

A tribute to Chava Sekeles

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Dr Chava Sekeles, who unexpectedly passed away on March 2018, was not only a teacher, but also a professional mother and a mentor. Chava, an Israeli music therapy pioneer, studied music and occupational therapy, and, during the '60s in the Netherlands, she combined her two professions and studied music therapy. Chava established the Music Therapy Department at David-Yellin College, Jerusalem, in 1980, where, with her sense of agency and a very thorough management style, she trained many music therapists. Chava was a role model at a time when music therapists were still scarce in Israel. She combined diverse activities – musical work, clinical work and influential international academic work – and was co-founder of the Israeli Creative Arts Therapies Association (ICT).

Chava's interdisciplinary knowledge was harnessed to form her unique approach to music therapy. D.I.M.T.: The Developmental Integrative model of Music Therapy (Sekeles, 1996) may still be considered innovative in many ways. It offers music therapists insight and perspective into their clients' body, behaviours, history and psychology, as well as various social and environmental factors. Musical components and their influences are carefully connected into this dynamic map, affording clients of any age or condition a more fluent, integrative development.

Both writers of this tribute were Chava's music therapy students at different times and in different circumstances: Cochavit, as a high school student in the early '70s, was an informal observer of Chava's music therapy sessions; this early relationship developed into a long-lasting

professional partnership. In 1991, after years of classical guitar performance studies, Efrat went on to study music therapy at David-Yellin College, Jerusalem. The present tribute provides only a snapshot of Chava's life-long work, through some of the meaningful moments we shared with her, and some of the core ideas she pioneered.



Photograph 1: Chava Sekeles: A walk in nature (January 2018)

MUSIC IN THERAPY

Chava believed in music, and in its deep, healing impact on human beings. She also believed in people's natural abilities of self-recovery. Music was engaged in therapy in order to control stress, improve muscle-tone, and to encourage concentration, activity, communication and more. It was aimed at lifting barriers; music was meant to supply the right conditions for development to take place.

Cochavit: I was only 17 years old when I first met Chava. My high school teacher introduced me to her after hearing about my interest in music therapy. Chava had returned from the Netherlands a few years earlier and I had just returned from living in Norway where I happened to watch Nordoff and Robbins on TV during their visit to Oslo. I knew that music therapy was going to be my life endeavour, and Chava was the only person in Israel who was a music therapist. Chava invited me to observe music therapy sessions in her clinic in Jerusalem while working with children with developmental delays (intellectual and motor). I came to her clinic and to the special education school where she was working on a weekly basis. At first, I sat quietly on the floor, watching, listening, and breathing in every motion and nuance occurring in the room. Observing this unfold through a 17-year-old's eyes felt like magic. How did she manage to create such deep understanding through non-verbal means? How was she communicating and creating relationships through music?

"In traditional societies, art forms have a mainly magical significance; unlike in western civilization they are not solely devoted to aesthetics... the integration to be found in such traditional healing rituals could serve us well as a model for music therapy, and a means of exploiting the basics of intercommunication and primal expression." (Sekeles, 1996, p. 3).

Most of the children Chava worked with did not speak or had very little verbal language, but something always happened. These children smiled, laughed, participated by playing, moving and vocalising. There was life, expression and joy in the room. From week to week, I could see how these children used their bodies, struggling to play the drum or piano with a huge smile as if saying: "This is very hard but it is worth every effort". Their attempts were met by Chava's amazing musical and listening skills.

Magic, however, was out of the question for Chava. Instead, she believed in hard work: "The patient's acceptance of music is not automatic," she stressed. "It demands emotional investment and patience on the part of both patient and therapist alike. Indeed, as opposed to traditionally accepted beliefs, D.I.M.T. does not see music as a magic formula for performing miracles" (Sekeles, 1996, p. 27).

LEARNING-IN-ACTION

Efrat: Chava's practical attitude was naturally applied with her students too. Back at the beginning of my music therapy studies in Jerusalem, I was quite broken-hearted due to leaving my classical guitar career behind, yet Chava would not spare time for grief nor for any other personal situation; whoever required psychotherapy was more than encouraged to take it, yet, school-time was used for plunging in. We sang, played, composed and improvised music; we studied medicine, psychology, special education and technology; we experienced, we moved and conversed; we observed and deeply felt our lives changing. Music therapy was defined in action, and Chava's own clinical materials were leading the way: her newest research and writings were presented to us in class. Techniques, progressions, professional stances and ethics were naturally integrated into our new clinical understanding.

