmental and more accepting.

SUMMARY

Despite the overwhelmingly positive evaluation and success of the therapy programme, further funding was refused by the National Health Trust because it was believed by those in charge of budgets, that the 'flood gates would open' and the demand for this therapeutic intervention would be too great. This disappointing outcome prompted my early departure from the National Health Trust in order to establish my own holistic consultancy practice, to train care staff and to meet the demand for toning therapy and alignment within this client group