A NEW PARADIGM OF MUSIC

Cochavit: I was very young and wanted to know how I could prepare myself to become a music therapist. Chava told me: "Either you study in the music academy or you study occupational therapy". I chose to pursue piano studies at the music academy in Jerusalem, and during the same year I convinced the Head of the Academy to hire Chava to teach a course. I told him she had something different and unique to offer the students. She added some new, interesting and creative ways to use music – very different from any other class I had participated in.

Efrat: I kept wondering to myself "Did I spend 15 years perfecting my guitar skills – high-school of the arts, music academy, music theory, performance classes – only for *that?!!*" Chava offered a new way of thinking on music and musicianship in therapy. She was just as demanding about knowledge and skills as were my music teachers, however, here, music with clients sounded too naive, or crooked and lame. Here, the

acoustic results mattered much less than the becoming of music – the process. I truly did not capture this for a long time.

"Professional players" explained Sekeles, "in both large and small orchestras... display a marvellous capacity for interaction and mutuality of sound in performance as a unified whole... D.I.M.T. perceives music therapy as a stage upon which the main purpose is to achieve a balance between the various personality needs of the patient. It is the therapist's task to assist in such linkage by means of mirroring, holding, elaborating the process of transference, and so forth." (Sekeles, 1996, p. 43).

To formerly trained musicians, time and experience were required for understanding this new perspective on music that Chava was trying to teach.

INTEGRATION

Integration was a key term in Chava's therapy as well as in her teaching.

"The influence of music on the senses, sensations, vocality, motion, emotion, and cognition, enables it to be used in Integrative Therapy when applied to such functions either in whole or in part." (Sekeles, 1996, p. 28).

A good-enough integration affords satisfactory development, but there was more to it: the idea of integration penetrated every aspect of Chava's professional thought – theoretical, practical as well as ethical.

Efrat: We were eight women: music performers and educators in Chava's beginners' music therapy class. We came from quite distinct ages and socio-cultural backgrounds. Our efforts to overcome the differences, to communicate and help each other – this felt like an essential part of our training. Chava's social consciousness played a major part here; the therapist she was trying to educate was not confined only to the therapy room but was to be minded with the overall human condition, personal as well as social and environmental. One of Chava's informal missions was to play her own small part in integrating Israeli society, a diverse and conflictual one. Indeed, she assembled and managed our class as a unique melting pot in which humanistic professionals were being carefully moulded.

The idea of integration was apparent even in Chava's trivial gestures:

Cochavit: I continued observing Chava in the special education school for several years. Before or after each visit, Chava would feed me with lunch or dinner she had made, and then took the time to explain what had happened in the sessions. We listened together to tapes she had recorded of each session and analysed the music, communication and other elements that occurred in the room. I listened intently to her, asked questions, and she answered with patience and passion. It seems these meetings were reciprocal. Even though I had felt at the time that she had given me the world, I later understood that we mutually benefitted from these talks, as she used these platforms as part of developing her D.I.M.T. model. Incorporating knowledge through feeding, sensing, and human dialogue are examples of Chava's stance of deep, integrative education.

SPACE FOR DEVELOPMENT

Cochavit: It was time for me to study music therapy, but there was no training course yet in Israel, so I went to the United States to study. Chava encouraged me to study in a well-established training programme, and so I studied at Michigan State University under Dr Robert Unkefer. I wrote long letters to Chava telling her that there must have been some mistake and that this programme was nothing like what I had learned from her or from what I had seen on TV in Norway. Something of the humanistic philosophy was missing. Chava replied: "Are they teaching anatomy, physiology, psychology of music, developmental psychology, sociology, theory and research? And you are singing in a choir? Do they have a clinic for students to practice work in the community?" I answered 'yes' to all her questions. She thought all these aspects were very important for the development of a music therapist and, in retrospect, I can see how my passion for research developed while I was studying in Michigan.

Efrat: "You're not psychologists, nor are you occupational therapists or teachers! *You are music therapists*", Chava told us time after time. There is an inevitable flaw in such a drastic un-framing of students' future profession. A few of us gave up music therapy. Others dived deeply into psychotherapeutic or psychoanalytic training, as a firmer base for development and recognition, perhaps. I believe that some, such as myself, kept seeking their music therapy identities, looking for ways to define the elaborate occupation we practiced for a living. That is how I journeyed on to

explore music therapy with many diverse populations, perspectives and settings, with different supervisors and therapists - mainly music therapists. It took many years to realise that even for Chava - the knower, the precise, the confident - seeking might have been essential. She may have left us open-ended for the sake of development, as development was truly another locus of hers. Challenging our professional identities, Chava had given her students the right to evolve and self-define freely as music therapists.

Pursuing her interest in development, Chava wrote her PhD dissertation, followed by her first book (Sekeles, 1996), in which each of the studied clients - children with special needs, young adults, and the old - were viewed and clinically met through their different developmental needs and challenges. Chava herself did not cease evolving; in her second book (Sekeles, 2007), she dealt with death and grief - the extreme end of the developmental process - and the trauma caused as abrupt death interferes with the developmental processes of individuals, families and society. Chava was courageous enough to add to this book a chapter on therapist's grief as she encountered the ends of her own clients' lives. She wrote:

"Death may be irreversible but what we carry in our hearts and memories, the experiences we had with the deceased person, whether a family member, a friend, or a patient, accompany us for the rest of our lives and give meaning to our existence" (Sekeles, 2007, p. 138).

Death was captured not as the complete ending, but as part of development as well, through its impacts on the loved ones left behind; on the living, and the rest of their lives.

LIFE AS MUSIC: A HOLISTIC APPROACH

"The psychodynamic process of music, according to D.I.M.T., shows us that from out of the musical chaos which often typifies the start of therapy, there emerges a dual conversation which the patient begins to conduct both with himself and with the therapist, and it is from this that order can develop" (Sekeles, 1996' p. 44).

Efrat: As a classical guitarist, my perspective on music was quite traditional; music was an art to sense, explore, perform, to strive for and to enjoy. Under Chava's guidance, this medium was totally rediscovered: it reflected inner and outer realities, communication and relations. The deeper I was

involved with music therapy, the more my trained musicianship was used as a tool for capturing life and its dynamics and psychodynamics. My interventions were not merely music now, but were rooted in a deep musical thought. The therapy room and therapy environment were captured as full musical scores in which my clients and I took part aesthetically. Truly, Chava did not directly state this, but her thought pointed towards a holistic approach: the Mandala-like illustrations that replaced the ordinary scientific graphs (Sekeles, 1996, p. 34), her fully holistic view of body and soul, as well as every one of Chava's tools for therapy - everything she created reflected that notion. Chava was highly interested in the holy as well as the holistic; she studied the Tora, and was a serious practitioner of qigong. As death approached her own family, Chava set out to confront it with music, therapy and her introspective writing. It was as if music was intertwined with her maturation as a therapist and person.

"It is my contention, based on many years of experience, that the basic elements (such as rhythmic cycles) contain within themselves a basic urge for organization and balance, due to their parallels with the equilibrium achieved by the vital functions of the organism. Likewise, such organization has a reciprocatory effect on those vital functions and vice versa. When there exist blockages or regressions in natural development [...] or the loss of vocal-musical skills [...] it is our task as therapists to locate the problem by a diagnosis of the visible symptoms as well as the invisible causes. We must treat it with the means at our disposal, which are mainly the art of music and its components" (Sekeles, 1996, p. 44).

FAREWELL

Cochavit: I visited Chava every summer during the 17 years I lived in the United States, bringing her the latest music therapy books, and thus expanding the music therapy library in David Yellin College. Upon returning to Israel in 1995, Chava offered me my first opportunity to teach in her music therapy training course. I brought some American-influenced music therapy into the programme, and she continued to encourage me to develop and pursue a PhD in Aalborg University in Denmark. She saw in me someone who could lead her training programme at David Yellin once she retired. I did so for three years, and thereafter decided to return to Norway and work in Sandane and in the University of Bergen, where my journey to become a music therapist had first begun.



**Photograph 2: Celebrating Cochavit's PhD
(December 2002, Jerusalem)**

Efrat: Two years later, in July 1993, I graduated and was in the midst of the turbulence of marriage, a new job, and my first baby boy. I went away to make my own path, which I continue to follow today. Chava was still there in my mind, always. She would silently remind me not to wear perfume or jewellery to work., She attentively watched me write my first therapeutic reports, and her voice would sometimes whisper: "Keep on practising your guitar! You are a music therapist after all". Something in me was willing but not able to stay in touch – I was held back, afraid never to meet her high professional expectations. So, from a distance, I would phone or email to tell Chava about myself or wish happy holidays. Twenty five years have passed, yet what Chava planted in me during those two intensive years of school will remain within me forever. She lives vividly in my heart and mind: her serious love, the very firm professional core – it is all there. And now that Chava is suddenly gone, I mourn her deeply, just as if we had been close to each other during all these passing years.

May Chava's soul fly high and away, to eternity; may her deep love for humankind and for music lead us on our professional way.

REFERENCES

- Sekeles, C. (1996). *Music, Motion, and Emotion. The Developmental-Integrative Model in Music Therapy*. Brookfield, MO: MMB Music.
- Sekeles, C. (2007). *Music Therapy: Death and Grief*. Gilsum, NH: Barcelona Publishers.

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